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## Editorial


### A Geriatric Care unit on a Par with that of Pediatric, Can Now be Considered as the Need of the Hour.

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Very recently, a video message depicting the milestones fixed for the different stages of human life span was circulated in chronological order as: (1) 1 year : walk without support, (2) 4 years: no more urination inside the pant, (3) 8 years: know the way back home, (4) 12 years: play with friends, (5) 18 years: get a driving license, (6) 23 years: graduation from university, (7) 25 years: start earning (8) 30 years: get a life partner, (9) 35 years: start making money, (10) 45 years: still remain as young, (11) 50 years: actively providing good education to children, (12) 55 years: still performing duties well, (13) 60 years: Still using the driving license, (14) 65 years: still trying to keep disease free health, (15) 70 years: trying not to be a burden to anyone, (16) 75 years: start searching friends, (17) 81 years: still finding the way back home, (18) 86 years: still controlling urination inside the pant, (19) 90 years: still walking without support and (20) 91 years onwards: no activity without support. The last four stages (75 years onwards), are just the repetitions of the milestones shown in the first four stages (in the reversed direction) thus, logically demanding, equal health care and other facilities for this two ends of human life. In 2017, WHO, declared their revised age standards as (1) young age (25 to 44 years), (2) middle age (44 to 60 years), elderly age (60 to 75 years) and senile age (75 to 90 years), day 1 to 25 years, being kept understood as crucial stages to be looked after [1]. We all know that, maximum care is to be given to a child passing through his or her early stages of life and accordingly, for their overall health care, the department of pediatrics came up into existence to cover everything including teaching and research but, for persons passing through the last stages of life, no voice have so far been raised for developing an independent unit where only the geriatric problems can be dealt with. The idea of writing this editorial came to the mind of the author just after going through another WhatsApp message depicting the tragic ends of an old couple. In that message, the couple was shown as having a house to live in and monthly pension just sufficient enough for purchases of their day today requirements. Their whole earnings had been spent in educating their two sons who had already been settled somewhere abroad. Following a stroke, the old mother had been lying invalid unable to speak and sit properly. The old father had to do everything including cooking, feeding, cleaning etc. by himself. One morning, when the old lady, opened her eyes just to see her husband's morning preparations, she saw him lying unconscious on the floor. Hurriedly, she managed to talk to the next door neighbor via the land line telephone, but, she could not do so instead, she suffered a 2nd attack and went to coma. The neighbors broke open the door and they found the two bodies lying side by side. The husband was declared death, might possibly suffered a massive heart attack and the wife, being

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failed to recovered back, died after a few days. The couple would have happily been survived, if they were looked after very lovingly by their sons and grandsons. Surprisingly, many more documented stories of abandonment of parents by their own kids came out one after another. For such cases, every country might be having laws for protection of aged parents but, in spite of that, cases of abandonment are still on the rise. Many of the parents are not staying at their houses as they are always on the move for search of works. It seems that, almost all the youngsters of the present day world have not been trained to reciprocate their parents' contributions in making them reach the status where they are now.

The pitiable conditions facing by the abandoned parents particularly those in the developing countries, may possibly be improved if they are looked after by trained geriatricians working under a well-planned geriatric care unit where facilities for treatment of physical, mental and social health problems are available. WHO also strongly advocate awareness for training all future doctors in the care of older persons [2]. Nutrition for the old is another area to be looked after very carefully. According to the latest report, a sedentary male over 70 years of age requires 2000 Calories and 2600 Calories if of active life. Similarly, females require 1600 Calories for sedentary life and 2000 Calories for active live. Protein requirement for these aged groups are to be made adequate. The same report suggest a minimum of 56 grams and 46 grams proteins respectively for male and female from meat, chicken, fish, beans and dairy products. Different types of vegetables and fruits are to be given in order to get required amount of fibers, minerals, vitamins etc.

The most important point for justification of the creation of the department of geriatric medicine is the fact that, geriatric medicine is different from adult medicine in many respects. The body of an elderly person is substantially different physiologically from that of a healthy younger adult. The decline in physiological reserve in organs makes elderly people develop diseases and be liable to complication from mild problems. As for example, fever in elderly persons, may develop confusion as an effect of aging which may lead to a fall and then, to fracture of the neck of femur [3]. Geriatric care management is the process of planning and coordinating care of the elderly with physical or mental impairment to meet their long term care needs, improve their quality of life and maintain their independence as long as possible. Geriatric care managers accomplish this by combining a working knowledge of health and physiology, human development, family dynamics, public and private resources while advocating for their clients throughout the continuum of care [4].

At the last, by the grace of God, if the management decides for the establishment of this proposed center, the planners may kindly be reminded that, there should be two categories of admissions first, for those patients coming only for treatment of old age problems developed from time to time and the second one, for those mentally disturbed parents abandoned by their own kids. This latter category of people will stay permanently on payment with the intention of getting themselves relieved of all the stress accumulated in them via availing the facilities to be provided in the center like, planned healthy foods, health checkup, routine exercises, participation of the counseling sessions and little bit of social activities volunteered by the inmates for the welfare of the institution. Regarding the payments, if the inmates are pensioners, they will happily pay the bill. Otherwise also, the richer siblings working at places far away from their native home town will be ready to sign the agreement for the timely payment of all the bills related to their parents' stay. It would have been the bestif, such planning could bedone for all the medical institutions in the country for uniformity, after being sponsored by the country's central health ministry and run them under a no loss no gain status. Well, it is all a dream not yet to be fulfilled in the near future but, every one of our youngsters can start thinking of keeping their own elderly parents happily and peacefully.

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