Position of medical rehabilitation in senior politics

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The process of ageing is highly dynamic both in Europe and in the whole world. It poses new challenges to policy makers. The increasing insufficiency of family care leads to a growing need for care, rehabilitation as well as care and social benefits in the society. Rehabilitation is becoming an indispensable part of treating senior citizens. It helps to achieve the maximum level of independence and life quality. However, participation in formal rehabilitation, particularly among the oldest citizens and rural inhabitants is scarce. It stems from their being unaware of its existence and from its limited availability. Financial resources for disabled persons are spread across a lot of institutions and their management is not coordinated. Furthermore, the effectiveness of activities that are carried out is not evaluated. Therefore, it is essential to implement intensive activities aimed at introducing systemic changes in organizing rehabilitation. Currently, the Agency for Health Technology Assessment and Tariff System, with the substantial assistance of experts in the field of medical rehabilitation, is preparing new standards in medical rehabilitation. Changes in the organization of the rehabilitation system are broadly endorsed by the Parliamentary Committee for Senior Policy. The Committee put forward the desideratum with postulates of changes to the Minister of Health. In 2013, the Council of Ministers adopted Assumptions of the Long-term Senior Policy in Poland for the years 2014-2020. Their goal is to ensure aging in good health and living an independent and satisfying life. The ASOS program (Social Participation of Senior Citizens) for 2014-2020 was implemented. The objective of the project is to improve the quality and level of life of elderly people. Another action taken by the state is the implementation of the SENIOR PLUS program. Its aim is to create day care centers for senior citizens where rehabilitation plays a crucial therapeutic role. Other programs to be introduced, with broadly understood rehabilitation as an important component, include ‘Prevention of unfavorable demographic and epidemiological trends. Health prophylaxis’, ‘Community in action’ and ‘Program of activation of senior citizens.’

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