

노년을 위한 사회정책

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1. In our morning lecture we dealt with the concept of social policy for aged, namely the principles according to which society makes decisions on allocations of resources needed for and by the aged in health and human welfare as compared to other groups in society.
2. Definition of social policy on aged, and its components:
 - a) attitudes in society to older people
 - b) basic aim: to help older people not only to survive but to live an enhanced life within their communities, i.e., to improve the quality of life of the elderly in society
 - c) elderly as a burden or as an asset to society?
 - d) components involved in defining or formulating a policy: available material and human resources in society; identification, classification and arrangements of needs in an order of priority; comparison of priorities with those in society as a whole as a given point in time; decision on allocation of resources in light of the above considerations: decision/selection of the best way-among alternatives, of distribution of these resources-services to the elderly. so that they achieve most of the desired objectives for the maximum number of those who need and for whom these resources were desired.
 - e) In this Process are involved many "actors" such as politicians, manners, opinion-makers, various professionals among them also nurses and last, but not least the consumers of these resources i.e. the elderly themselves: voluntary-nonprofit organizations: commercial-profit bodies, and first and foremost-the governments.
3. The selection of the topic of cost of care of aged is of utmost importance to practitioners in human care, among whom nurses and social workers are most closely concerned with day-to-day reality of the life of the elderly. Questions arising in connection with it are:
 - a) How much of services in health and welfare do older people need in comparison with others?
 - b) How do they use these services? efficiently? rationally?
 - c) Can they afford to obtain/purchase these services? Are the services existing and accessible to most older people?
 - d) Can society afford to provide the services?
 - e) How are practitioners (f.i. nurses) involved in it?
 - f) What would be the price not-only of provision of services, but of non-provision of services, for the individual, the family, society as a whole?

4. Why are we concentrating on this question today?
 - a) growing numbers of older people in society
 - b) growing number of very old among the older people
 - c) greater recognition of the right of aged to health and welfare advantages, need to distinguish between truth and stereotypes about elderly as high consumers of services, change in the concept of health in old age-from pathological model to functional model
5. Cost and price-definitions and clarifications. Cost-sum total of all resources invested in product, Price-sum at which product is sold/distributed/given to consumer, Price may be higher than cost (profit included), Price may be lower than cost (subsidized service), Price may be equal to cost (non-profit approach), On what principle (of the three) should society provide the services needed in the care of our older people? What are the problems arising here? Do we include only services in cost or price?
6. Our definition of gerontology this morning spoke of knowledge research: teaching (education) and of practice-how do we include these in the calculation of price/cost of care of aged?
7. Care of older people

Questions that arise:

 - a) What does care mean? Care and tending-differences
 - b) Do all older people require care?
 - c) Who are care providers? person himself (self-care); family (family responsibility); community; society (state)
 - d) Formal and informal care systems
 - e) Growing recognition of importance of informal systems
 - f) What do we know of differences of older people for various forms of care (self-care: formal care, family care)
 - g) Social-cultural differences among societies in this respect
 - h) Dichotomy of care systems: institutional versus community care system
 - i) What needs should care cover
 - 1) basic material (subsistence) needs guaranteed income (from general revenue; in the form of insurance, pensions etc.)
 - 2) preventive, ameliorating, and curative health services
 - 3) services to enhance functional capacity at home (housekeeping, home-chores, meals, repairs etc.)
 - 4) Opportunities for meaningful social, diversional, and occupational activity in the community (centers, clubs, etc)
 - 5) Learning and study opportunities (integrated or separate)
 - 6) Opportunities to serve others (volunteer involvement)
8. Funding (covering the cost of meeting the needs)

Three basic patterns:

 - a) The consumer alone (expenses covered by older people)

b) The family of the consumer

c) Society/community or emerging partnerships between two of the three or between all three factors

Examples from different countries on the forms of funding: Welfare States (Sweden, England, Israel): USA: the developing countries etc.

Growing budgets needed to meet needs of care

Can modern society afford old age (is it a financial or a moral question?)

Three possible models for our approach (philosophy) in this question (based on Neugarten and Nelson)

1) Age (old age) as the relevant cause for needs and the basis for rights to resources of society

2) need (and not age) as the relevant cause for eligibility for resource allocation

3) Old age as "social veteranship"-(Old age is recognized as an earned status and the older people have rights due to their experience, wisdom, and contribution made to their societies. This means a principle of "retributive justice" for contribution made in the past which society feels it is obliged to repay. Questions:

a. The implications of these approaches for the professions (including nursing in the area of aging)

b. Which one of the above three approaches (1,2,3) seems to you applicable or most appropriate to your society (Korea)?

<8페이지에서 계속>

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4. 단일전문직 중심주의의 추세가 감소되고 노년문제 중재에 있어서의 다변화가 강조됨

5. 노년학에 있어 도덕적, 철학적, 사회적인 내용이 강화됨

6. 노인들 자신과 그들의 자연적인 사회 지지

조직이 노인문제와 관련된 계획, 건강관리 등에 참여가 커지고 책임도 증대됨

7. 노년문제가 사회에 끼치는 영향이 커질

8. 노년학의 연구, 전문적인 교육, 그리고 실 무에서 우선순위가 필요한 요구나 가능성의 변화에 따라 달라지는 유연성이 증가됨.