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Website Name – Deccan Chronicle

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NATION, CURRENT AFFAIRS

Banned drugs freely available in medical shops

DECCAN CHRONICLE. | ABILASH MARISWAMY
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Experts have raised doubts about the effectiveness of healthcare regulatory bodies in the country.



Website Name – Deccan Chronicle

Headline Sunset years clouded by neglect, crime, abuse

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August 22 marks Senior Citizens Day. In India, perhaps across the world, life is lonely and difficult for the elderly. Luxurious retirement centres have begun to appear in and around the city, catering to the more affluent elderly who live here alone. The demand for nursing care is also on the rise, although this is both expensive and not up to par. While some hospitals do offer geriatric care, access to these facilities is always a challenge. Without a registry of senior citizens and social initiatives to ensure they are taken care of in every way, the senior citizen has a rough deal. Abuse is on the rise too with more children resenting their ageing parents or trying to access their inheritance before time. **Akshay Thakur, Abilash Mariswamy and Shweta Singh report**

Justice Rajendra Ram retired as District Judge in Goa. As he approached retirement, he became more and more sure of one thing: he wanted to play the last innings of his life on his terms. Impressed by the scenery, the architecture, the top quality care from people who will run your daily errands, to organising care and medical treatment, Mr Rao decided to stay "I enjoy my independence here," he says.

Mr and Mrs Vittal have had hectic lives in various cities. As they retired, they wanted to do as with their bodies, from philosophy to gardening. Mrs Vittal's Mr Vittal, who has been in Florida for two years, says she feels part of a family. "I attend social gatherings and celebrate all my festivals too," she smiles.

The term 'retirement home' brings to mind unpleasantness of old people being abandoned by their children. While this certainly exists, the new wave of retirement homes are anything but. In fact, they're probably where you want to be when you're ready. Provided you have a nice little nest egg. With the focus on nuclear families and offspring settling abroad, India's senior citizens certainly must battle loneliness. If financial shortcomings are not a problem, they're moving into a retirement home or opting for Assisted Living, as it is called. It is not just about dealing with the ills of old age, senior residential centres give people everything they need from quality food, care, leisure activities and company.

"Builders are opting for projects like these," says prominent architect Navash Narasimhan, of Venkataraman Associates. However, there has to be interaction with all age groups, with community facilities and accessibility for the differently-abled. "Although the concept is still nascent in India, Narasimhan agrees that

builders are coming forward for projects of this nature.

In 2016, the Ministry of Statistics and Programme Implementation said over 2% of the nation's elderly reside in urban halls. With pollution and the many environmental costs of development on the rise, however, several senior citizens now prefer to spend their retirement in a more tranquil setting.

A retirement home on the outskirts of Bengaluru, built by the Mitta group, is now very sought after. "We want to make these types of homes here, we don't want them to feel like they are part of an old age home or a hospital," says Shanthoshree MN, General Manager, Operations. This particular retirement home comes with an in-house dining hall, library and auditorium, along with a number of other features.



SUNSET YEARS CLOUDED by neglect, crime, abuse



Ill, ageing, with no place to go

As urban families lean more towards nuclear setups, there has been a marked rise in the demand for nursing assistance among senior citizens in Bengaluru. Parents are left to themselves as their children settle abroad. This, apart from diluting the parent-child relationship, has also left elderly people feeling helpless in terms of access to healthcare. Nursing assistance, available to senior citizens, can help them maintain a healthy diet, hygiene and overall wellbeing. The cost usually varies from ₹5,000 to ₹15,000 depending on the locality. However, with the obvious expense of individual nursing care, senior citizens still struggle for proper healthcare.

Ravish is 80-year-old, a retired teacher living with his wife. Both his children are currently studying in the United States. Ravish, who has a medical history of cardiac ailments, was on blood thinning medication along with treatment for severe, chronic diabetes. Last week, he met with an accident on the road, leaving him confined to his wheelchair.

Dr Sachin Shaha, secretary, Narayan Sewa Sansthan, said, "On Sunday Ravish called me repeatedly for help. Since he wasn't able to come to me, I had to go to him with treatment and also get the medicines." Ravish is only one example, he says, of senior citizens struggling for basic healthcare assistance.

Kapre's point out that there are many government schemes, including a Senior Citizens Health Insurance Scheme (SCHIS), which exists along with the Rashtriya Swasthya Yojana (RSY) scheme, National Programme for the

6 Government can provide geriatric care units at district level. It can also have physicians and nurses trained to handle elderly patients. Budget funding and insurance-based medical care for geriatric patient can be a boon for both patients and government.

— **Dr Ramesh KN, Consultant Physician and Geriatrician, Fortis Hospitals, Cunningham Road**

Health Care of the Elderly (NPHCE), several programmes under Vayashrestha Samman, Sanjivni Suraksha Scheme, day care centres and hospices. However, a lack of awareness among senior citizens is the main reason for them not being effective enough.

Dr Usha Manjunath, Director, Institute of Health Management Research, said, "There should be proper awareness created about government schemes. Providing nursing facilities at their doorstep should be another option. Private hospitals like Fortis, have a dedicated geriatric unit to meet all the elderly medical needs. This can be a single point of access for compassionate, holistic geriatric care. People over 65 years of age, suffering from issues like memory problems, urinary incontinence and mobility issues as well as more complex issues like Parkinson's Disease, heart failures and those requiring terminal care, get special privileges at these geriatric clinics."

INCREASE IN NUMBER OF COMPLAINTS REGISTERED ELDER'S HELPLINE

■ This year the number of complaints registered in elderly Helpline has increased from 382 in 2016-17 to 468 in 2017-18 in which 59% of the elders were harassed or cheated by the family members.

■ A survey report released by Nighingales Medical Trust (NMT) who is handling the Elders Helpline (1090), a joint project with Bangalore City Police, states that 59% of the elders are harassed or cheated by the family members. The helpline has received 468 complaints between 2017-18 (April - March) in which 247 complaints were solved.

'Offspring perpetrators of abuse'

A gang of burglars arrested by Bengaluru police were found to have in their possession a list of senior citizens living in the area. They had, at the time of arrest, committed robberies in two houses where elderly women lived alone, including that of an 85-year-old retired scientist. In another incident, a 65-year-old woman living alone was found dead, with her throat slit at a farm house in Kanari.

Bengaluru, once considered the pensioners' paradise, is now seeing a rise in crime against senior citizens. The city ranked tenth in terms of abuse of the elderly in meg cities. Mangaluru topped the list. The elderly in Bengaluru fall prey to crimes like murder, dowry, fraud and robbery. On an average, 10 or more victims become victims to crimes like these every day, said a police officer. They are

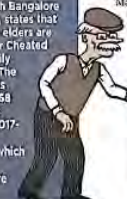
an easy target for crime. As far as crimes like murder, dowry or robbery is concerned, the crime is known to the victim. Senior citizens are victims of murder of late, with personal animosity and petty quarrels triggering the crimes as these usually involve someone close to the victim. They are difficult to prevent, says another officer, adding, "The continuous awareness programmes have helped bring down crime against them."

An all-India report by Helpage India, released on June 16, World Elder Abuse Day, found sons, daughters-in-law and social media as the biggest perpetrators of abuse and neglect. The study conducted in 20 cities found the son to be the perpetrator in 52% of the cases, in 34% cases the daughter-in-law was the abuser. Common forms of abuse are disrespect 56%, verbal abuse 49% and neglect 33 percent, the report mentioned. Disturbingly, 22% said they were either beaten or slapped. At the national level, 70% of the abusers have been educated up to Class 12 and 40% of them are skilled workers or self-employed. The average age of the abuser was 42.

The main reason for abuse was related to the abuser wanting to live independently (36%), Property (22%), lack of resources to meet the needs of older (20%) and dislike for the senior's way of living (23%) were also cited as reasons for the abuse. At least 25% of the interviewed elders said that their children saw them as a burden.

6 After the age of 65, health needs special attention. The prevalence of chronic diseases is on the rise among senior citizens, and they need to adopt dietary changes, medication management, and various lifestyle changes to stay healthy. There is a need for personalized, coordinated care plans to help seniors improve their quality of life, and allow them to stay aware of their conditions.

— **Anand Kumar Thirum, Senior Director & Product Management at Eldercare**



Website Name – Chronicle Pharmabiz

Headline India's prescription-based medicine dispensing has little relevance from regulatory perspective: Dr. Usha Manjunath

Link <http://www.pharmabiz.com/NewsDetails.aspx?aid=110803&sid=1>



Pharmacy & Trade

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India's prescription-based medicine dispensing has little relevance from regulatory perspective: Dr Usha Manjunath

Nandita Vijay, Bengaluru

Friday, August 24, 2018, 08:00 Hrs (IST)

India's prescription-based medicine dispensing has little relevance from a regulatory viewpoint. This is because pharmacies do not have systems in place to monitor parameters to check misuse of drugs, said Dr Usha Manjunath, director, Institute of Health Management Research (IHM), Bengaluru.

With a population of 1.3 billion, India has a complex healthcare system. If a pharmacist knows the patient, it is possible to get medicines without prescriptions. Therefore, regulating Indian pharmacies is a challenge worth pursuing, she added.

The country's aging population, rising incomes, and the development of primary healthcare facilities are expected to shape the pharmaceutical sector. Drug regulation is a subject on the Concurrent List. The regulation is distributed between the Centre and the states. Multiple laws govern pharmacy sector in India.

India spends only about 30 per cent of its healthcare budget towards primary healthcare. This is a fraction of what the US and the UK spend. Hence, it should spend more on primary healthcare and invest in human resources for regular inspections to check unlicensed prescribed prescriptions at pharmacies, Dr Manjunath told Pharmabiz.

The deteriorating public healthcare system in India means an increasingly larger percentage of its citizens are being driven to the private sector. Studies indicate most household health expenditures are out-of-pocket which is nearly 95 per cent. As per the Household Health Expenditures of India report released last December, nearly 51.67 per cent of out-of-pocket expenses relating to healthcare are spent on medicines, she said.

Often, a patient admitted to a hospital has to buy medicines and consumables from in-house pharmacy, thus allowing hospitals to earn huge profit margins. An institutional bulk purchase allows them to buy medicines and devices at a much lower rate than the MRP. The margins, the NPPA analysis showed, can be as high as 1,737 per cent, said Dr. Manjunath.

In April 2018, Niti Aayog recommended the capping of trade margin of a total mark up through the trade channel of 24 per cent to all traders, including stockists, wholesalers, distributors or hospitals for scheduled, essential drugs. The mark up would be restricted to 30 per cent for non-scheduled drugs. Since India spends only a small part of its GDP on healthcare, unlike the developed countries where 4-5 per cent of GDP is the outlay, the

Website Name – Chronicle Pharmabiz

Headline Indian patients seem to be overpaying for healthcare and Ayushman Bharat is set to reduce costs: Dr. Usha Manjunath

Link <http://www.pharmabiz.com/NewsDetails.aspx?aid=110609&sid=1>

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Indian patients seem to be overpaying for healthcare and Ayushman Bharat is set to reduce costs: Dr Usha Manjunath

Nandita Vijay, Bengaluru

Saturday, August 18, 2018, 08:00 Hrs [IST]

Indian patients are seen to be overpaying for healthcare. Now the Union government's national health insurance scheme Ayushman Bharat' which will be rolled out from September 25 is geared towards reducing the financial burden in healthcare costs, said Dr Usha Manjunath, director, IIMHR, Bengaluru.

Healthcare financing in India is low. Recent years have seen many health insurance schemes and specifically the Ayushman Bharat or the Universal Health Coverage. But, the rates fixed by such schemes do not cover the cost of services at private hospitals. They may choose not to participate, thus limiting choices. But now the private sector is also brought within the ambit of the government programmes keeping ethos of partnerships in focus, she added.

Even 'Jan Aushadhi', a generic drug distribution scheme, aims to fix rates and mechanisms for redressals have not had a major impact on out-of-pocket spend. Medicines continue to be a major contributor to 'out of pocket' expenses, Dr Manjunath told Pharmabiz.

The impact of the rising cost of healthcare has been greater in India as it's a low-mid income country and sees a high proportion of out-of-pocket spend on healthcare. Further, India has the 'double burden' of communicable and non-communicable diseases. Infectious diseases continue to be high, complications from measles/diarrhea among children, drug resistant TB and others like Malaria/HIV require attention. Diseases from pollution has also added to the burden. There is also an increased life expectancy.

"We also see a rapid infusion of expensive procedures into daily medical practice. The medical fraternity is eager for high-tech diagnostic tests. Competition, defensive medicine and patient demands/expectations drive the use of technology, pushing up spend. Many hospitals offer costly, high-end care, prolonging life", she said.

In India, most visit specialists instead of the 'family physician'. There is a tendency to approach many doctors, including homeopaths and ayurvedic physicians, even faith healers in search of a cure and end up spending more. Most people seek care when diseases are in advanced stages, thus requiring expensive procedures. Moreover, the perception that private hospitals are better than government facilities pushes up 'out of pocket' expenses.