REFLECTION

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Right of access to health care of older persons in Mexico: critical discursive reflection

Guerrero-Castañeda, Raúl Fernando[1*]; Guerrero-Castañeda, Diana Giselle[2]

SUMMARY

Introduction: Changes in health conditions have increased people's life expectancy. The right to health care is fundamental and universal, so older persons should enjoy this right without limitations. **Objective:** Reflect on conditions for access to health care for the elderly from the perspective of universal rights. **Development:** This is a reflective study based on the review of literature as well as critical viewpoints from the authors. Health care as a right is within the framework of international declarations and agreements between countries, as a sustainable commitment to the attention of an aging population. Mexico has strategies such as the General Health Law, Law on the Rights of Older Persons, and the Plan of Attention to Aging Population. **Conclusions:** Even though health is a universal right, efforts are still required in order for an elderly Mexican person to enjoy this right abundantly and to satisfaction, thus dignifying those in old age.

Key words: Health; Right to Health Care; Older Person; Health Systems (DeCS, BIREME).

[1]Nursing PhD, University of Guanajuato, Mexico. E-mail: *ferxtom@hotmail.com*
[2]Trainee of the Bachelor's Degree in Law, Universidad Galilea

[*]Corresponding author

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INTRODUCTION

Mexico is experiencing an interesting demographic transition, which includes the increase in life expectancy and economical conditions that result in an increase in the number of older persons significantly. In 2015 worldwide, elderly adult population was 901 million, equivalent to 12.3% of the total global population[1]. In Mexico, elderly adult population is almost 13 million, representing 9.6% of this country's total population [2].

Changes in health conditions have increased life expectancy, which is another determining factor in population growth. Currently, average life expectancy is 75 years (76 for women and 74 for men)[3]. The question that arises is clear and precise: Is the increase in life expectancy associated with better quality of life? Discussions may vary, but what is certain is that the term 'life expectancy' should be analyzed from the perspective of healthy years of life (AVS by its acronym in Spanish), whether a person can aspire to reach an advanced age, and how many of those years will that person have total independence, autonomy, and quality health.

The World Health Organization (WHO) determines that older persons can aspire to optimal quality of life as long as the primary functions and healthy life habits are maintained; however, many older persons reach old age with some chronic pathology, some degree of dependency and/or disability. Thus, the interest in the continuous discussion of the factors that condition these situations and the analyzing of the challenges they face; not only the older adult population, but also the country's health system, the professionals who are trained to care for this part of the population, in addition to the perspectives they will use to provide such care since healing is certainly not the sole important purpose rather the emphasis on health promotion and disease prevention. The objective of this article is to reflect on the current conditions regarding access to health care for older persons from the perspective of universal right.

DEVELOPMENT

About the statistics regarding access to health care in Mexico

Statistic estimates in relation to older adult population in the country reveal that about 13 million people over the age of 60 live in Mexico; the exact figure as of this study was 12,973,411 people age 60 or older, of which 53.9% were women and 46.1% were men, according to the National Population Council (CONAPO by its acronym in Spanish)[4,5].

Life expectancy has increased; for 2018 reported life expectancy is 75.47 years (78.05 for women and 73.01 for men). This is the result of improvement in health conditions, advancements in the country's economy, and advancements in technology; however, if chronic illnesses were a red flag due to the high mortality related to them, it is time to consider that if life expectancy is to increase, how many of those years will experience quality health.

A third of older people (33.8%) still works, only 16.2% are retired. Those who work are in commerce and personal services, that is, they do not have a formal job guaranteeing them social security. They work from 35 to 48 hours per week (36.7%), exceeding the hours prescribed by law(4).

Income due to federal programs (65 y más) for 2014 was 5.10 million, of older adults, highlighting the importance that only 28.1% of men and 8.5% of women receive a retirement pension. These types of programs must be expanded in order to include those who are yet to benefit from them since complete access to social security that includes medical services[4] is not available to all.

Accordingly, only 30% of older adults have their health care needs covered by Seguro Popular (People's Health Insurance); and 16.6% do not have access to any type health care[4]. The National Survey on Income and Household Expenditure (ENIGH) 2016 reports that health expenses per family per quarter is $760.00[6], that is to say, older adults have to pay health-related expenses, considering the lack of resources in relation to the type of labor activity as only a few have guaranteed retirement income.

Next we add the amount of dependent older adults; almost 50% of older adults have disabilities, which, according to the WHO[7,8] is equated with low-income countries. One third report limitations to administering self-care; this represents an increase up to 47.6% among people older than 80 years of age. 1 in 4 older adults require help to do these activities. Main disabilities are functional, cognitive, and visual[8] thus representing a spotlight since it denotes the importance of particular conditions associated with old age, which must be within the framework of access to health care.

Health Care is Regarded as a Universal Right

Health care protection has been included as a right within international declarations and agreements as a sustainable commitment to attention to the needs of the ageing. In 2007, CEPAL in its Second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean, held in Brasilia from

December 4 to 6, adopted the Brasilia Declaration. The main recommendations of the Regional Strategy of Implementation for Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, appointed in relation to health and well-being, that older adults have the right to universal access to integral health services, promotion of health conduct and environments, regulation of long-term care services, training of human resources in geriatrics and gerontology, and follow-up of the state of mental health of older population[9].

In Mexico, the Law on the Rights of Older Persons, from the National Institute of Older Persons (INAPAM by its acronym in Spanish) proposes that the older person "has preferential access to health services in order to fully enjoy the right to their sexuality, physical well-being, mental and psycho emotional health and receive guidance and training in health and nutrition"[10].

The law establishes four guiding principles of its policies in relation to the rights that all older adults must enjoy. From Article 4, the main guiding principles arise as follows: autonomy and self-fulfillment, clearly that all older adults must have access to actions that guarantee their search for independence and personal development; health is a fundamental part of the older adult, as it is their sense of purpose thus a person with good health will search for self-achievement in all areas of his life and, conversely, when health is compromised, the search for a satisfactory sense of purpose is suppressed.

As a principle, participation's aim is that older adults enjoy an active lifestyle while ageing, which was explained by WHO as "the process of optimization of health opportunities, participation, and safety in order to improve the quality of life of the persons as they age,"[11]. Participation is an example of the promotion of active ageing lifestyles, with the goal that older persons participate in the community in which they live, are able to make decisions, and experience a presence in their family and community sectors.

Equity is described as just treatment within conditions for access to health care, where the well-being of older adults is pursued according to their health condition. Such equity is relevant because of predominant pathologies of older persons and always favors their well-being thus calling for dignified treatment, free of discrimination, due to the fact that they are older adults.

Joint responsibility must be the guiding principle of the institutions that provide health care. The challenge is to be able to organize this interest to make it more consistent and shared by both public and private health institutions, as well social care institutions that have the responsibility to influence and direct the health care of older persons.

The principal of preferential care states that the older adult has the right to be part of health care programs according to his conditions, which must include all health institutions.

Article 5 states the rights of older persons. The 3rd right corresponds to health, diet, and family, considering health as a right with preferential access pursuant to article 4 of the constitution, as well as the guidance in the field of health[10].

Article 18 of the aforementioned law states the responsibilities of public institutions of the Health Care Sector, and it specifies that the following must be guaranteed for older adults: right to quality public services regarding medical care, programs of timely detection and early treatment of chronic illnesses and people with disabilities; access to medical care of older adults in medical units of second and third level, both public and private[10]. The specialties in charge of health care to older persons are geriatrics and gerontology; to have a health card with his personal data; interinstitutional coordination for medication, health education, support to medical and civil units regarding physical and/or mental health and university collaboration to provide services in various areas, management, and support to vulnerable older adults.

The law emphasizes the care of the older adult either at home, provided by the family, or outside the home, provided by medical institutions; stating that access to health care is required at least once a year for medical examinations, health maintenance and necessary treatment, to expect confidentiality, and make decisions [10].

The 1986 General Health Law in Mexico, which was amended in 2014, notes at the outset of its first article the right to health care protection that all Mexican citizens should enjoy, within the framework of article 4 of the Mexican Constitution, on the basis and arrangements of access to health services[12].

Health care protection promotes physical and mental well-being, key health principles in the conceptual framework of the WHO. Additionally, it tries to improve and prolong quality of life, protect health conditions, and enjoy health and social assistance benefits.

The union of institutional forces is central to the monitoring of the ageing population, which ranges from promotion and education for healthy older adults to healing, prevention, and promotion of health in older persons that show pathologies pertaining to all spheres of human beings.

Mexico's National Health Systems present four arrangements for medical care; in article 34 of the General Health Law, public services provided to general population fall. In this area, the Seguro Popular is attached, which provides care to members of the Sistema de Protección Social en Salud ("people's insurance"). Coverage of services for older adults according to the basic catalogue include: pneumococcal and flu vaccines for older adults, preventive actions for persons aged 60 and older, and pneumonia diagnosis and treatment.

The services to rights-holders of social security public institutions include attention to older adult members and beneficiaries of government institutions. They also receive health care attention, social assistance provided by the Instituto Mexicano del Seguro Social (IMSS) (Mexican Institute of Social Security), the Instituto de Seguridad y Servicios Sociales para los Trabajadores del Estado (ISSSTE) (Institute of Social Security and Services for the State Workers), the Secretaría de la Defensa Nacional (SEDENA) (Ministry of Defense), and Petróleos Mexicanos (PEMEX). Social and private services are those that are hired under any arrangement and can correspond to medical assistance and social assistance.

Every six years a Program of Specific Action on Ageing is launched; the 2013-2018 program is still in force, which includes specific actions that ensure attention to the ageing. The same program states that geriatric attention is basically based in caring for the main causes of mortality during old age, such as type 2 diabetes, ischemic heart disease, malignant tumors, cerebrovascular disease, hypertension, liver cirrhosis, chronic obstructive lung disease, acute low respiratory infections, nephritis and nephrosis and accidents[13].

The aforementioned program places special emphasis on promoting old age related research, that geronto-geriatric models are implemented in the primary care level, that reference and counter-referral systems are truly coordinated and promoting a culture of ageing to the entire population, aware of the needs and changes occurring among this segment of the population. Training to the health team is absolutely crucial and is necessary to be aware at least of physiologic, psychological, and social changes that occur during the ageing process, to be able to integrate a comprehensive geriatric assessment that enables the prevention of deficiencies and allows for the revision of available resources [13].

While it is true that health policies are in force and inclusive, thus contributing to the interinstitutional force, it is also true that the actual needs and life conditions of older adults in fact reveal the great work that must be done to create policies for providing attention to the ageing population, specifically with respects to transparent and palpable health care.

Perspectives and Challenges of Access to Health Care for Older Adults in Mexico

Although an inclusive policy has been discussed, the culture of integration of the older adult to all types of environments, including health care, is still not exempt of living rejection phenomena. The 2017 National Survey on Discrimination (ENADIS by its acronym in Spanish), points out that most of the people are not patient toward older adults (82%). The aforesaid survey points out that the main problems for older adults in Mexico are inadequate pensions to cover basic needs (28.5%), lack of work opportunities (25.5%), and absence of pension (21.9%); additionally, 37.0% of the older population receives money from sons and daughters in order to support themselves financially, while 11.0% depends solely on this income. The analysis by gender of this older population reveals that 15.1% is represented by women and 6.4% is represented by men 60 years of age and older[14].

Why is it necessary to mention this data? Because the culture of ageing still needs to be linked to the entire population from an early age, including health care and a pension to cover basic needs such as health care.

Since older adults depend on the children to sustain themselves, it stands to reason that health care is a fundamental part of the family nucleus. If children are rights-holders of any institution, the older adult will have full health care, otherwise, he will receive health care of the Seguro Popular. This makes reference to the model of traditional family dynamics of men as the family provider, in such a manner that nearly 60% of females who are older adults do not have pensions from their husband; the same percentage has a universal pension[15].

Lack of job opportunities also distorts health care. The older adult, who still requires a job, usually works in the informal sector, therefore, he does not have social security that ensures health care, and so he will have to resource the Seguro Popular. If this is the solution by Mexican politics for access to universal health, then the need to continuously reform and update the Seguro Popular catalog of expenses must be a priority.

If it is a right, and it is a government contribution that has been achieved through the history of health politics, it must be strengthened regarding attention/ care to real problems of older adults. While it is true that the Seguro Popular may be viewed as an opportunity to reduce expenses of older adults, its coverage has been increased. However, the right to universal health as stipulated in the Constitution still has significant gaps. With respect to old age, its reach is still limited and as is seen by its coverage[16,17] is quite restricted. Coverage demand

for the entire elderly population requires infrastructure improvement and updating of memberships; likewise, to cover the demand of health care with respect to diseases during old age, requires more effort.

For users, out-of-pocket spending still comes in at around 95%. A research study observed that women, not heads-of-households, are the ones who most use the Seguro Popular, living primarily in rural areas and with elementary level education, in addition to the support of universal pensions for older adults (PUAM by its acronym in Spanish), delivered bimonthly. Hypertension plus other illnesses, and diabetes and hypertension, combined with another illness are the most common situations for people to use this health service; only 0.2% did not have any illness. It has been reported that expenses amount to almost $1,300.00, usually to pay for medicine that is not in the catalogue, non-covered medicine, payment of private medical fees, and lab tests [16].

Inequality gaps are still very much a reality in the country. Poverty conditions experienced by older adults are the consequence of the lack of social security and work opportunities. This reflects poverty during old age at 74.7%, of which 23.7% fall into destitution[15]; here, social assistance is considered as part of health care.

The vulnerable concept among the older adult population pertains to the decrease of active resources, both personal and family and community, which generate social exclusion and poverty, in addition to exerting an impact on essential needs such as health care since this becomes not a right but a privilege for those who have resources for access to health care.

The deterioration of the health of older adults has several constraints that range from the individual characteristics of the person up to a situation of contextual nature[4]. However, what is for certain is that this deterioration of health has a strong influence on old age morbidity, thus, the search for health services will be continuous across different levels of health care as well as in requiring services according to predominant epidemiological situation, where gender, age, state support and family support situations can be analyzed in order to have access to services as well as the needs for care that the older adult may require.

It is necessary to strengthen primary health care as a resource that takes care of old age in all areas. The reformation of primary health care from education institutions should go beyond the goals set and procure a truly inclusive and practical reform, and it is necessary that savings in individuals' accounts are a reality.

An improvement of health services (without gaps) that reaches communities is vital; a strengthening of primary health care with emphasis on a healthy ageing culture that permeates all health professionals, in addition to being linked to civil associations and to the general population through social support networks.

CONCLUSIONS

In Mexico there is a policy of access to health care that includes all older adults, since this is a universal human right; however, a large amount of older adults live in situations of vulnerability with respect to this right; thus, from policy to practice there is still a long way to go in order to reduce the gaps in this sector of the population.

It is necessary that health care access policies are truly universal, that there is institutional linkage that responds to the health care needs of older adults, considering the epidemiological transition of the country, and chronic illnesses that are most frequent in this population sector. Perhaps restructuring of the entire health care system would be a topic for consideration and analysis given the characteristics of health care for the Mexican people.

To achieve equal access to health care is necessary in order to understand the totality of the characteristics of older adults in Mexico, their differences according to the country's zone, the condition of state policies that may not cover the expectations of a national action plan, in addition to analyze the conditions of aged persons by gender, health-illness process, economic and employment inequality, and the support of other sectors. Although the inclusion of the family as health protectors of older adults is essential, the culture of ageing must have well-defined responsibilities, in such a manner that health care for older adults is not seen as a burden, but one that searches for collective integration under a vision of strengthening social awareness and health care in the general population.

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