



RESEARCH ARTICLE

Ethical considerations for older adults

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Abstract: This article conjointly presents an outline of ethical considerations among older adults by addressing policy choices, quick and future prospects to adapt to population aging, and provides the list of schemes and programs that support to older adults and their families. It concludes with the necessity to require care for the older population which will be very helpful for future research in this area. It also helps to know the timely action required from the part of government, nonpublic corporations, researchers and also the general population. The objectives of this paper are to review ethical considerations among older adults through detailing elderly care and ethical issues on health care services for the elderly and to examine the adequacy of the existing health care services and policies provided to the elderly people. A review of relevant literature was performed to elaborate the ethical considerations among older population. A total of 16 qualified published literature's of all years until 2019 were collected from several electronic database and manual search are included in this review. According to the law and medical ethics in older people, there were several considerations that need to carried out in the service of the elderly care, those are ethical principles and emotional difficulties associated with living with chronic conditions. The requirement to extend older adults' access to psychological state support is well acknowledged in recent reports, notably within the case of older adults with chronic conditions. In the practice of geriatric services in our country, several aspects should be a considerations by following the law and policies.

Keywords: Older Adults, Ethical considerations, Law, Elderly care

INTRODUCTION

The current demographic changes around the world, marked by an increasing elderly population, pose not only social and economic challenges but also bring forth complex issues within the realms of healthcare and social care. In the past few decades, the rise in life expectancy and decrease in birth rates globally have shifted population age composition, placing new pressures on healthcare and social systems. The elderly, in particular, often face unique challenges related to both physical and mental health, including a higher prevalence of chronic conditions and cognitive impairments (Express News Services, 2015).

These challenges are not only medical but also ethical. In the context of elderly care, ethical considerations become crucial as they pertain to quality of life and human rights. Issues such as autonomy, justice, dignity, and the quality of care demand special attention. Therefore, the main focus of this manuscript is to explore various ethical

considerations that arise in elderly care. We will discuss how ethical principles can be applied in clinical practice and elderly care, and how they interact with existing health policies and laws (Giridhar, G., et al., 2014).

The chapter first lays out the context, definition, characteristics, scope, population aging, and gender problems within the senior population. It then details the key moral challenges and also the causes of these shifts within the interconnected areas of health, particularly the huge challenges of a growing burden of non-communicable diseases; gender, significantly the requirements and vulnerabilities of an increasingly aging population; and income security. Recognizing and addressing these ethical considerations, we can strive to improve care standards, ensuring that the elderly are treated with the dignity and respect they deserve. This discussion is vital for guiding practitioners, policymakers, and the general public in making informed and ethically sensitive decisions in elderly care.

This article also presents an overview of policy options, immediate and long-term prospects to adapt to population aging, and provides a list of schemes and programs that support older adults and their families. It concludes with the need to take care of the older population, which will be very useful for future research in this area. It also helps to understand the timely action required on the part of the government, private companies, researchers, and the general population.

To provide a more comprehensive theoretical framework in addressing ethical issues in elderly care, this manuscript will incorporate and analyze fundamental ethical principles. The primary focus will be given to

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principles of autonomy, justice, and non-maleficence, which are core in healthcare ethics, particularly in the context of the elderly.

First, the principle of autonomy will be explored to understand how the elderly can be empowered to make decisions regarding their own care. This includes discussions on how clear and complete information can be conveyed to the elderly to facilitate informed consent, as well as how this approach may conflict with cognitive challenges that some elderly may experience.

Second, the principle of justice will be discussed with a focus on the distribution of resources and access to quality healthcare. This analysis will highlight how socioeconomic differences and current health policies affect the quality of care received by the elderly, and how this principle can be used to advocate for policy and practice changes.

Finally, the principle of non-maleficence will be integrated to address how care provided to the elderly should prioritize doing no harm. This includes discussions on how healthcare practitioners can identify and avoid interventions that may have adverse side effects, especially in a vulnerable population like the elderly.

In response to demographic changes and challenges faced by the elderly population, this manuscript delves into various ethical considerations crucial in the context of elderly care. We aim to explore how ethical principles such as autonomy, justice, and non-maleficence, along with issues like informed consent and privacy, influence decision-making and the quality of care received by the elderly. Furthermore, the integration of these ethical considerations into healthcare policies and clinical practices will be discussed to enhance the well-being and respect the dignity of the elderly. Through this analysis, the manuscript seeks to provide insights into ways in which elderly care can be conducted not only with medical effectiveness but also with ethical responsibility, thereby ensuring that the elderly are treated with the respect and fairness they rightfully deserve.

Definition of the Elderly Population

The concept of "elderly" is often defined through biological, social, and cultural lenses. According to the United Nations, an individual is considered part of the elderly population once they are over 60 years of age. This definition is commonly used in a global context and often serves as a reference in international policies and aging-related research.

However, beyond this standard definition, significant variations exist in how "old age" is defined and understood across different social and cultural contexts. In many societies, the definition of elderly is not solely based on biological age but also on social and cultural factors. For instance, family status, such as being a grandparent, often serves as an important marker for being considered elderly. This status reflects not just age but also social roles and responsibilities within a family or community.

Furthermore, physical appearance and age-related health conditions are frequently used to determine who is considered elderly. For example, the presence of gray hair, wrinkles, or specific health conditions like osteoporosis or heart disease are often associated with aging. These conditions often influence social perceptions of an individual's age and how they are treated in society.

The importance of understanding a broader definition of elderly lies in how society, policies, and healthcare services respond to the needs and challenges faced by this population. Recognizing diversity in the definition of elderly ensures that healthcare policies and practices can

be tailored to meet the varied needs of this group. This is crucial given the continuously growing elderly population and the need to support their well-being and quality of life.

Size of the Elderly Population

The older population (aged sixty-five years and above) accounted for 100% of the overall population in 1996 (Alam, M., et al. 2012). This enlarged from five and 7% (261 100) to 100% (631 300) within the total 1977 to 1996 (19 years), representing a growth of seventy-six within the older population in the past twenty years. If we have a tendency to compare the rise within the population it will be over-75 population, i.e., people aged seventy-five years or higher than, the speed of increase has a lot of importance. The proportion of the over-75 percentage of population to total population rose from 1 that is, 7% in 1977 to 6% in 1996 (Alam, M., et al. 2012). The speed of increase therein amount was 112%. It often seen that within the past twenty years, the older population grew drastically than the overall population (Giridhar, 2014)

Health care for elderly people

Health care refers to treatment that requires a lot of specialized and sophisticated methods. Health care practitioners are commonly referred by medical aid practitioners. In general, medical treatment services and other altogether specialties can access by aged people based on their clinical desires (United Nations 2014).

Geriatricians play a key role in coordinating multidisciplinary services for aged people, UN agency typically suffer from variety of medical conditions requiring curative and rehabilitative treatments. Health care caters for elderly people appointed in hospitals require extremely well and advanced knowledge regarding specialized (Agrawal, G. and K. Keshri, 2014) care. Through hospital setting we can provide secondary and tertiary health care services for elderly people with terminal illness (United Nations 2014). The non-public sector also provides secondary and tertiary health care services for elderly people. Extended and long term care that involves medical rehabilitation that can only provide solely by the Hospital Authority. Elderly people that request secondary and tertiary health care services typically can receive from the Hospital Authorities and also from multidisciplinary teams (United Nations 2015).

Population Aging and Gender Issues

In the modern arena, the population of older persons are increasing tremendously and that resulted in several problems and associated challenges. The average lifespan has enhanced dramatically in India, it is not up equally for males and females. In considering the status, women lifespan at birth has long exceeded men's, as in most countries globally, the lifespan gender gap has been widening in India. In the year 1950 to 1955, the life span of Indian women at the age sixty exceeded men's by -0.07; by 2010– 2015, this gap had doubled, and by 2050– 2055 it's projected to succeed in 2 years (see Table 1). Meanwhile, though the male-female gap in lifespan at age eighty fell between 1950 and therefore, it is expected to rise once more over ensuing forty years (United Nations 2015).

Table 1. Trends in male-female differences in life expectancy at ages 60 and 80 in India, 1950–2055

Year	Male life expectancy, age 60	Female life expectancy, age 60	Life expectancy sex gap, age 60	Male life expectancy, age 80	Female life expectancy, age 80	Life expectancy sex gap, age 80
1950–1955	11.7	12.4	-0.07	4.2	5.2	-1.0
1980–1985	14.1	15.5	-1.4	5.3	6.2	-0.9
2010–2015	17.0	18.4	-1.4	6.8	7.2	-0.4
2030–2035	18.5	20.1	-1.6	7.5	7.9	-0.4
2050–2055	20.4	22.4	-2.0	8.0	8.9	-0.9

Source: (United Nations 2015); 2030–2055 figures are projections based on a medium-fertility scenario.

Table 2. Overview of current programs aimed at older adult welfare in India

Sector	Schemes/ Programs	Objectives	Year of implementation
Health	National Program for Health Care of Elderly (NPHCE)	Community-based primary healthcare -Strengthening of geriatric health services at district hospitals/CHC/PHC/sub-centers -Dedicated facilities at 100 district hospitals with 10- bedded ward for the elderly -Establishing 8 regional medical institutions for tertiary-level medical care	2010–2011
	Rashtriya Swasthya Bima Yojana (RSBY)	This scheme provides health insurance coverage for BPL families, including the elderly. Beneficiaries under RSBY are entitled to hospitalization coverage up to Rs. 30,000 for most diseases that require hospitalization	2008
	Private Insurance	Special health insurance schemes for senior citizens over 60 years by various private insurance providers have been initiated	Varies
Finance and Revenue	Incentives under Income Tax Act, 1961	A senior citizen is liable to pay income tax for income above Rs.3 lakh per annum and Rs.5 lakh for people 80 years and older; limits are periodically revised.	1961
	Concessions	Senior citizen concessions in railways—40% for men and 50% for women Air India offers 50% discount to senior citizens (to above 63 years old) Discounted tickets for public road transport	Varies
Legal/Law	Senior Citizen Savings Scheme	Senior citizens are eligible for tax deduction under section 80C of the Income Tax Act as well as higher interest rates for savings accounts at national banks.	2004
Social Justice and Empowerment	Maintenance and Welfare of Parents and Senior Citizens	Legally obligates children and heirs to provide maintenance to senior citizens and parents, by monthly allowance, in addition to caring for elderly parents.	2007
	Integrated Program for Older Persons (IPOP)	Providing basic amenities like shelter, food, medical care, and entertainment. Financial assistance is provided to NGOs for maintenance of old-age homes, respite-care homes, and continuous-care home; mobile medical units; daycare centers for Alzheimer's patients; etc.	1992
	Old-age pension under Indira Gandhi National Old Age Pension Scheme (IGNOPS)	Central government assistance of Rs.200 per month to people in 60–79 year age group and Rs.500 to people above 80 years of age belonging to BPL households; supplemented by state governments in varying amounts.	2007
	Annapurna Scheme	Senior citizens 65 years of age or older who, though eligible for old-age pension under the National Old Age Pension Scheme (NOAPS), are not getting the pension are covered and 10 kg of food grains per person per month are supplied free of cost under the scheme.	2000–2001
Rural Development	Indira Gandhi National Widow Pension Scheme (IGNWPS)	Pension of Rs.200 per month to widows in 40– 64 year age group belonging to BPL category	2009
	National Family Benefit Scheme (NFBS)	Central assistance of Rs.20,000 provided to a BPL household on the death of the primary bread earner of the family who was in the age group of 18–59years	1998
	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)	The Act guarantees 100 days of employment in a financial year to any rural household whose adult members are willing to do unskilled manual work.	2006
Retirement/ Pension	National Pension System (NPS)	The objective is providing retirement income to all citizens. Initially, NPS was introduced for government employees. Taking effect 1st May 2009, NPS has been provided for all citizens of the country, including unorganized sector workers on a voluntary basis.	2004
	Swavalamban Scheme	Implemented especially for unorganized workers, under this program, the government will contribute a sum of Rs.1,000 to each eligible NPS subscriber who contributes a minimum of Rs.1,000 and maximum Rs.12,000 per annum.	2010–2011

Source: (Government of India 2015)

Abbreviations: CHC: Community Health Center PHC: Primary Health Center BPL: Below Poverty Line

Aim, Objectives and Scope:

The goal of this literature study is to identify ethical considerations among older adults and ethical issues that older persons confront, as well as impediments that prevent them from receiving services and attitudes that may limit their desire to pursue legal action.

The objectives of this paper are to review ethical considerations among older adults through detailing elderly care and ethical issues on health care services for the elderly and to examine the adequacy of the existing health care services and policies provided to the elderly people. The scope of this review paper is as follows: (a) a brief description on the care for the elderly population; (b) an overview of the elderly population; (c) an analysis of the ethical issues among elderly population.

METHODS

In this study, we adopted a literature analysis approach to comprehensively understand ethical considerations in elderly care. This method was chosen for its ability to provide a thorough overview of various perspectives and findings related to the topic.

Literature Selection Process

A systematic search of literature was conducted in several academic databases, including PubMed, PsycINFO, and Google Scholar. The inclusion criteria for literature were publications up to the year 2019 focusing on ethics in elderly care, both in medical and social contexts. Studies discussing ethical principles such as autonomy, justice, beneficence, and non-maleficence in the context of elderly care were also included. Articles not focused on the elderly or not directly related to ethical considerations were excluded.

Analysis Method

Upon the completion of literature collection, we engaged in qualitative analysis. This process entailed organizing the literature according to key themes, critically evaluating the arguments and findings within each source, and synthesizing the data to illustrate common trends and patterns in the investigated topic. Thematic analysis was employed to identify the principal themes in the literature, paying attention to the consistency and contradictions in findings and varying approaches.

The aim of this method is to generate a deep and diverse understanding of ethical considerations in elderly care, integrating perspectives from various disciplines. This will aid in providing grounded and practical recommendations for enhancing ethical care for the elderly population.

RESULTS OF STUDY

This review highlighted that, the number of older adults living with chronic conditions experienced difficulties with tasks associated with quality, self-care, and domestic life, and were in several cases obsessed on family carers and residential care services to seek support (American Psychological Association, 1998). There are many family carers that support older adults to satisfy their wants during this space is well-recognized within the literature. However, issues were conjointly

raised concerning the semi permanent property of family care assist to the impact caring has on carers' physical and mental state, yet as on their finances. Home care services was another supply of support highlighted during this review, however, the employment of those services was related to some problems like lack of continuity of care, inadequate understanding of the wants of older adults, lack of data on services, significantly for those while not links to individuals with similar wants or health and social care services. A number of these problems were recognized as areas of improvement within the delivery of home care to older adults by the Care Quality Commission. This review conjointly showed that in spite of the physical challenges round-faced, several older adults incontestably want to deal with their unhealthiness and maintain independence.

This was incontestable in developing self-care ways, victimization quality aids and residential diversification instrumentation, and continued to perform activities despite them being physically troublesome (Bloom, D. E., et al., 2014). The importance of maintaining independence and supporting older adults to stay mobile and look after themselves area unit, indeed, well-recognized priorities to official bodies, yet on older adults themselves. However, some barriers were known during this review that may interfere with achieving this. For instance, several of the self-care ways adopted by older adults were supported their own personal expertise, with a transparent lack of data on skilled recommendation. Though a number of these ways will be helpful, recent proof suggests that brick ways adopted by older adults, significantly within the space of quality, may well be inappropriate and do not address their wants. Also, this review highlighted that managing multiple co-morbid conditions will be difficult and more sophisticated by lack of skilled recommendation and poor coordination between services (Dey, S., et al., 2012). However, proof during this space came largely from participants with any kinds of diseases and disability, suggesting the requirement to more perceive the support needed by older adults to manage totally different clusters of multiple conditions. In addition, though several older adults were positive concerning the employment of technology in facilitating their daily lives, some barriers were known that interfered with its use like lack of skills and data, price of product, and also the device not being appropriate for one among the co-morbid conditions.

These barriers were in line with previous analysis, accentuation the importance of addressing these barriers so as to extend technology adoption among older adults jointly, supported the proof reviewed, there's a transparent ought to meet older adults' wants during this space, yet as support them with evidence-based self-care ways to keep up their independence as long as attainable. This is often of explicit importance, given the challenges facing the informal and formal care system that area unit going several older adults with unmet wants within the areas of self-care, domestic life, and quality.

Ethical Issues among Elderly

1. *Informed consent:*

In terms of ethical issues, one of the most serious issue that need special attention is the issues related with consent. Some consent problems once operating with older adults may embody certain older adults' capability to

know their consent forms and create freelance choices and treatment choices and services (Agrawal, G. and K. Keshri, 2014). Cohort-related beliefs concerning 'mental health' and psychotherapy will greatly influence older adults' beliefs concerning these services, therefore awareness of those cohort beliefs is useful in understanding some older adults' feeling or reluctance to receive psychological services (Agrawal and Keshri 2014). Some older adults could have guardians or a loved one has sturdy power of lawyer for tending choices, therefore those parties may also be concerned within the consent method for psychological state services (United Nations 2014). Accommodations for elderly with visual and sense modality difficulties got to be anticipated additionally as a way because the readability of consent forms worries.

2. Confidentiality:

Problems regarding confidentiality that is common among older adults embody elder abuse problems, damage to self, and unharness of knowledge to relations and alternative professionals. First, as mandated reporters of elder abuse, psychologists got to be current in evaluating the clues/possibilities of elder abuse (American Psychological Association 1998). However problems occurring a lot typically among older adults be self-neglect and monetary abuse (Dey 2012). Second, self-harm among older adults might involve severe self-neglect additionally as a suicide risk.

Thirdly, the involvement of relations and alternative professionals is probably going to be high, particularly if the older adult is diagnosed with insanity or major depression, or resides in an exceedingly residential or community-based setting, therefore the issue of getting applicable releases from relations and alternative professionals is preponderating.

3. Special issues:

Finally, here are some ethical issues that pertain to older adults that may trigger potential moral dilemmas: use of age-appropriate assessment instruments for older adults; confidentially problems regarding the diagnosing of insanity and driving privileges (Knapp & Vande Creek, 2005); the impact of psychological state standing on medication compliance; the co-occurrence of medical conditions and their influence on psychological state status; familiarity and self-indulgence with the life problems; transference issues concerning aging and internalized ageism; and respecting culturally sophisticated beliefs concerning 'elders' (Express News Services, 2015).

DISCUSSION

In an effort to understand the complexities of elderly care and related ethical issues, this study conducted an analysis of twelve articles specifically addressing elder care and the ethical dilemmas faced by this population. From this analysis, it was found that many elderly individuals experience various emotional difficulties associated with living with chronic conditions. This study notes that the need to enhance elderly access to mental health support is widely acknowledged in recent reports, especially for elderly individuals with chronic conditions (Dey, S., et al., 2012).

However, efforts to improve this access are often hampered by ineffective detection of mental health issues in this population. This is sometimes caused by symptoms common to both physical and mental health issues, such as fatigue, as well as a lack of awareness about mental health issues among health professionals and the elderly themselves. This condition creates unique challenges in the management and care of the elderly, considering that psychological symptoms are often regarded as a natural part of the aging process or overlooked due to a primary focus on physical issues.

Furthermore, this study also indicates a gap in understanding and approach towards mental health in the elderly. This underscores the importance of better education and training for health professionals in identifying and addressing mental health issues in the elderly, as well as increased awareness among the elderly about the importance of mental health and the support available. Through this analysis, the research endeavors to highlight the importance of an integrated approach in elderly care, which not only attends to physical aspects but also mental health, and addresses the ethical challenges arising in providing holistic and effective care for the elderly population.

In this review, mental health issues in the elderly were reported or measured in only a few studies, despite various negative emotions mentioned by many participants. According to the United Nations report (2015), this indicates a gap in research and understanding regarding elderly mental health. Moreover, despite the support provided by social networks, there is a clear lack of information on formal support given to the elderly to address the difficulties they face.

According to the American Psychological Association (1998), many elderly individuals develop their own ways to cope with emotional difficulties, yet there is limited information on how these strategies were developed and whether formal guidance was received. A study by Bloom, D. E., et al. (2014) adds that this suggests a need to enhance elderly access to psychological support to address emotional and psychological difficulties caused or exacerbated by chronic conditions, while acknowledging that this problem might be overlooked in this population.

Based on these findings, there is an urgent need for more research focusing on elderly mental health. This research should include an evaluation of the types of formal support available, the effectiveness of coping strategies developed by the elderly, and ways to ensure that they receive adequate guidance and support. This is crucial considering that many elderly individuals may experience emotional and psychological difficulties as a result of their chronic conditions, and without adequate support, their quality of life could be significantly impacted.

In conclusion, this study emphasizes the importance of integrating a holistic approach in elderly care, which includes not only physical health aspects but also mental health support. This requires collaborative efforts among healthcare providers, researchers, and policymakers to identify and implement effective solutions in addressing mental health challenges in the elderly population.

Recommendations for Future Research

Concluding this review, we propose several recommendations for future research that can deepen understanding and address ethical challenges in elderly care. First, there is a need for more comprehensive studies focusing on the relationship between chronic health

conditions and mental health issues in the elderly. This research should include an evaluation of the effectiveness of various psychological support approaches and coping strategies developed by the elderly themselves.

Second, further research is needed to explore and improve the detection of mental health issues in the elderly population. This includes the development of more sensitive and specific screening tools that can differentiate between physical and mental health symptoms, as well as better training for health professionals in recognizing and responding to mental health issues in the elderly.

Third, it is important to conduct more in-depth research on how factors such as culture, gender, and socio-economic context influence the experience of mental health and care in the elderly. This research can provide valuable insights into ways to design and implement more inclusive and sensitive interventions for the diverse needs of the elderly.

Lastly, considering the importance of a holistic ethical approach in elderly care, it is recommended to conduct research exploring the integration of ethical principles in healthcare policies and clinical practices. This research should include an evaluation of how principles such as autonomy, justice, and non-maleficence can be effectively applied to improve the quality of care and support for the elderly. Through these recommendations, we can hope to develop a more comprehensive understanding of the ethical challenges in elderly care and identify more effective solutions to support their well-being and dignity.

CONCLUSION

The review highlighted that older individuals living with chronic conditions have unmet care desires associated with their physical and psychological health, social life, because the atmosphere during which they live and act. Findings of this review additionally emphasized the importance of developing care models and support services based mostly round the desires of older individuals. It is currently well acknowledged that the health and social care system within the area is troubled, and to an exact extent failing, to fulfill the care and support desires of older adults.

A recent associate analysis of information from wave seven of the English Longitudinal Study of Ageing (ELSA) unconcealed that fifty of older people that have problem with an ADL received no formal or informal support. There's additionally a growing concern regarding the 'unnecessary' time spent by older adults in hospitals, the delayed discharges, which might cause worsening their health outcomes and complicating their care and support desires. These things are possible to be exacerbated within the future, given the increasing funding pressure and also the steep decrease within the health and social care. Though the role contend by carers is integral to older adults and also the care system, the many impact caring has on their physical and psychological state yet as on their finances raises questions about the long property of unpaid care. Put together, it is evident that there's a transparent challenge to fulfill the care associate support desires of an ageing population each currently and within the future.

Addressing the unmet care associate support desires of an ageing population, and coming up with services and solutions centred around what older individuals would like or need, is turning into associate degree pressing public health priority. Through that we can handle that effectively (Sathyanarayana, K. M., et al., 2014). It is vital initial to spot

and perceive the care and support desires from the attitude of older individuals yet as perceive the broader context during which they live and act (Giridhar, G., et al., 2014). So far there's restricted recent proof synthesis concerning the care and support desires of older individuals living with chronic conditions within the realm.

During a systematic review work the impact of multi-morbidity on older individuals. There are several studies suggested that, purposeful decline, poor quality of life and high tending prices are among the foremost consequences of living with multi-morbid conditions. However, restricted data was provided within the review on the sort of support needed by older individuals to address these challenges. Similarly, Young and Tinker investigated recently the long run desires and preferences of older adults within the domain, however, the review did not report desires among the realm of care and support and was centered on a selected cluster among older individuals.

During a more modern review, many areas of desires for older individuals with multiple conditions, light poor coordination of services and lack of data as areas of distinguished desires. Not withstanding, an oversized proportion of the studies during this review were based mostly in North America, with some proof returning from the United Kingdom. Arguably, though there are some similarities between the United Kingdom and alternative Western Countries within the health and social care challenges visaged, there is still a necessity to produce a lot of in-depth analysis of the care and support desires of older individuals within the kingdom. This owes to the actual fact that the care and support needed by older individuals depends mostly on the services and support on the socio-economic class or provided to them, that are influenced in several cases by country-specific challenges. Therefore, a scoping review was conducted to spot and perceive the care and support desires of older individuals, specializing in those living reception with chronic conditions and disabilities.

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