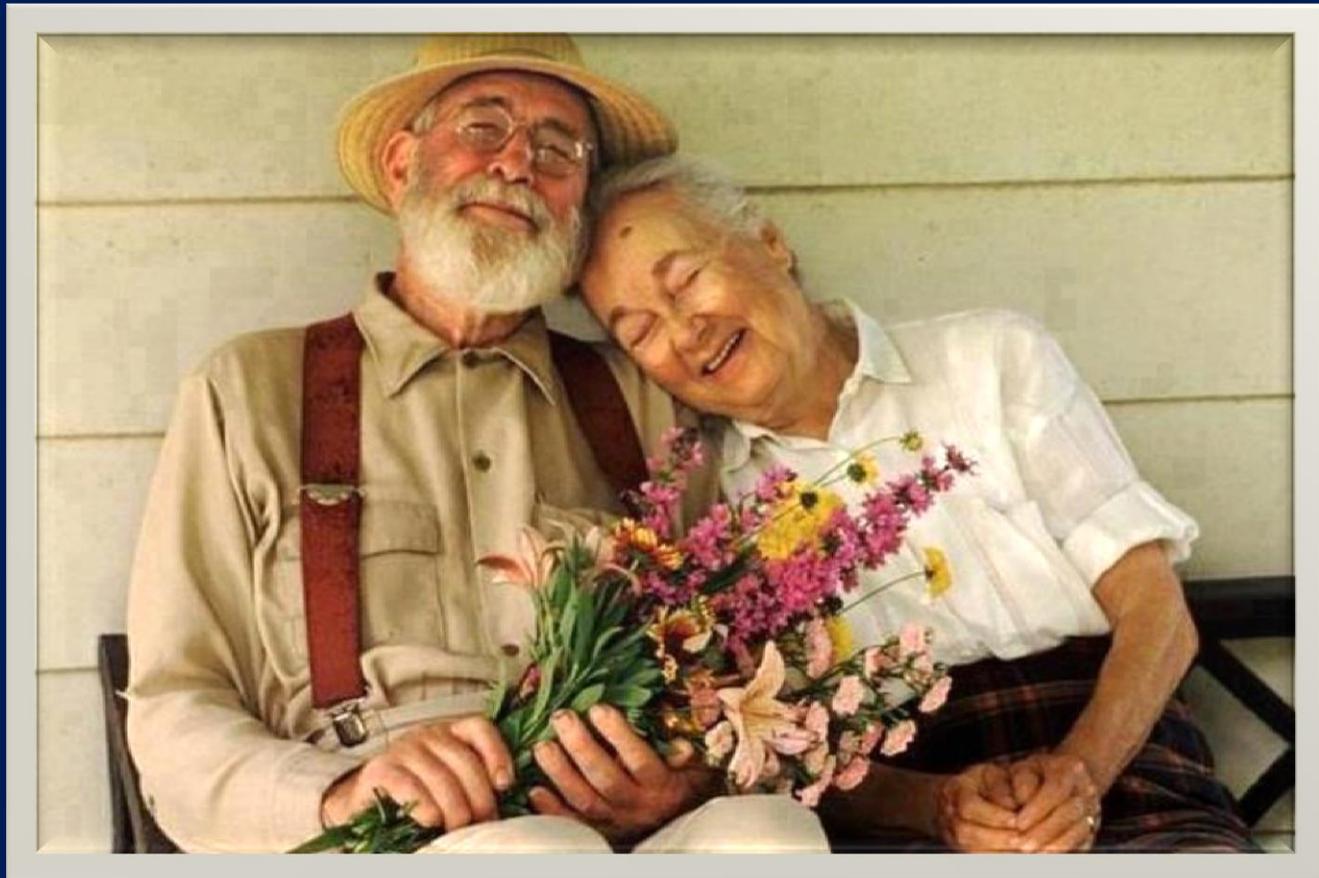


Good afternoon



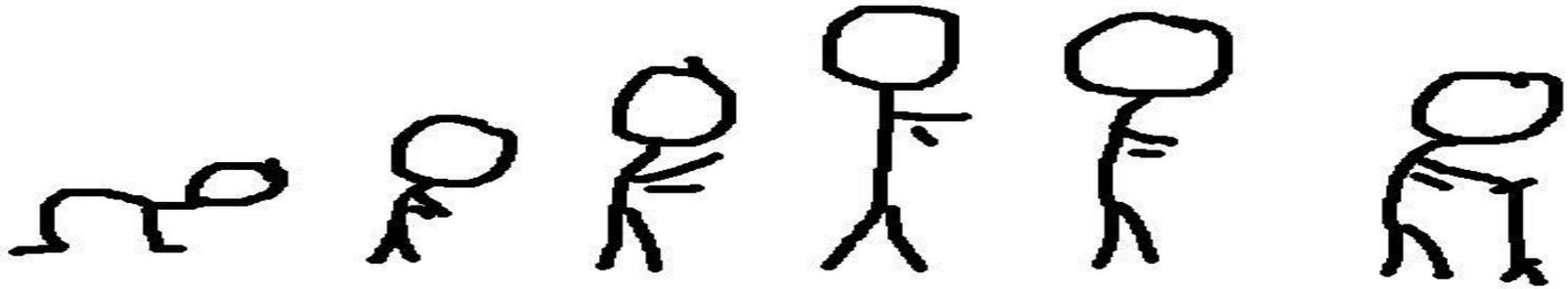
Sarajevo





**AGING POPULATION
– HEALTH INSURANCE OR CHALLENGE
OF AGING FOR SOCIAL SECURITY**

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BOSNIA AND HERZEGOVINA**



INTRODUCTION

The progress of science and medicine carries with it the extension of human life. It presents for physicians and patients a new kind of challenge. With the expected duration of human life, today, it is considered that the average woman enters menopause there is still one-third of lifetime ahead of her. It also leads to lifestyle changes, or the need to take it, the third stage of life, or often mentioned, autumn of life, filled adequately.



At the same time, a way of life that older people lead today is very different from the way of life they elderly led before one and half century. It is an active lifestyle that includes practicing various kinds of activities, which also carries a new type of pathology behind. Data from the UK show that almost one half of hospitalized patients are elderly. The question is how modern medicine is responding to this kind of challenge?

Several reputable media outlets, including the BBC, in their reports included in the health area a very sensitive issue, which is more and more often in the U.S., and that is: whether elderly patients are treated equally in the current system of health protection and whether they receive the best possible care for their age? In a report published 2000th year almost half of doctors employed in general practice in the UK has expressed concern - whether, when they found themselves in the status of an elderly patient, would be properly treated and treated by health insurance. One-third of surveyed physicians in primary care has expressed doubts about the quality of care of hospitalized patients of old age, in relation to the quality of health care of young people.





Examples of discrimination against older patients is reflected in non-inclusion of elderly patients in clinical trials to test new drugs, deprived of certain types of treatment or surgery due to "chronological age". Sometimes the decision is that it is simply not worth doing a diagnostic or therapeutic procedure because the patient is "too old ". Turning off the elderly patients from study to test new drugs is particularly paradoxical situation, because the data show that they are the main consumers of drugs.



"Age Concern" is a British humanitarian association, that speak out publicly on the issue and did a survey among primary care physicians. This organization is insisting that "ageism" or discrimination against people based solely on age is unacceptable and therefore fights against unequal treatment of the elderly.

A similar type of statement we hear from the U.S., where it says that the elderly patients receive second-rate and third-rate care - because of insufficient training of health care professionals who take care of such patients, or because of discriminatory attitude that these people do not deserve the same commitment and quality of life as well as younger patients. More than 50% of American households that include older person has experienced this kind of treatment.



It happens that people older than 60 years do not have prescribed a particular drug or can not do searches, because the health worker does not think that it will improve this situation, or is it fear that older people can not handle. It often happens that a health worker does not even meet an older person with the options that are available, but make a decision on his own. Based on years of older people they are often excluded from the screening program for malignant disease.



In 1965, the U.S. has established a "Medicare" that specializes in providing security in the area of health care to persons aged 65 years and younger persons with severe disabilities. The purpose of establishing Medicare was providing access to health care these two vulnerable age groups. The existence of this system, unfortunately, does not provide for exclusion of age discrimination regardless of the number of clinical studies and trials have shown that it exists at all levels of health care.



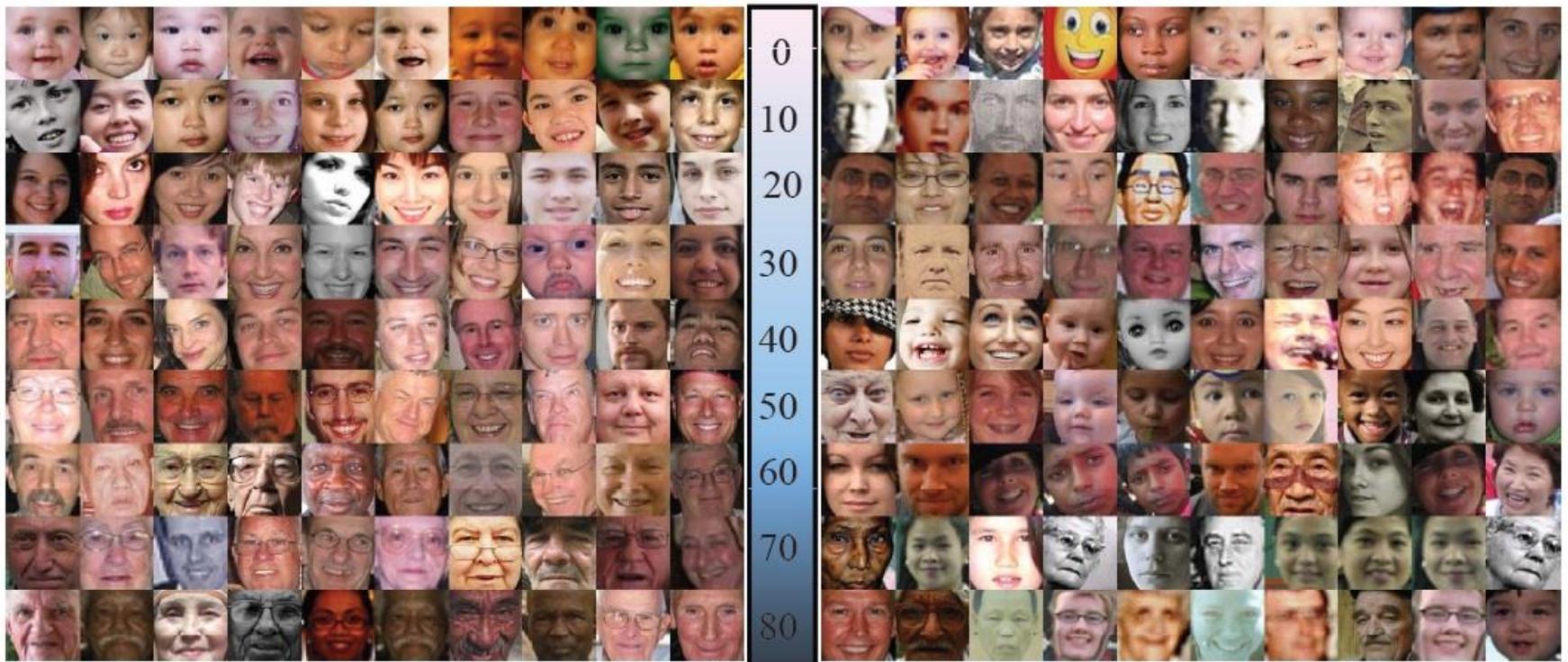
As the key reasons for this situation are discussed facts: that health workers are not educated in the field of geriatrics to adequately cared for an elderly patient, that older people are less likely to be involved in prevention programs, that they are less likely to do a number of diagnostic tests, that they are often denied numerous treatments that are deliberately excluded from the process of testing new drugs.



Although, today, the elderly represent a significant percentage of the population, for example, 13 % of the U.S., it is estimated that by the year 2030. year that percentage rise to 20%, and that the number of older people will rise to 70 million.

Because of their own prejudices towards aging and the elderly have a passive attitude to their own health, ignoring the whole range of their symptoms - such as failing eyesight and hearing, impaired movement, sleep disorders and pain, and attributed it to his age and position that it has to be.





Top-10 ranked face instances based on p_j

Bottom-10 ranked face instances based on p_j

Age Label

***SINGULAS DIES SINGULAS VITAS PUTA –
SMATRAJ SVAKI DAN KAO ZASEBAN ŽIVOT.
Seneka***

Health and social care of older people - the experience of some countries

In the UK, the Ministry of Health established “The National Service Framework for Older People”, which represents the first organized network with an overall strategy to ensure a full, high-quality integrated network of health and social care for the elderly. The goal of the program is to promote health, specialized care for the most important pathological conditions, but also change the public perception of the elderly in terms of preserving their dignity and rights (expected duration of the program 10 years).



The program includes steps to improvement of standards of protection, facilitating access to care, insurance funding, the development of the network and to ensure its independence and help older people to stay healthy. The establishment of this network for the first time publicly admitted that occur fails to provide appropriate care for the elderly, it is manifest discrimination against patients on the basis of age, the elderly are treated without dignity and enough to not get the best care possible for their age.

American Association for Geriatric is a non-profit organization that brings together more than 6700 health professionals who are dedicated to improving the health, independence and quality of life of older people. Association as its mission states promoting health, independence and quality of life of older people with a vision of a future in which every older Americans receive high quality at an individual-focused health care.



The purpose of this is to boost the number of health workers who will be focused on providing care for older people, actively lobbying among physicians for a career in the field of geriatrics, raising public awareness of the need for high-quality, interdisciplinary geriatric health care. Particular importance is given to respect cultural traditions elderly.



How is the life expectancy increased – do we have an old population and what we do for her, whether we discriminate ?

Superficially (miraculous statistics) in the twentieth century in the United States, for example, studies have shown excellent results in extending lifespan. In 1900 life expectancy was only 45g. Today is 71 for men and 78 for women. However, if you investigate this case the extension of lifespan, and indeed without propaganda, we will come to the chilling conclusion that it is almost entirely indebted to reduce mortality in infants.



Today in the world lives approximately 580 million chronologically older people, of whom about 355 million live in developing countries, more than 60%. While today's seniors represent 13% of the American population, it is estimated that by 2030 that percentage rise to 20%, and that the number of older people will rise to 70 million. In Europe, "the oldest region in the world" is expected in 2020. year that their share will be 25%. In Croatia, for example in 2001. the proportion chronologically older people aged 65 and over in relation to the total population was 15,6% (12,4% for males and 18,6% for women).

BOSNIA AND HERZEGOVINA

We witness that every day in Bosnia and Herzegovina, an increasing proportion of people over 65 in the total population (in Sarajevo Canton, they make up 17,2% of the total population in the EU from 13,2 to 17,9% depending on the country).



Review of certain parameters of health insurance Sarajevo Canton that provide insight and for the population of older persons

Continuous monitoring of gerontological, study and analysis of the health needs of older people in the city of Sarajevo, indicating growing multiple geriatric morbidity of elderly nursing and increase morbidity and mortality, caused largely preventable mentioned syndromes with declining functional ability of geriatric patients. However, there are numerous organizational and functional problems in the establishment and operability levels of geriatric health care throughout the country.

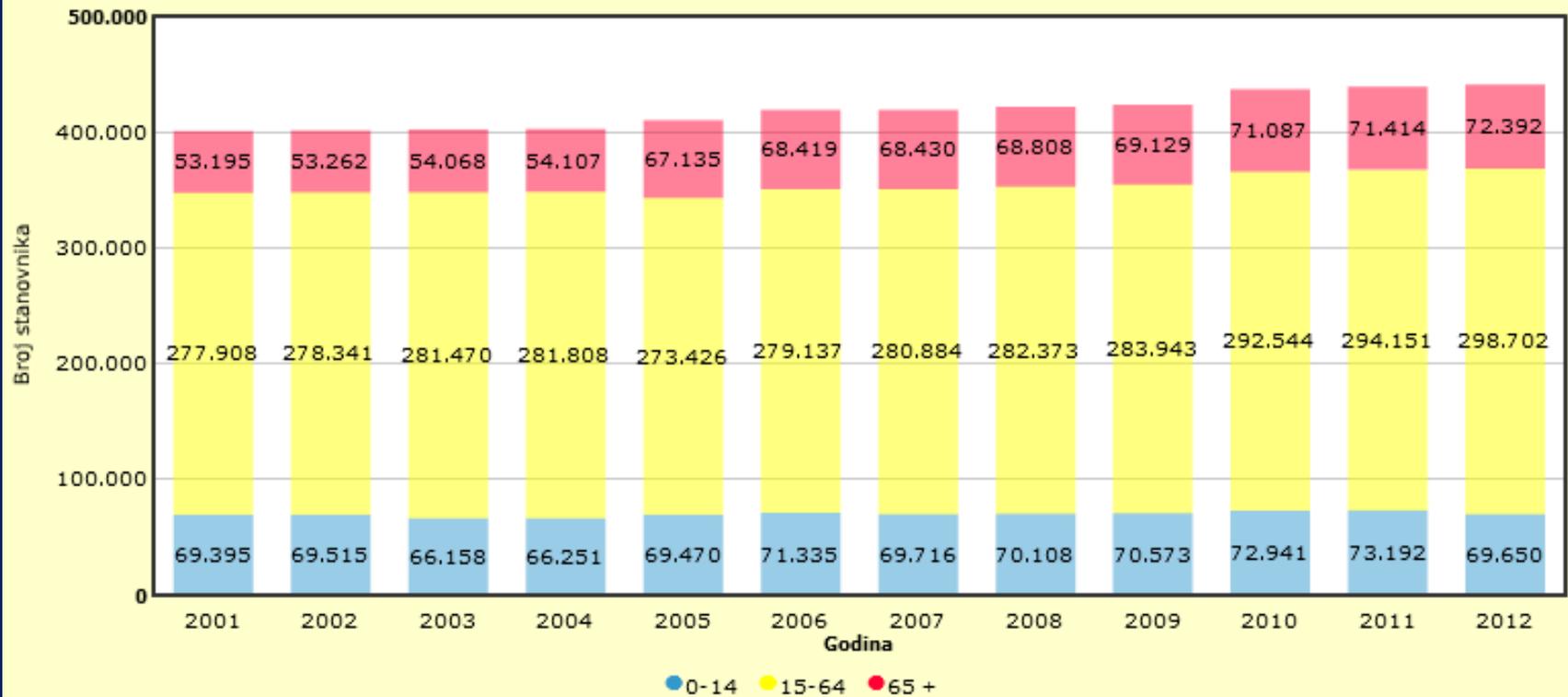
According to the records of the Health Insurance Canton Sarajevo on 31.12.2011. year on compulsory health insurance were registered 414,566 insured persons, of which 284,439 insurance carrier and 130,127 family members.

Number of insured in the Sarajevo Canton in 2011th year increased by 4,485 persons.

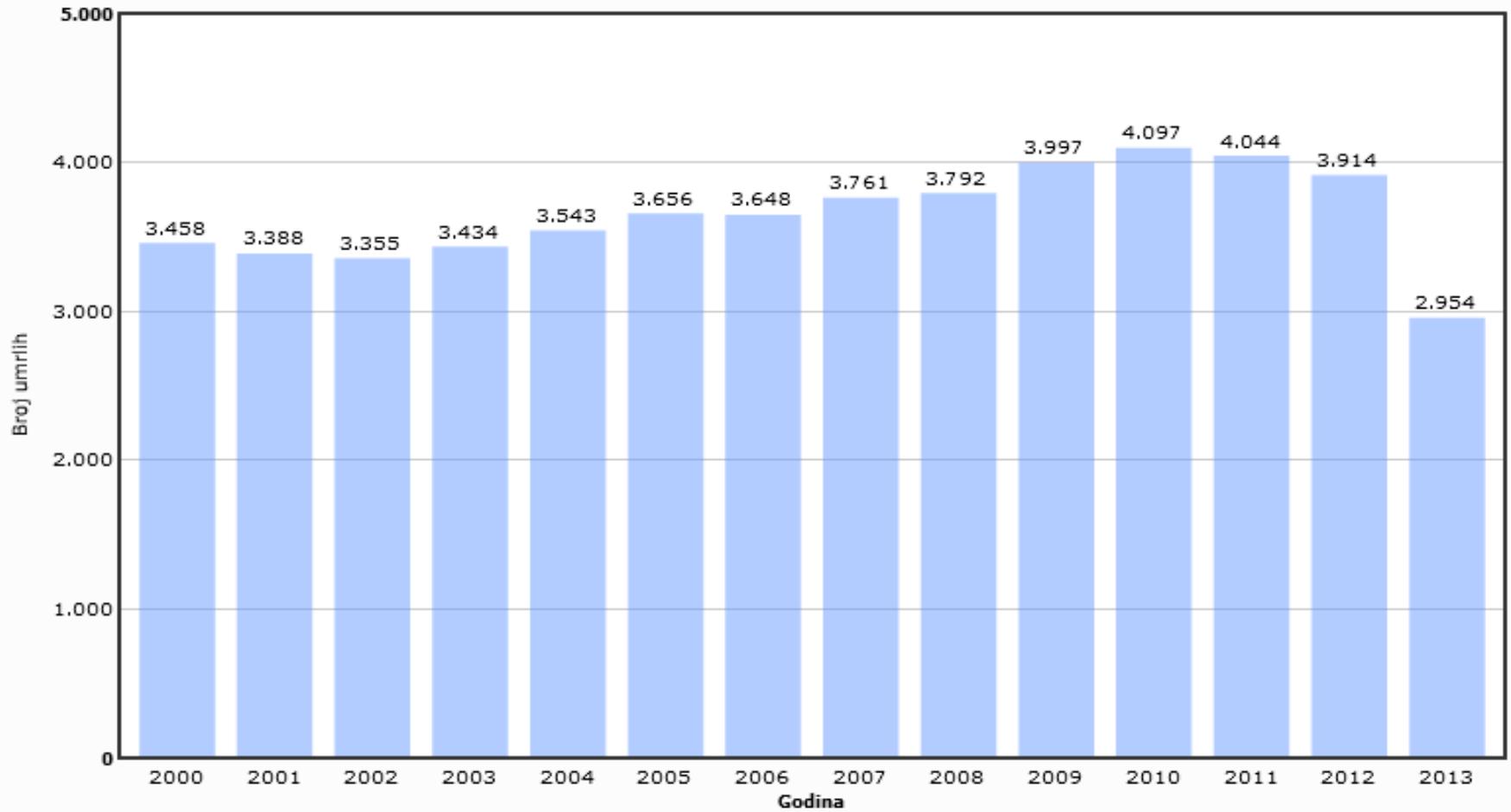
In relation to the total population in Sarajevo Canton health insurance covered approximately 95% of the population.

The total number of insured persons employees have participation of 31%, 23% of pensioners and the unemployed 12%.

Statistika stanovništva po godinama i starosnim grupama za Kanton Sarajevo



Statistika umrlih po godinama za Kanton Sarajevo



Osnov osiguranja	Broj osiguranika 2011.	Broj osiguranika 2012.
Radni odnos	127.376	126.451
Penzioneri	94.903	98.346
Nezaposlena lica	49.363	52.740
Lica starija od 65 godina osigurana putem nadležnog opštinskog organa	71.414	72.392



Very interesting solution could be related to an increase in the number of people over 65 years, as well as explication for a large number of pensioners. Very possible explanation regarding the number of persons over 65 years and that health care is a very plumb level. Funds allocated through the EPA hp on Health, 160 million euros per year, which is the largest number and the highest consumption of health services in Bosnia and Herzegovina, the other explanation is that there is so.

Draing or brain drain, which means that one part of the fertile, young, productive population left the country in search of a better life. I think that both of these reasons affect the number of persons over 65 years. As far as the total number of pensioners which is for about 26,000 more than the number of persons over 65 years, also explains the large in disabled especially during the war but also in everyday life and work process.

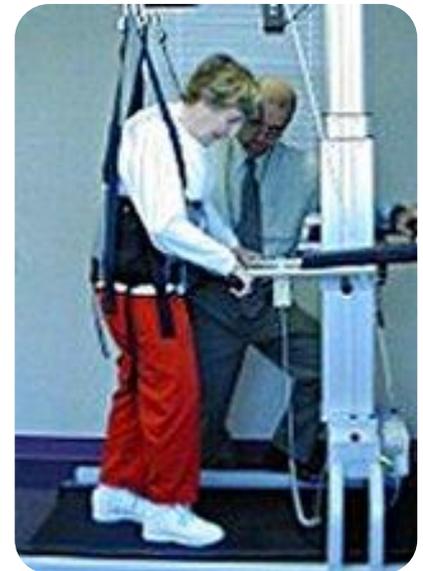


AS A CONCLUSION

In order to improve the existing situation in the process and the health care system, human relations and the treatment of the elderly and overcome discriminatory prejudices and negative rooted habits, it is necessary to act in the broader social, educational and economic level.



The first step in a multi-disciplinary activism and the process would have been in the field of medical education (undergraduate graduate, specialist and continuing - life-cycle), as well as health education and enlightenment; go with regular, undergraduate teaching and education level, which would provide more knowledge and information from field of geriatric medicine during training future doctors.



In addition to physicians adequate training and continuing education should have other health workers and associates - nurses, psychologists, pharmacologists, social workers, and physical therapists.





The principles of medical ethics and bioethics installed and humane principles of geriatric medicine and gerontologic.

Elderly treated equally through numerous segments of social life, and they involve different active in associations and sections, appropriate training schools and courses. In addition, it is necessary to provide all forms of health care and health services, and therefore a greater number of older people should be included in clinical trials of new drugs, regular preventive screening examinations and programs of economic and psychosocial assistance.



On question When old age begins, professor of geriatrics answered:

“The older the man is, it later begins old age”.

LITERATURE

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Thank You for Your
attention!