Health Rights in the EU:
Third Age Citizens in Greece

Project promoter

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Executive Summary

This study focuses on the health rights of older people in Greece, in the context of the European Union. The central objective is to inform and raise awareness of older people about their rights in order to improve access to and use of health services. The study also aims to raise awareness among health professionals, relatives and students of health professions on issues of equal treatment.

Objectives and Implementation of the Project

The European Union recognizes and respects the rights of the elderly by promoting their dignity, independence and participation in social and cultural life. However, in Greece there is limited information and violation of these rights due to the economic crisis, corruption and weak social welfare institutions.

Barriers and Challenges

In Greece, despite the existence of legislative frameworks, the rights of the elderly are often violated. The main reasons include the economic crisis, corruption, and poor training of health professionals. Comparison with other European countries, such as Italy, highlights the need for active participation of older people in the decision-making process and pressure on governments to improve welfare services.

Research Methodology and Results

The research included desk research, comparative analysis, case study and the distribution of questionnaires to elderly people, relatives and health professionals. The results showed that elderly people in Greece often face ill-treatment and poor quality of health services. Many of them are not aware of their rights at European level, and their relatives, although willing to help, do not have the necessary information.

Conclusions and Recommendations

The findings of the survey show that it is vital that older people are properly informed about their rights. Sharing good practices and enhancing the active participation of older people can significantly improve the situation. Healthcare professionals need to be properly trained to manage older patients, and the creation of digital platforms and tools can help inform and empower older people.

Effective implementation of these recommendations could lead to a significant improvement in the quality of life of older people in Greece and enhance their equal treatment and access to health services.

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1. Introduction to the project

The present study was carried out in the framework of the project Cognitive Enrichment of European health riGhts for third agE (E-geia).

Aims and Objectives of the project:

Recognizing the importance of all **EU values and rights** for older people, the central aim of **the project is to enable older people to know their rights within the EU to use health services more effectively** by providing information on their access and use, with a view to **improving their physical and mental health**. At **the same time, the aim is to raise awareness among Civil Society Organisations (CSOs), relatives and students of the health professions**, especially on issues of equal treatment.

Target groups:

The main and direct beneficiaries of the project are the elderly. Secondary and indirect beneficiaries of the project are CSOs, relatives, students of health professions and the general public.

Actions:

To achieve the objectives and address the above-mentioned needs, the following actions will be implemented:

- Exchange of good practices
- Training actions in remote areas
- Creation and provision of a digital training platform
- Toolkit for understanding and exercising EU rights
- Publication of a study and articles
- Dissemination actions of the project and its results
- Awareness raising at a university
- Podcasts and educational videos

The project "Cognitive Enrichment of European health riGhts for third agE (E-geia)" is implemented within the framework of the BUILD program, implemented by the Union of Working Consumers of Greece and partnered by the Institute of Innovation and Development Studies.

Building a robust and democratic civic space (BUILD) aims to protect, promote and widely recognize EU fundamental rights and values by supporting civil society organizations (CSOs) in Greece and Cyprus and strengthening their capacities and sustainability. BUILD is co-funded by the European Union through the Citizens, Equality, Rights and Values (CERV) Programme, the Bodossaki Foundation and the Cyprus NGO Support Centre with a total grant amount of €2.9 million. The coordinator of BUILD is the Bodossaki Foundation (Greece) in partnership with the NGO Support Centre (Cyprus).

Funded by the European Union. The views and opinions expressed are those of the authors only and do not necessarily represent the views of the European Union, the European Education and Culture Executive Agency (EACEA) or the Bodossaki Foundation. The European Union, the EACEA and the Bodossaki Foundation cannot be held responsible for the views expressed"

2. Research methodology

Desk research

Desk research is a critical phase in the research process, during which existing data and information collected by other researchers or organizations are collected and analyzed. It provides an overview of the research topic and helps to understand previous studies, theoretical frameworks and findings related to the topic. The desk research examined legislative texts, policy texts and academic publications at national and European level. Through the analysis of the existing literature and data, the context of the survey was clearly shaped, as well as the questions were included in the questionnaires. Secondary research provided valuable information that guided primary research, and further areas that need to be explored.

Comparative analysis

The objective of the comparative analysis was to identify and analyze the differences and similarities between the cases under investigation, in this case the framework for the protection of the European rights of the elderly in Greece and the rest of Europe. This analysis provided a deeper understanding of the factors influencing the phenomena under study. At the same time, it allowed the identification of the conditions and factors that lead to different results between cases. This enables further understanding of causal relationships and the effects of various factors.

Case study of good practices of a partner institution

The study of the best practices of Cittadinanzattiva ACN - Active Citizenship Network (ACN) offers valuable methodological tools to enhance the effectiveness of Greek CSOs. In particular, ACN's analysis highlights the importance of bringing together field actions, research activities and advocacy, as well as networking and inclusion in European social dialogue platforms. Applying these methodological approaches can enhance data collection and analysis through common databases, foster legislative support and encourage active citizen participation. Thus, Greek organizations can improve the protection of the rights and quality of life of elderly beneficiaries.

Collection of primary data through survey

Questionnaires were distributed, in digital format, to 3 main groups: 1) Third Age People, 2) Relatives of people in third age, 3) Health professionals.

The questionnaires were formulated, after the objectives of the survey were initially defined and questions were formulated that are clear, understandable and relevant to the topic, in proportion to the group to which they were distributed. The questionnaires were distributed to the participants through appropriate digital channels. The findings were analyzed and presented, interpreting the results in relation to the original research objectives.

The primary survey ran from 25 April 2024 to 23 May 2024. The total sample amounted to 228 people (110 relatives of elderly people, 90 elderly people and 28 health professionals).

The questionnaires collected facilitated the comparison and analysis of the data, allowing the identification of trends and patterns. The objectivity of the data collected from the responses increases as participants were able to respond anonymously, and thus more honestly.

3. Introduction

This study aims to raise public awareness of the rights of the third age and to inform both people of the 65+ age group themselves, as well as civil society institutions about age discrimination and the need to protect the rights of older people. As regards 'third age', there is no commonly accepted definition of the concept. In general, international instruments dealing with the protection of the rights of older people avoid giving a strict definition and do not specify from what age a person is considered elderly. Eurostat, in particular, considers the third age as people over 65, which usually corresponds to the retirement age, although there is a trend towards an increase in retirement age, a consequence of an increase in life expectancy in the developed world. In the context of the project and this study, the Eurostat definition for the third age is adopted, i.e. **people over the age of 65**.

In recent years, life expectancy has been increasing. According to estimates by the World Health Organization (WHO), the global average for men exceeds 79 years and for women 85 years. The more developed the country, the higher the life expectancy. A number of factors contribute to this direction. Access to (high-quality) healthcare, improved living standards and education are major factors in increasing people's life expectancy and quality of life (Roy and Swargiary, 2024).

Europe is the continent with the highest average life expectancy, while EU countries have proportionally the highest proportions of elderly people. What is the definition of third age? As there is no commonly accepted definition of what is defined as old age, the European Parliament in a debate on the subject defined third age, which starts after 65 years, as the retirement period in most EU Member States. Given the continuing increase in the ageing of the population in Europe and the resulting increase in the needs of these individuals and societies in general, the EU has, in recent years, put a strong emphasis on the protection of the elderly (Gruševá and Blašková, 2023). The same discussion takes place in all global and regional international organizations. International organizations such as the United Nations have stepped up their efforts to protect the rights of the elderly. At regional level, the EU has taken a specific legislative initiative on old age. In the same vein, the European Court of Human Rights (ECtHR), which although the Charter of Rights does not mention persons over 65 by name, has defended elderly people in the most affirmative way in several of its case-law.

4. Framework for the protection of the rights of the third age at European level

The European framework for protecting the rights of citizens - and particularly the elderly - is particularly strong also in the context of health benefits. Key policy and legislative texts are:

- The European Charter of Fundamental Rights
- Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare
- The European Care Strategy
- The European Accessibility Act
- The Council conclusions on healthy ageing throughout the life cycle (2012/C 396/02)
- The Convention on Human Rights and Biomedicine of the Council of Europe
- The European Charter of the Rights and Obligations of the Elderly (AGE Platform)
- The European Charter of Patients' Rights (Active Citizenship Network)
- The Green Paper on the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA).

The **European Charter of Fundamental Rights** is structured around 6 pillars:

A) Dignity: It includes rights such as human dignity, the right to life, the prohibition of torture and slavery.

B) Freedoms: It concerns rights such as freedom of expression, freedom of conscience and religion.

C) Equality: It guarantees equality before the law, non-discrimination and equal treatment.

D) Solidarity: It includes social rights such as family protection, access to education and social welfare.

E) Citizens' rights: It concerns rights such as freedom of movement, the right to vote and the right to good administration.

F) Justice: It includes rights such as access to justice, the right to a fair trial and the principle of legality.

As regards the elderly, it is stated in the Charter that ***third age should not mean limiting or even granting citizens' rights****. At the same time, clear regulatory frameworks of rights and obligations of health caregivers are recorded and defined. More specifically, the above Charter recognizes and respects* ***the right of older persons*** *to:*

1) **Live a dignified and independent life:** This includes access to adequate housing, healthcare, social services and financial support.
2) **Participate in social and cultural life:** Active participation in society contributes to the well-being and mental health of older people.
3) **Have access to employment and education:** The opportunity for work and education offers older people the opportunity to maintain their autonomy and social inclusion.
4) **They shall enjoy equal treatment:** Age cannot be a ground for discrimination in any area of social life.

More specific articles of the Charter related to the rights of the elderly:

- Article 25: **Dignity and autonomy of older people:** The EU recognizes and respects the right of older persons to lead a life of dignity and independence and to participate in social and cultural life.

- Article 26: **Inclusion of people with disabilities** (many older people have a physical or mental disability due to old age): The European Union recognizes and respects the right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community.

- Article 34: **Social security and social protection:** The EU recognizes and respects the right of access to social security benefits and social services providing protection in cases such as maternity, sickness, accidents at work, dependency or old age and in the event of loss of employment, in accordance with the rules laid down in Union law and national laws and practices. At the same time, everyone residing and moving legally within the Union has the right to social security benefits and social advantages, in accordance with Union law and national laws and practices. Finally, to combat social exclusion and poverty, the Union recognizes and respects the right to social and housing assistance with a view to ensuring a decent existence for all those who lack sufficient resources, in accordance with the rules laid down in Union law and national laws and practices.

- Article 35: **Health and medical care:** Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions laid down by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.

In addition, the EU has developed directives to be adopted by the Member States on health rights. To ensure the rights of older people when travelling to other EU Member States, **Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare** set the framework for this. More specifically, according to Article 7 of the said Directive *"(EU) has recognized rights to sickness benefits for pensioners and members of their families who reside in a different Member State, it shall provide them with healthcare under this Directive by paying the costs if they reside in its territory, in accordance with its legislation, as if they resided in that Member State"*. This is a very important provision as it enshrines the pension and healthcare rights of older people at supranational level.

In addition, an important initiative at EU level is "The **European Care Strategy**". The COVID-19 pandemic has highlighted the pre-existing weaknesses of care systems and underlined the need to strengthen their resilience and quality. The European Commission has proposed a new long-term care strategy to provide high-quality, affordable care that allows older people to live with dignity and autonomy. The strategy focuses on improving care services, integrating healthcare, and promoting the digital transition for better access and support. With a focus on human needs, this strategy aims to improve the quality of life of older people.

According to the strategy, nearly half of people aged 65 and over with long-term care needs need unmet assistance in their personal care or household activities. At the same time, on average, 26.6% of people aged 65 and over, as well as 39.4% of people aged 75 and over living at home need long-term care.

The 'Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care', as a result of the Strategy, includes the following key points:

- Member States are invited to ensure the adequacy of social protection for long-term care by ensuring that all people with long-term care needs have access to services that are timely, comprehensive and affordable. The services must cover all needs arising from the mental or physical impairment of functional capacity and be coordinated with other support and welfare services.

- Member States are recommended to set high quality criteria and standards for all long-term care settings and apply them to all providers, regardless of their legal status. This includes complying with quality criteria and standards, promoting autonomy and independent living, and strengthening the capacity of providers to continuously improve the quality of their services .

- It is recommended to support high-quality employment and fair working conditions in the long-term care sector through upskilling, reskilling, promotion of attractive career prospects and adequate social protection. It is also recommended to promote the highest standards of health and safety at work and to protect workers from harassment and violence.

- Member States are invited to develop mechanisms that promote independent living and inclusion in the community, while ensuring protection from abuse and neglect. It is also recommended to strengthen contingency planning and uninterrupted provision of long-term care in unforeseen circumstances.

- The Recommendation includes proposals for good policy governance in the long-term care sector, including an effective coordination mechanism to design, implement and monitor policy actions and investments in this area .

The European Accessibility Act *(Directive 2019/882) is a milestone in EU legislation, which requires certain everyday products and services to be accessible for persons with disabilities. It follows the commitment made by the EU and all Member States to accessibility following the ratification of the UN Convention on the Rights of Persons with Disabilities. The law covers the following products and services:*

Products

- Computers and operating systems
- Smartphones and other communication devices
- Television equipment related to digital television services
- ATMs and payment terminals (e.g. card payment machines in supermarkets)
- Electronic readers (e-readers)
- Ticketing and check-in machines

Services

- Telephone services
- Banking services
- E-commerce
- Websites, mobile telephony services, e-tickets and all sources of information on air, bus, rail and waterborne transport services
- E-books
- Access to Audiovisual Media Services (AVMS)
- Calls to the European emergency number 112

The European Accessibility Act was proposed in 2011 and entered into force in April 2019, with a transposition deadline of 28 June 2022. From 28 June 2025, companies must ensure that their products and services are accessible, while customers can file complaints for non-compliance. As disability rates increase among older people (Eurostat, 2022), this EU initiative is particularly important to ensure health rights and equal access to critical services for all citizens.

Council conclusions on healthy ageing throughout the life cycle (2012/C 396/02): The Council Conclusions on Healthy Ageing throughout the Life Cycle (2012) emphasises the importance of promoting healthy ageing at all stages of life. They recognize that healthy ageing is a complex issue that is influenced by various factors, such as biology, lifestyle and socio-economic environment.

The Conclusions call on Member States to take measures to:

- Promoting healthy lifestyles, including physical activity, healthy diets and non-smoking
- Improve access to quality health services, including prevention, treatment and rehabilitation.
- Creating supportive environments conducive to active ageing.
- Promoting social participation and inclusion of older people.
- Combating discrimination against older people.

The Conclusions also stress the importance of international cooperation to promote healthy ageing, with the aim of increasing life expectancy by 2025 and increasing the proportion of older people living independently and actively participating in society.

In addition to the EU, other regional and civil society organizations have also contributed to strengthening the protection framework for older people across Europe. In particular, the ratification of **the Council of Europe Convention for the Protection of Human Rights and Dignity of the Person with regard to the Applications of Biology and Medicine, "Convention on Human Rights and Biomedicine"** is a prime example.

The Convention contains articles on patients' rights. In particular:

A) Equal Opportunities in Care. The Parties shall, taking into account health needs and available resources, take appropriate measures to provide equality of access to appropriate quality care within their territories (Chapter 1, Article 3).

B) Free consent of patients. An intervention in health matters may take place only after the person concerned has given his or her free consent, after having been informed thereof. This person will be adequately informed in advance of the purpose and nature of the intervention, as well as of its consequences and risks. The person concerned may freely withdraw his or her consent at any time.' (Chapter II, Article 5). Also included are articles on the protection of persons who are unable to consent or who suffer from a mental disorder (Chapter III, Article 6 & 7).

C) Right to information. '1. Everyone has the right to respect for his or her private life in relation to information on his or her state of health.2. Everyone has the right to be informed of any information relating to their state of health. However, the wishes of those who choose not to be informed will be respected. (Chapter III, Article 10).

The above articles are of particular importance for the rights of the elderly as they ensure the protection of minority groups and put equality in health and the right to take decisions at an individual level at the core of their efforts, without third parties being able to intervene in this important procedure, which concerns exclusively the doctor and the patient, regardless of age.

An important effort is the **AGE platform**, an effort of civil society in Europe with the support of the EU, which is essentially a guide to dealing with the problems that make life difficult for senior citizens. At the core of the efforts is the effort to combat age-related racism (age shaming) by simultaneously launching initiatives to make the voice of the elderly heard publicly and freely, which is often excluded from the media. Elderly people are often deprived of their rights and abuse and exploitation by third parties is common. These challenges are addressed by this network through information campaigns and active participation of older people in what concerns them indirectly and directly.

The European Charter of the Rights and Obligations of the Elderly is an important document that refers to the rights and obligations of older people in need of long-term care and assistance. It crystallizes even better the rights of older people in the field of health. Particular emphasis is placed on people over the age of 80 and on ways to improve their living conditions.

The Charter consists of 10 chapters, covering:

1) Dignity and autonomy: Respect for personality, self-determination, freedom of choice.

2) Security: Protection from abuse, neglect, exploitation.

3) Equality and non-discrimination: Prohibition of discrimination based on age, disability, or other factors.

4) Health and medical care: Access to quality health services, respect for patient autonomy.

5) Social protection: Adequacy of resources, access to social services.

6) Autonomy and independence: Support to stay at home, possibility for independent living.

7) Participation in social life: Active participation in society, cultural and recreational rights.

8) Information and communication: Access to information, communication with family and friends.

9) Education and training: Opportunities for lifelong learning and development.

10) Complaints and appeals: Right to lodge complaints and appeals in case of violation of rights.

Reference is also made to **the protection from abusive behaviors** especially in healthcare settings by health service providers. Articles 4 and 5 address the most important issues regarding the protection of the elderly.

Article 4 reflects the right of all elderly people to access high health benefits. The right enshrined in Article 5 is also very important, according to which the elderly person - if he has the right of sound mind - has the right to self-determination, that is, to choose whether he wishes and what health services to be provided to him. This makes it clear that older people have clear and guaranteed health rights that are protected at supranational level. Elderly people have the right to receive information about their health and to participate actively in the decision-making process regarding their care.

Finally, it should be noted that the Charter **is not legally binding,** but is an important **tool** for promoting the rights of older people. Its implementation is based on the political will and actions of Member States, organizations and citizens.

The **Active Citizenship Network (ACN)** is another interesting case of civil society action. ACN, together with 12 other European organizations, drafted the **European Charter of Patients' Rights**. The European Charter of Patients' Rights proclaims fourteen (14) patients' rights which, taken as a whole, aim to guarantee a "high level of protection of human health" (Article 35 of the Charter of Fundamental Rights of the European Union) and to ensure the high quality of the services provided by the various national health institutions in Europe. This Charter was adopted by the European Economic and Social Committee (EESC) in 2007 and is now part of European Law. These fourteen (14) **rights** are as follows: the **right to prevention, access, information, consent, free choice, discretion and confidentiality, respect for the patient's time, respect for quality standards, safety, innovation, avoidance of unnecessary suffering and pain, personalized treatment, complaints and compensation**.

The Green Paper on the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) is a supranational initiative that also aimed to improve the quality of life of its citizens, improve the health services provided, and the right of older people to choose their healthcare. The actions it covers are the following:

A) Development of innovative solutions: Support projects and initiatives that promote healthy and independent living for older people.

B) Escalation and dissemination of good practices: Promoting effective solutions at European level.

C) Cooperation: Coordination of actors from the public and private sectors, academia and civil society.

The EIP on AHA has carried out several initiatives, such as:

1) Technologies for healthy ageing: Focus on developing and adopting digital tools to prevent diseases, promote physical and mental health, and support autonomy.

2) Platform for knowledge and exchange of experience: It provides access to information and resources on ageing.

3) Working groups: They focus on specific topics such as wear prevention, digital inclusion and healthy eating.

4) Regional innovation centres: Support the development of innovative solutions at local level.

5) Age-friendly communities: Creating environments that are safe, accessible and conducive to healthy ageing.

6) Active ageing and employment: Promoting the retention of older people in the labor market and their participation in voluntary actions.

Based on the above analysis, the EIP on AHA plays a key role in addressing the challenges related to population ageing. EIP on AHA contributes to the development and adoption of innovative solutions that can improve the quality of life of older people and ensure healthy and active ageing, especially considering the emphasis it places on learning digital skills and the use of digital tools by older people.

Indeed, as shown by the above EU initiatives (e.g. the Green Paper), there is gradually a strong emphasis on safeguarding the rights of older people in the digital world. Digital means allow older people to stay connected with family, friends and the rest of society, especially in cases where physical mobility or social interaction is limited (see COVID-19 pandemic). At the same time, they can participate in online groups and forums, share interests and find support from their peers and even from third countries. In addition, access to digital social media platforms can reduce feelings of isolation and loneliness, contributing to mental well-being while strengthening the autonomy of these individuals, who can manage their own affairs and thus control their lives to a greater extent. Finally, digital tools can be used to support the health and well-being of older people. They can monitor their health, schedule reminders of medications, find information about illnesses, or consult doctors remotely.

In conclusion, although the EU is very active in the protection of (digital) rights of the elderly and the effort by supranational actors to promote their inclusion in the digital transformation, **a successful policy in the lifelong education of all its citizens in digital media has not** been achieved. It does not have an established programme, a strategy to link the protection of the rights of the elderly with the learning of new technologies and the new rights and obligations that they entail. Therefore, although its action is considered successful in defending rights, it is lagging behind in informing and taking actions for the digital literacy of the elderly (Tsekeris and Mastrogeorgiou, 2020).

Legislation/policy texts	Key Points of Intervention	Body
European Charter of Fundamental Rights	Dignity, Autonomy, Social Protection	**EU**
Application of Patients' Rights in Cross-Border Healthcare	Free healthcare in EU Member States	**EU**
Convention on Human Rights and Biomedicine	Equality in Healthcare, Consent in Healthcare Receiving	**Council of Europe**
The Green Paper on the European Innovation Partnership on Active and Healthy Ageing	Use of new technological means, Active ageing	**EU**
Directive 2011/24/EU on the application of patients' rights in cross-border healthcare	Rights of patients and pensioners to travel within the EU	**EU**
The European Care Strategy	Support and care for people with diseases requiring long-term care	**EU**
European Accessibility Act	Products and goods accessible to all	**EU**
Council Conclusions on Healthy Ageing throughout the Life Cycle	Improving the standard of living of older people	**EU**
European Charter of the Rights and Obligations of the Elderly	Protection from ill-treatment, Patient self-determination	**AGE Platform**
European Charter of Patients' Rights	Prevention, Equality in Access to Healthcare	**ACN**

Table 1 Key Legislations and Policy Texts at Regional Level

5. Framework for the Protection of the third age citizens in Greece

Greece is in the top five EU countries with the most seniors, with almost 1 in 5 in the country being over 65 (Eurostat, 2023). Despite the existence of such a percentage, Greece does not have a strong and effective welfare state in providing high-quality services to the elderly. As a result, older people cannot enjoy the rights guaranteed at European level as easily as their peers in the rest of Europe. The **Constitution** of the country refers to Article 21 on the obligation of the state to guarantee the safety and protection of the elderly. A series of **EU directives** incorporated into the Greek legal system set the framework for protecting and combating discrimination against vulnerable social groups, including the elderly. In addition, the **National Action Plan on Fundamental Rights of Citizens**, adopted in the previous decade, refers to the rights of older people. Non-discrimination, equal treatment and living in dignity with a high standard of living are mentioned, **but the obstacles** to the exercise of their rights remain unresolved, as developed below.

*More specifically, in the Greek legislative environment there are a number of laws protecting the rights of citizens - and especially the elderly - in the field of health. The institutional framework governing the **rights** of patients and **recipients in** health services includes:*

Law 4213/2013 (Government Gazette, Series I, No 261) **adapting national legislation to Directive 2011/24/EU (see above) of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare and other provisions;** The above law defines patients' rights in cross-border healthcare. It is an important legislative initiative of the European Parliament, as - as will be demonstrated by the survey in the sections of the study - elderly people feel more secure when travelling in EU Member States and know that they have the right to receive free medical care. **More specifically:**

1. ...the costs incurred by an insured person who has received cross-border healthcare shall be reimbursed, irrespective of where the healthcare was provided, if that healthcare is among the benefits to which the insured person is entitled, as defined by the applicable national legislation and the health benefits regulation of the sickness benefits institution in kind.

2. By way of derogation from paragraph 1: a) For **pensioners and members of their family, who reside in another Member State, health care is provided during their stay in Greece and the costs are paid, under the legislation of the sickness benefit institution in kind and at its expense, as if they resided in Greece**, b) If the health care provided in accordance with this Law is not subject to prior authorization or is not provided in accordance with Title III, Chapter 1 of Regulation (EC) No. 883/2004, and provided in the Greek territory, the costs shall be covered by the institution of sickness benefits in kind, in accordance with the terms, conditions and administrative procedures laid down by the institution of sickness benefits in kind concerned.

3. For the purpose of calculating the costs to be reimbursed to an insured person who has received cross-border healthcare, the relevant sickness benefit institution in kind shall use a transparent mechanism based on criteria known in advance, which shall be non-discriminatory **and applied** in accordance with the rules on benefits of the relevant sickness benefit institution in kind.

The **Patient's Rights** referred to and protected in Article 59(1) of Law 4368/2016 (Government Gazette, Series I, No 21) and Ministerial Decision No 3d/G.P.oik.10976 (Government Gazette, Series II, No 662/02.03.2017) 'Framework for the organization and operation of the Office for the Protection of the Rights of Recipients of Health Services of National Health System Hospitals' are indicatively the following: The right to access health services without discrimination, the right to decent conditions of health care and care, the right to continuity of health care, the right to quality health services, the right to information to provide an adequate and evidence-based health service, the right to self-determination, the right to consent and information, the right to access medical records and records, the right to confidentiality, privacy and protection of personal data, the right to protection of genetic identity and the right to report and receive a written answer. The above Ministerial Decision establishes the Offices for the Protection of the Rights of Recipients of Health Services, which aim in particular at safeguarding, defending and promoting the rights of Recipients of Health Services, as defined by the applicable provisions, and in particular:

a. timely, safe and **high-quality health services** commensurate with the capabilities of the public health service delivery system;

b. the universal coverage of patients, in accordance with the law, the framework and the conditions it sets;

c. the provision of **patient- centred services and their specific needs (significant provision in particular for the elderly);**

d. the right to receive **preventive services**, which improve quality and life expectancy and prevent the occurrence of diseases (a right which, as will be seen in the questionnaire below, **is a requirement of almost all elderly people);**

e. access to secure **innovative procedures**, including diagnostic procedures, commensurate with the capabilities of the system;

f. avoiding, as far as possible, physical and mental stress and suffering at every stage of the examination, diagnosis, treatment and hospitalization;

g. respect for the dignity, special needs and personality of recipients of health services **(an important provision again, especially for elderly patients);**

h. the provision of health services on the basis of diagnostic and therapeutic protocols, on the basis of **equal and universal access**, regardless of race, colour, national or ethnic origin, descent, religious or other beliefs, disability or chronic **illness, age (clear reference to the elderly)**, marital or social status, sexual orientation, gender identity or characteristics and regardless of the type of disease and the state of health of the recipient;

i. informing the patient of his/her rights, **medical condition**, treatment options as well as informing him/her of the medical procedures and treatment to which he/she is subjected and their justification;

j. the active **participation** of the patient in **the decision-making** concerning his/her health, upon adequate information; the medical **confidentiality, confidentiality and privacy conditions imposed by** medical ethics for each medical procedure, examination, diagnosis, treatment and hospitalization, as well as the **equitable and fair treatment** of the patient by the hospital services **(essential care for the elderly)**.

To sum up, the importance of this law and these articles lies in the fact that it is essential to protect the dignity, autonomy and quality of life of older people.

*Special care is also taken for **the rights of the hospital patient** (of which a large proportion concerns the elderly) in accordance with **Article 47 of Law 2071/1992 (Government Gazette, Series I, No 123)**, which states, inter alia:*

1. The patient has the **right to access the hospital services** most appropriate to the nature of his illness.

2. The patient has the right to **care for himself** with due respect for his human dignity. This care includes not only the general practice of medicine and nursing, but also paramedical services, appropriate accommodation, appropriate treatment and effective administrative and technical service.

3. The patient has the right to **consent or refuse any diagnostic or therapeutic action** to be performed on him. In the case of a patient with partial or complete mental incapacity, this right is exercised by the person legally acting on his or her behalf. The latter provision mainly concerns elderly people who in several cases (e.g. due to dementia) their level of clarity does not allow them to fully understand the therapeutic indications of the medical and nursing staff.

4. The patient has the right **to ask to be informed** about his condition. The interest of the patient is decisive and depends on the completeness and accuracy of the information given to him. The information provided to the patient must enable him or her to obtain a complete picture of the medical, social and economic aspects of his or her condition and to take decisions himself or herself or to participate in decisions which may prejudge his or her subsequent life.

5. The patient has the right, to the extent possible and in the factual circumstances, **to the protection of his or her private life.** The confidentiality of the information and the content of the documents relating to him, the file of the medical notes and findings, must be guaranteed. Elderly people can decide whether or not they want their health problems to be communicated to their relatives.

In addition, the legal framework regulating doctor-patient relations in Greece should be underlined. The ***Code of Medical Ethics, Law 3418/2005 (Government Gazette, Series I, No 287), in Chapter C, Doctor-Patient Relations****, Articles 8-15, includes and describes patients' rights as follows:*

- The doctor ensures the development of relationships of mutual trust and respect between him and the user - patient. **The Doctor shall listen to his patients**, treat them with respect and understanding and respect their views, privacy and dignity' (Article 8(2)). The above concern is an important contribution to the effort to safeguard the rights of the elderly.
- 'The doctor shall give priority to **the protection of the patient's health'** (Article 9(1)).
- **1.** The doctor has a duty **of truth to the patient**. It must fully and comprehensibly inform the patient of the actual state of health, the content and results of the proposed medical procedure, the consequences and potential risks or complications of its execution, alternative proposals, as well as the possible recovery time, so that the patient can form a full picture of the medical, social and economic factors and consequences of his condition and proceed, accordingly, to decision-making. **2.** The doctor respects the wishes of those who choose not to be informed. In such cases, **the patient has the right to ask the doctor to inform only another or other persons**, whom he/she will indicate, of the state of his/her health, the content and results of the proposed medical procedure, the consequences and/or risks of its execution, as well as their degree of probability. **3.** If the patients do not have the capacity to consent to the performance of a medical procedure, the doctor **shall inform them to the extent practicable**. It shall also inform third **persons who have the power to consent to the execution of this act, in accordance with the distinctions set out** in the following Article.' (Article 11). The above provisions mainly concern elderly people who in many cases - even when they have the capacity for consent - do not make the decisions themselves regarding the therapeutic approach to be followed, but their children in violation of the above articles. The following article is on the same wavelength:
- "The doctor must strictly observe **absolute confidentiality for** any information that comes to his or her attention or is revealed to him or her by the patient or third parties, in the context of the exercise of his or her duties, and which concerns the patient or his or her relatives" (Article 13(1)).
- 'The **patient shall have the right to access the medical records** and to obtain copies of his file. This right, after his death, is exercised by his heirs, if they are relatives up to the fourth degree. No third party is allowed access to the patient's medical records.

As regards older people in particular, **the National Action Plan on Fundamental Rights of Citizens** published in 2014 points out that older people have the right to access high-quality health services, including medical care, nursing care and medication. At the same time, the right to protection of the elderly from abuse and abuse is guaranteed. Older **people have** the right to **be protected** from all forms **of ill-treatment** or **abuse in** the health sector. In fact, special reference is made to elderly people who are not functional and how to protect them from exploitation and mismanagement. For older people suffering from mental health problems, for example, it is stressed that their rights must be protected in the most effective way. As far as the Elderly Care Units are concerned, there are strict operating criteria, which, however, are most often not complied with, as a result of which the elderly are exposed to phenomena of ill-treatment that pose great risks to their mental and physical health. Respect for the dignity and autonomy of older people is covered in the existing legislative framework, but does not mean that it is also applied in practice. Elderly people have the right to receive care with **respect for their dignity** and to participate actively in decisions about their health care. They are protected against abuse in the health sector, including drug abuse and unwanted hospitalization. The Rights of Recipients (especially the elderly) in Mental Health Services are specified in accordance with Article 2(3) of Law 2716/Government Gazette 96/I/17.05.1999: The right to decent living conditions in the Mental Health Units, the right to specialized individual treatment, the right for the patient to challenge involuntary hospitalization in court, to speak in private with a lawyer, to have access to the data in the files concerning him/her, the right to protect his/her property and the right to social rehabilitation.

In many cases, **the people in third age due to weakness - mainly mental - receive involuntary treatment**. Patients' rights in the even **of involuntary hospitalization, as set out in Joint Ministerial Decision G3a,b/GP. oik 72109 (Government Gazette, Series II, No 6507/19.12.2022) 'Determination of the conditions, the required supporting documents, the individual stages of the procedure, the method of control of the procedure and any other necessary details for the transfer of the patient carried out in the context of the involuntary hospitalization procedure, following an order (order) from the competent public prosecutor at first instance'**.

*Another legislative initiative is: the **Offices for the Protection of Health Recipients' Rights were set up in each hospital, in accordance with Article 60 of Law 4368/2016 (Government Gazette, Series I, No 21, 2016)**. These offices shall ensure that:*

A) Information on in-hospital procedures and the rights of recipients of health services,

B) The **timely information** of uninsured patients and their relatives, for the procedures of their health and pharmaceutical coverage as well as for the successful completion of the relevant procedures in cooperation with the Hospital Movement Offices,

C) The **monitoring of the service** of the recipients within the Hospital or in its outpatient service,

D) The collection and handling of **complaints** and complaints as well as the collection of positive impressions about the health services provided,

E) Intervention in the respective services of the Hospital for the smooth settlement of the resulting disputes and the quality service of the recipients/three health services,

F) Informing hospital staff about good **practices** in each case, based on legislation and medical ethics. This is an important element in the effort to protect the rights of the elderly as special training of health caregivers is required.

Complaints, complaints and positive impressions of recipients of health services shall be submitted both by their physical presence at the offices, and by registered letter, fax, e-mail, as well as by any other appropriate means.

The **protection** of the **rights** of (older) patients is attempted to be ensured by competent **bodies** and **institutions** which are:

1. *The **Independent Department for the Protection of the Rights of Recipients of Health Services of the Ministry of Health (Article 33 of Presidential Decree 121/2017, Government Gazette, Series I, No 148, 9.10.2017)** focuses on formulating a policy for the protection of the rights of Recipients of Health Services with the following responsibilities, among others:*

a. Coordination, cooperation, control, supervision and monitoring of the proper functioning of the Offices for the Protection of the Rights of Recipients of Health Services of hospitals and the corresponding Offices of the Administrations of Health Regions;

b. Laying down operating procedures, ensuring proper functioning and cooperating with the Committee for the Protection of the Rights of Recipients of Health Services and with the Special Committee for the Protection of the Rights of Persons with Mental Disorders;

c. Cooperation with State bodies, bodies and authorities for the management of any kind of issues related to the **protection** of the individual and **social** rights of recipients of health services that also concern the healthy population.

d. To contribute to and cooperate with those jointly responsible for the organization of health programes and social policies relating to inequalities, discrimination and specific categories of population and **vulnerable groups** of the **population**.

e. Cooperation with jointly competent bodies/directorates for the preparation of action plans, as well as the supervision and supervision **of awareness-raising programes** for public opinion and citizens on the rights of recipients of health services.

f. Communication and **cooperation** with **International Organizations** as well as participation in programs and activities related to the protection of the rights of recipients of health services.

2. The **Committee for the Protection of the Rights of Recipients of Health Services (Article 59 of Law 4368/2016 (GG I 21)**, which has the following responsibilities: supervise and control the protection of the rights of Health Service Recipients in the institutions or units of primary, secondary and tertiary health care and public and private sector care. Among its responsibilities are the following: a) receive complaints, reports or complaints from any health service recipient without discrimination, from any organization, body, Committee or Authority, b) inform the Minister of Health of any violations of the rights of Health Service Recipients for his own actions and in case he finds serious violations of rights make recommendations and send a report to the competent body for disciplinary or criminal prosecution.

3. The Special Committee for the Protection of the Rights of Persons with Mental Disorders, Article 2 of Law 2716/1999 (Government Gazette, Series I, No 96), as replaced by Article 11 of Law 4272/2014 (Government Gazette, Series I, No 145), supervises and monitors the protection of the rights of persons with mental disorders. Some of the responsibilities of the Special Committee concerning the elderly are the following: **a) receive complaints**, reports or complaints from any citizen, organization, body or any Committee or Authority, **b) inform** citizens about the rights of mentally ill people by any appropriate means, such as issuing information leaflets, press entries or television messages, **c)** submit **a report** every time it finds **a violation** of the **rights** of people with **mental disorders** to the Chairman of the Committee for the Protection of Patients' Rights of Law 2519/1997, which takes further legal actions, when deemed necessary, d) organize, supervise and coordinate in cooperation with the bar associations of the place of residence or residence of people with mental disorders, **voluntary legal assistance** in matters of protection of their rights, in accordance with the principles of organization of the department of legal assistance of the Athens Bar Association.

It is true that older people face a greater degree of mental health problems than the general population, mainly due to the increased organic health problems they have, but also due to the loneliness and isolation they experience many times in their daily lives (Dahlberg ,2022). This is why it is particularly important to have protection bodies for their rights also in the sensitive area of mental health.

4. The Offices for the Protection of the Rights of Recipients of Health Services (Article 60 of Law 4368/2016) (Government Gazette, Series I, No 21) in hospitals, which are responsible for reception, information on in-hospital **procedures and the rights of recipients of health services, monitoring the recipient's** movement within the hospital or to an out-of-hospital service, administrative support, the collection and handling of complaints and grievances, facilitating the submission of complaints to the Ombudsman, the National Human Rights and Bioethics Committees, the Rights Committees at the Ministry of Health and other competent audit authorities. These Offices inform, cooperate and report on the violation of patients' rights to the Independent Patient Rights Protection Service of the Ministry of Health (now the Patient Rights Protection Department of the Health Units Development Directorate of the Ministry of Health) and to the Committee for the Protection of the Rights of Recipients of Health Services.

5. The Ombudsman for Health and Social Solidarity (Article 18(B) of Law 3293/2004) (Government Gazette, Series I, No 231). The Ombudsman also performs the duties of the Ombudsman for Health and Social Solidarity. In exercising its responsibilities relating to health, welfare and social solidarity rights, the Health and Social Solidarity Ombudsman shall propose to the competent Ministry measures to restore and **protect** citizens' **rights**, eliminate maladministration and improve the functioning of health and social solidarity services and their relations with the citizen. The Minister for Health may refer to the Ombudsman for Health and Social Solidarity in order for him to investigate, within the framework of his responsibilities, petitions from citizens directed against public health and privileged services.

These are two very important institutions in particular for older people who use health service institutions more regularly and are more likely, both because of their frequency and because they are vulnerable social groups, to be abused and even exploited by medical and nursing staff.

7. Health Mediators-Coordinators of Health Services (Article 61 of Law 4368/2016, Government Gazette, Series I, No 21). The above-mentioned Article establishes 'Health Mediators' whose task is to assist **vulnerable** (vulnerable and special) groups of the population (including the **people in third age**) to remove obstacles to their access to public health services. 'Health Mediators' shall be appointed by the Minister for Health, after selection by the relevant health service providers or legal persons of recognized standing and experience supervised by the Minister for Health, belonging to or coming from the local community or vulnerable groups of the population, who offer their services through contracts financed by European Funds.

Legislation/ Policy Papers	Key Points of Intervention	Application - Importance for the elderly
Constitution No. 21	Protection of the rights of the elderly	Article specific to senior citizens
National Action Plan on Fundamental Rights of Citizens	Protection of the Elderly from Abuse	Ensure the protection of vulnerable social groups - including the elderly - from abuse.
Rights of Patients	High level of health services	Older people use health services more often.
Rights of Hospital Patients	Care, Information, Consent to receive treatment	Older people are more often in a hospital environment, and it is often easier due to mental inability to violate their rights.
Code of Medical Ethics	Doctor-patient relationship	The relationship between a doctor and an elderly patient has special characteristics with regard to the doctor's right to inform the relatives of elderly patients without consent.
Involuntary Nursing Procedure	Detailed recording of the steps for the hospitalization of patients with mental weakness	Many times elderly people, either due to mental illness or reduced mental capacity, require involuntary hospitalization.
Office and Committees for the Protection of the Rights of Health Recipients	Protection of rights, Recording and dealing with incidents of ill-treatment, Protection from exploitation	Older people are more often exploited in health care
Adaptation of national legislation to the provisions of Directive 2011/24/ EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare and other provisions	Provision of health care during travel to other EU Member States	Special attention to the pension rights of European senior citizens

Table 2 Key Legislation/Policy Documents in Greece on the Rights of the (Elderly) in the Field of Health

All the above legislative initiatives have tried to strengthen the rights of patients - and in particular of older people who use health services more frequently - but older people are quite often exposed to abuse in health structures, both public and private. Therefore, despite the existence of the above strict legislative framework, at least 19% of the elderly in Greece have been subjected to violence and almost 5% have been exploited, percentages higher than the EU average. Moreover, the percentage of Greek elderly people living in poverty reaches 23% when the European average reaches 19% (Eurostat). This shows that despite the existence of legislative initiatives, they cannot always tackle at the root the problem of the violation of the rights of older people. There is no deficit in the legislation in our country, but an inability to implement the laws of both the national and the EU framework. Therefore, we do not need more legislation, but care for the implementation of the law, the effective and not only theoretical protection of the rights of the elderly.

6. Obstacles to the exercise of rights of third age citizens in Greece

Obstacles to the effective exercise of the rights of older people in the health sector vary. The **economic** weakness they face, combined with the Greek family model, leaves no room for major and drastic changes. More specifically, the financial crisis of 2010 called into question the welfare state with the reductions in pensions and the limitation of health spending, created shaking in the already unstable foundations of the Greek welfare state. In short, the **tight fiscal framework** puts obstacles in the way of a bold social policy and therefore elderly people faced a multitude of challenges at the time of the crisis. Although access to free health care is legally valid, in practice older people face huge problems in seeking medical assistance (ECSR, 2012). Discrimination against older people is a major issue for Greek society, since according to Eurobarometer surveys, more than 55% of older people have experienced discrimination in their social environment, in their family and even in health structures. These discriminations in turn create obstacles to the successful integration of older people into social structures, lifelong learning and public administration services.

Consequently, the lack of **flourishing social welfare institutions**, the reduction in pensions and the general crisis have left no room for the elderly to claim their rights so that they can feel in practice enjoying the benefits that the European framework offers them. At the same time, the **Greek model** of extended family has not been modernized enough to converge with the standards of other EU countries. Thus, older people still rely on their children, often financially support them, and are exploited by them by being deprived of basic rights granted to them by legislation at EU level. It is characteristic that more than 70% of the cases that elderly people were exploited in Greece were by members of their family (Georgantzi, 2012). As the family often fails to meet the needs of the elderly, they turn to state structures, which do not respond effectively to their needs. The impasse is inevitable and the elderly are exposed, without help, and without state care (Naskou Perraki, 2015).

In the health sector, too, there are many instances **of ill-treatment** by **caregivers of the elderly**. This is because there is no strict legislative framework that applies and imposes sanctions on carers when they do not respect the rights of the elderly, but also because with the economic crisis and the lack of funds and staff, carers in public institutions were unable to serve the needs of the elderly effectively while they themselves were reaching the limits of their capabilities. At this point, it should be noted that the reduction of the abilities of the elderly and the lack of help - mainly psychological - in public structures, reinforce the feeling of isolation and exclusion from society (Michael, 2010)

In addition, **the limited training** of **health care workers** on the specific problems of the elderly and the non-holistic education in relation to the accurate diagnosis of the mental health issues of the elderly is a gap that shrinks the framework for the protection of the rights of the elderly. In Greece, the caregivers of the elderly do not consist of qualified people with studies on the subject, but the work is undertaken by family members who, mainly due to their cognitive gap, often do not treat elderly people with respect, putting the protection of their rights in doubt (Sotiriou, 2019). At the same time, because most care for the elderly in Greece is done in their homes and not in elderly care structures, **unskilled relatives** who take on caregivers' duties create the need for strict control by social structures, which appear ineffective. Although several attempts have been made in recent years to establish structures exclusively for the provision of services to older people, such as the "help at home" programme and training seminars, they have had limited success, attracted few people and achieved no breakthrough in the effort to improve the living standards of older people (CM/REC, 2014).

Another phenomenon that hinders the full respect of the rights of the elderly is that **corruption-bureaucracy** is an outstanding issue in the field of public care benefits. Complex bureaucratic procedures can be an obstacle to access to social benefits and services. Older people who cannot cover any money they will be asked for are not served directly, they are not treated in an equal way as patients who have paid to bypass the procedure and the order of priority. The fight against corruption in the field of public health provision will therefore also boost respect for the rights of people of all ages and especially the elderly (Danopoulos C and Danopoulos A, 2019). Another major obstacle in the field of health that must be emphasized is that the Greek traditional model violates the right of the individual, the elderly person to decide whether or not to **follow** the **treatment** proposed by the doctor. On the contrary, it is the family that is usually informed first by the attending physician, which is a blatant **violation** of the **Oviedo Treaty** (Greek National Bioethics Commission, 2010). The **lack** of **familiarity** of **doctors with** how they should develop their relationships with **their** elderly patients, as well as the lack of **familiarity** of society with the **rights** they have when addressing health providers, hinder the enjoyment of the rights deriving from international conventions (Sarris, 2018).

In addition, another obstacle that has been added in recent years is the **COVID-19** pandemic. According to a study by the Aristotle University, it is obvious that older people bear the burden of COVID-19, not only in terms of the direct impact on health and mortality risk, but also from the unintended secondary effects of public health measures, i.e. the challenge of social isolation and stigma that tends to increase. The greatest burden on the elderly is that of age and co-morbidities (e.g. dementia). People with mental disorders in old age are among the most vulnerable groups of this pandemic. According to the study, they suffered more psychologically than the condition. People with dementia in institutions where relatives were forbidden to visit were particularly affected. There is indeed great concern in the scientific community about the long-term effects of COVID-19 on the lives of older people and solidarity between generations (Teichmann et al., 2021).

As regards the obstacles to the use of **digital means** that will strengthen the protection of the health rights of older people, these are mainly the lack of knowledge in the use of technological means and the resulting fear. The reticence with which older people in our country face digital tools does not allow their use to a large extent, while the lack of quantitatively available digital means to older people prevents the necessary safeguards to protect the rights offered by technological means from being developed (Vasilakis, 2023).

In order to **overcome** these obstacles, public structures are of key importance, as well as the establishment and implementation of a legislative framework that addresses the root of the above problems and sets severe penalties when elderly people face discrimination, racism and exclusion in any area of the public sphere. More specifically, improving social protection and healthcare, facilitating access to (digital) information and services, providing financial assistance and benefits, and education to enhance older people's skills and autonomy. Finally, strengthening social structures and families to provide support to older people can help overcome these barriers (GNCHR, 2014).

*The above data **is also largely confirmed** by primary research. The responses to the sample collected show that elderly people in Greece face obstacles in accessing high-level health benefits for the following reasons:*

- Economic weakness and discrimination in the context of corruption prevailing in predominantly public health structures
- Incomplete social welfare institutions
- Fears of use of digital media by older people
- Insufficient training of caregivers on how to handle older people

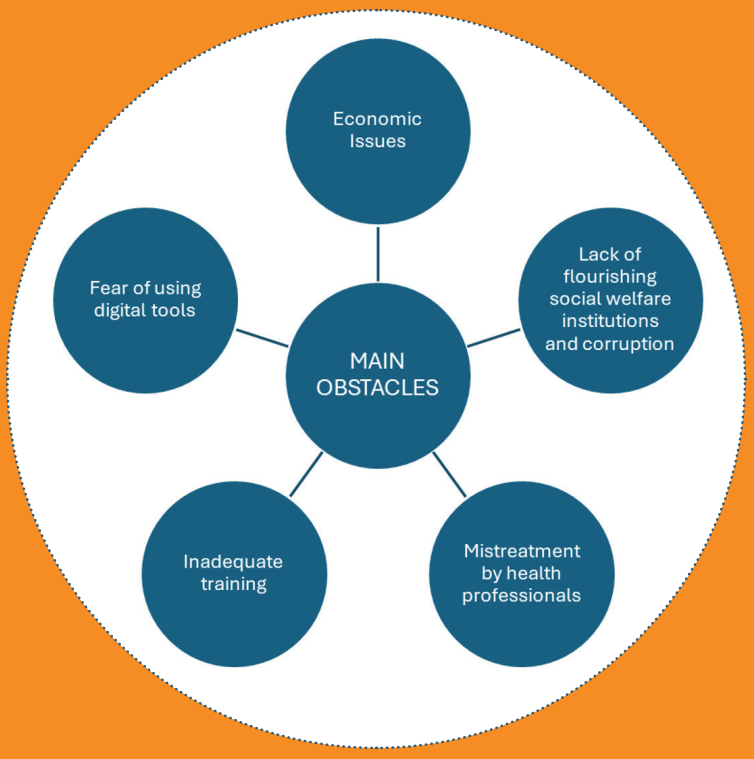


***Figure 1** Obstacles to the Use of Health Services in Greece*

7. Rights and Health: Comparison with other European countries

Social **protection** differs depending on the country and the economic development of each society in Europe. While in Scandinavia it has always been strong and pioneering, in the **European South** social welfare was **fragmented** and **sectoral in** nature. Many countries have legislation in place that protects the rights of older people, social inclusion and active ageing. Although **Greece** is, as already mentioned, one of those Member States with the highest percentage of elderly people and a strict legal framework of protection as developed above, the country lags **behind** for a variety of reasons in the **provision** of high **welfare** services, especially health care, for the elderly. The economic situation of these countries compared to northern Europe, the difficulty of mobility within cities, the poor quality of public transport are primary reasons for the limited success of the welfare state in countries such as Greece. High crime rates and a sense of insecurity are additional reasons why Greece's social welfare system cannot converge with that of other European countries.

At this point it should be noted that in Italy, where the welfare system is lagging behind as in Greece and does not converge with European standards, civil society action is strong. The Active Citizenship Network (ACN), which is described more extensively in section 8, formulates strategies for the active participation of citizens in social issues, such as respect for the rights of the elderly and the sustainability of social welfare and health institutions. It mobilizes citizens to assert their rights by collecting data and recording shortcomings in the legislative framework.

As regards more specifically **their rights in the field of health**, older people in **Greece** also face greater **problems** than citizens of other EU countries. Particularly after the crisis that led older people to turn to public health facilities, there was a huge **increase** in **waiting lists**, **with the result** that these people indirectly do not have access to the right to free health. The **stress** created by economic insecurity is great and has as a consequence the manifestation of **mental problems** in the vulnerable psyche of elderly people. In fact, a survey conducted proved the correlation between economic insecurity of anxiety and mental illness, highlighting the Greek elderly as the most anxious in the EU (Madianos et al, 2011). All of this lowers the standard of living of older people, well below European standards (ESLA, 2015). The **socio-economic crisis** in Greece in recent years has led to the exclusion of vulnerable social groups, including the elderly (Michalopoulou, 2016).

Mistreatment of patients, living conditions in hospitals and elderly care facilities do not meet EU standards, thus also encroaching on their wider human rights. Despite the digital transformation process that has taken place in recent years in the field of public administration and health, older people **are unaware of the rights** deriving from these changes and depend on their younger family members, thus increasing the **risk** of being **exploited**, as this is a process that they are unaware of (GNCHR, 2014).

Some typical examples of policies in other European countries for the protection of older people that do not exist in Greece are the following:

-United Kingdom- Personal Budgets: Elderly people can receive personal funding programs to choose the health and care services they need.

-Germany- Long-Term Care Programmes: There is a special long-term care insurance that provides support to older people in need of ongoing support.

-France- APA(Allocation Personnalisee d'Autonomie): Elderly people can receive funding to meet their care and support needs, either at home or in specialized facilities. (ENNHRI)

Greece - comparison with other European countries

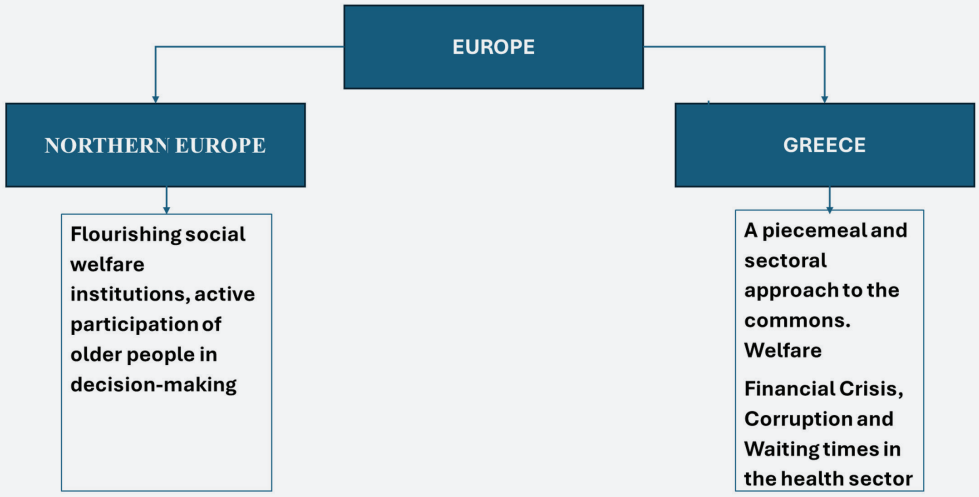


Figure 2 Greece- Comparison with other European countries

Digital tools for exercising rights: Greece and the rest of Europe

It is very important to point out that **digitally illiterate** people can be exploited and become socially vulnerable, as in many European countries where older people have been trained in the use of digital media they are more resistant to being exploited. Due to the crisis, Greece has failed to **modernise its social welfare institutions** in line with European standards, with the result being that the gap is not easy to bridge especially after the **digital transformation** in health structures as a consequence of the pandemic. Many EU countries offer educational programmes for older people to familiarise them with the use of digital media. They have developed, in parallel, programmes to ensure their access to infrastructure and digital equipment. They also provide support to older people in the use of digital media, including personal education and technical support (Suslo et al, 2018).

The digital transformation process in health encompasses a wide range of initiatives, reforms and legislative interventions. Legislation in Greece regarding the digital transformation in health has only begun in recent years and aims to shape the framework for the exercise of rights in the health sector with the direction of convergence with the standards of the EU Member States. The legislation is summarised as follows: **'Procedure for the movement and execution of digital referral diagnostic tests and operation of an electronic prescription system for digital referral diagnostic tests. Ministerial Decision 3578/2020 (Government Gazette, Series II, No 3234/4.8.2020)'**

1. Το **άυλο παραπεμπτικό διακινείται και εκτελείται αποκλειστικά ηλεκτρονικά** μέσω του Συστήματος Πρωτοβάθμιας Φροντίδας Υγείας (https:// www. esyntagografisi.gr/p-rv/p) που λειτουργεί και διαχειρίζεται η «Ηλεκτρονική Διακυβέρνηση Κοινωνικής Ασφάλισης Α.Ε.» (Η.ΔΙ-.Κ.Α.Α.Ε.). Το Συστήμα Πρωτοβάθμιας Φροντίδας Υγείας (https://www.esyntagografisi.gr/p-rv/p).

2. Patients have the right to access the Primary Health Care System, who are connected through the Single Digital Portal of Public Administration (gov.gr) either with the access codes to the Primary Health Care System, if they have one or using the codes-credentials of the General Secretariat for Public Administration Information Systems of the Ministry of Digital Governance.

3. At the time of entering the Primary Health Care System in one of the ways described in paragraph 2, the patient declares that he/she wishes to receive electronically the diagnostic test referrals prescribed to him/her, as well as the way in which he/she will receive the above referrals, i.e. by text message (sms) on his/her mobile phone, entering his/her mobile phone number in the system, and/or by email to his/her e-mail address, entering his/her e-mail address in the system.

4. If the patient has opted for electronic receipt of the referral diagnostic tests, the doctor connects to the Electronic Prescription System with his unique certification codes and electronically registers the patient's referral diagnostic tests. For each digital referral, the date of issue and the details of the doctor who registered it shall be recorded.

5. During the execution of the digital referral, the doctor's diagnostic referral in paper form shall not be presented to the diagnostic clinic or centre. The diagnostic clinic or centre searches for, retrieves and executes the digital referral by entering in the above system its referral barcode or the Social Security Number (AMKA) of the patient. In the case of admission of the patient's Social Security Number (AMKA), the diagnostic office or center searches for the digital referral through the list of pending referral diagnostic tests for the specific patient, through the Primary Health Care System.

6. During the execution of the digital referral, a one-time password is sent through the above system to the patient's mobile phone or e-mail, in order to confirm his physical presence in the diagnostic clinic or center. The patient communicates the disposable code to the diagnostic office or center. The use of the disposable code by the diagnostic clinic or centre shall be a prerequisite for access to the digital referral, in accordance with the procedure referred to in paragraph 5.

7. As soon as the diagnostic clinic performs the referral, the patient receives an information message on his mobile phone and / or the e-mail address he has declared, with the details of the execution of his referral.

Legislation on digital transformation exists, but the knowledge and capacity to implement it does not exist. The difference with the rest of Europe is that older people can more easily handle digital media in Greece still lie behind and **depend heavily on younger relatives**. Many people in the country do not have access to computers and the internet, are unfamiliar with digital media or **feel insecure in their use**, which discourages them from being digitally included. Of course, there are also those elderly people who, due to physical limitations (health problems, mental illnesses), are de facto unable to use technological means and need help from third parties (Podara, 2020).

8. Case Study – Good Practices of CSOs

This section summarises the results of the exchange of good practices carried out within the framework of project. The provider of the information is Cittadinanzattiva APS - Active Citizenship Network.

Cittadinanzattiva APS, founded in 1978 in Italy, is a civil society organisation that promotes the protection of the rights and support of people in situations of weakness, in accordance with Article 118 of the Italian Constitution. It aims to involve citizens and protect their rights in Italy and Europe.

The Active Citizenship Network (ACN), Cittadinanzattiva's international branch, was founded in 2001 and includes 206 organizations from 32 countries and a network of 30 partner organizations. ACN works to protect citizens' rights, to highlight and promote citizenship in Europe's decision-making process and to contribute to the development of an active European citizenship, which is the strength and uniqueness of ACN. More specifically, the network consists of 33,000 volunteers, 270 local assemblies, 84 local centers. The seat of the ACN is in Rome (Italy), while its delegation to the EU institutions is in Brussels (Belgium).

Key points of discussion:

- The main milestones and political achievements of ACN at the European level
- The Charter of Fundamental Rights of the EU - European Charter of Patients' Rights
- Third age and patients' rights
- Technical advising to the development of activities in the field of patience rights
- The presence of NGOs within medical care facilities
- Case studies

Advocacy and policy actions

The European Charter of Patients' Rights as presented in section 2 is a landmark text in the field. It is a practical example of how the CSOs can influence policy-making at national and European level. This is evident, as the Charter has inspired many other initiatives.

In particular, at European level, there has been a clear influence on the "Council Conclusions on Common Values and Principles in European Union Health Systems (2006/C 146/01)" as well as on the "Directive on Patients' Rights" (DIRECTIVE 2011/24/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 9 March 2011 on the application of patients' rights in cross-border healthcare, presented in a previous section.

Specifically, the right to free choice and the right to information are detailed in various texts and position papers. ANC also releases reports such as "Report on safer healthcare in Europe: improving patient safety and fighting antimicrobial resistance"

At the same time, ACN is the key actor that led to the establishment of the MEPs Interest Group on European Patients' Rights and Cross-Border Healthcare. The group was established to strengthen the protection of patients' rights in the European context. This group was created at the request of more than 80 politicians and patient organisations to the European Parliament to recognise the value of initiatives such as the European Charter of Patients' Rights and the European Patients' Rights Day. The main objectives of the group include the formal recognition of European Patients' Rights Day by the European Parliament, supporting the celebrations of this day, strengthening the protection of patients' rights in EU legislation, and promoting initiatives that encourage EU Member States to respect primary and secondary European legislation.

At **national level**, the Health Act adopted by the Maltese Government in 2013 is also clearly influenced by the Charter.

Other successes include the recognition of the right to avoid unnecessary pain by officials of the Italian Ministry.

ACN's actions now have an impact outside Europe, with the first Patient Rights Charter signed in Colombia

In addition, ACN works to expand the ownership of information in the European system, while maintaining a common database (EUR) where each local office enters data, recording 15,000 - 20,000 inputs per year.

Cittadinanzattiva/ACN is officially recognised by the European institutions:

- From 2022: Appointment by the EU Commission as a member of the HERA Civil Society Forum.
- From 2017: Participation in expert groups of the European Centre for Disease Prevention and Control (ECDC).
- Since 2010: Member of the EU Health Policy Forum, later the Health Policy Platform.

The Active Citizenship Network is also on the Board/Executive Committee of Pain Alliance Europe (2014/2022), Societal Impact of Pain (since 2016), Health First Europe (since 2017), European Movement Italy (since 2018), European Association of Educational and Preventive Health in Epigenetics (since 2020), AMR Patient Alliance (since 2021).

Awareness-raising:

In addition to political and advocacy actions, the ACN's approach to raising awareness is of particular importance.

In the field of awareness raising, ACN has established the European Patients' Rights Day, on 18 April. It has received official endorsement from both the European Commission and the European Parliament.

In addition, the actions related to awareness raising on pain rights, as well as actions to vaccinate older people through joint working groups, demonstrate ACN's commitment to improving the quality of life of vulnerable populations.

In the field of vaccination, ACN actively participates in the European Vaccination Week in April, organising training sessions in Brussels. In this context, the "Patto per un nuovo welfare sulla non autosufficienza" and the new Italian legislation dedicated to the elderly, known as Decreto Anziani 33/2022, are promoted. The overall goal is the widest possible networking and creation of partnerships.

Physical Presence in Hospitals

In addition, ACN manages the Tribunal for Patients' Rights, which was established in 1978, alongside the adoption of the National Health Service Act, which was Cittadinanzattiva's starting point. The organization has offices located within hospitals, where data is collected, information is provided and complaints are handled by citizens, with the help of volunteers who continue to support their operation.

The presence and implementation of the actions is done in agreement either with the hospital itself or with the ASL (Azienda Sanitaria Locale), i.e. a public body falling within the competence of the Italian public administration. Its main mission is to provide healthcare services in a specific territory, which is usually at provincial level. During the pandemic, there was no physical presence of volunteers, and they have not yet fully recovered. The ASL has staff who are responsible for communicating with external authorities, managing internal reports, reviews, meetings, as well as external sessions with reports and waiting list management.

There is a fixed telephone line with which they are connected to the nearest Cittandinanzativa centre. In addition, there is a single database to record different groups, addressing the problems that arise depending on the area of solution.

The Tribunal acts as a problem-solving office in hospitals, referring problems to the district when they cannot be solved locally. Complaints are also made to volunteers in local offices. The temporal resolution of problems is organized in stages, with the aim of eliminating problems in one year.

Management of complexities involves taking files from the patient and transferring them to the doctor, who also has a legal status (medical delegate), with free information and advice. Access to medical records is allowed only with the written authorization of the patient. Doctors work together voluntarily for their opinions. In cases where doctors identify medical responsibility, patients can proceed legally.

Of the main issues that need to be resolved, long waiting lists remain an important issue, and the organization supports patients in finding appropriate solutions.

As regards in-hospital presence, when visiting members, it is important to allow parents to stay with their children, which was affected by the changes in the conditions of stay due to COVID. In addition, checks are carried out in hospital rooms. There are volunteers working with hospital staff on room checks, particularly in rooms where patients stay for days. The audit is based on the completion of structured questionnaires, which are drawn up at national level so that there is no subjectivity.

Conclusions and practices to be adopted

This exchange of good practices provided an opportunity for the project team to draw useful conclusions on how to better promote and protect health rights. It also highlighted the role of civil society in leading actual change at national and European level. The action of this network offers opportunities for deepening and understanding short- and long-term processes that Greek CSOs can follow to maximize their impact and defend health rights for the elderly. ***These include:***

- Combination of in-the-field actions, research activities and advocacy
- Creation of networks
- Participation in European social dialogue platforms can offer important opportunities for exchange of views and good practices. Greek organisations could strengthen their voice and claim better policies by participating in such platforms.
- Cooperation with institutional bodies to promote new legislation that protects patients' rights.
- Setting up and maintaining common databases to record incidents and problems encountered by citizens can help to better understand and address problems. Greek organizations can develop similar systems for recording and analyzing data.
- Encouraging the active participation of citizens in matters of public interest.

The adoption of the above good practices can contribute significantly both to the immediate protection of the rights of the elderly beneficiaries of CSOs, as well as to the awareness of their relatives and health professionals. In this way, senior citizens will be better protected and able to enjoy quality health services. At the same time, influencing institutional bodies, based on the real needs of the beneficiaries, can lead to significant and long-term changes in health policies, ensuring a continuous improvement of the health system and the quality of life of citizens.

9. Analysis of Primary Data Research (Survey)

During the desk research for data on the rights of older people in the health sector, a number of issues were identified for which either there is not enough evidence to be studied in depth and in a timely manner, or the data that existed were older and needed updating. In particular, there is not enough data available on respect for the rights of older people and what is available concerns previous years, while no data takes into account digital rights and, more generally, the framework for the protection of older people in the era of digital transformation. At the same time, there is limited research on the obstacles faced by older people in their daily lives, the percentages of those who suffer abuse and whether they know their rights - both national and European - so that they can be protected in practice.

Through research and the use of questionnaires for older people, both those who handle digital media and those who are still lagging behind, the project aspires to create the appropriate framework that will allow the actions and materials to be better organized in the context of promoting the findings, in order to achieve the maximum goals of our program. The questionnaire is an important link in the continuation of the project as it comes to supplement and overturn the data collected during the secondary sources research (desk research). The questions are addressed to the target groups and people close to them in order to produce safe and accurate results that will allow the objectives of the programme to be achieved and to fully assist the elderly people who are at the core of the action.

The questionnaires were formed through bibliographic research, the study of similar actions abroad and the extensive study of secondary sources, so that there is a complete picture of the aspects of the object to be studied. Subsequently, through constant consultation with the partner of the action and the exchange of constructive views, both the material and the set of these questions were formed, which is considered to cover the gaps that the research aspires to fill. The sample was determined after careful examination to cover all groups to be analysed: elderly people (digitally illiterate or not), health professionals of all specialties (doctors, nurses, physiotherapists, etc.) as well as the relatives of elderly people who in Greece are the backbone in the field of elderly care. More specifically, the questionnaire was distributed to elderly people in digital form. Many of these elderly people completed the questionnaire with the help of relatives. The questionnaire was also distributed to online platforms involving health providers of all specialties and specialties (such as groups in social media platforms). Also important was the contribution of collaborating civil society organizations that forwarded the questionnaires to members of the network and their beneficiaries. Finally, the questionnaire was also uploaded to a variety of digital media (social media, email and chat) with open access to be answered by as large a sample as possible with different characteristics. The survey and questionnaires were structured in such a way as to include questions on all the issues that are attempted to be examined by taking as large a sample as possible, with a wide range, age, educational, with equal representation of both sexes and the data that were extracted are objective and representative.

Constraints

The questionnaires were completed digitally, which attracted a sample with higher-than-average digital skills. This limitation was counterbalanced by the assistance of low-skilled people by relatives, who were also asked to fill in their own questionnaire. The use of digital questionnaires was chosen because it allows the quick and efficient collection of data from a significant sample of people in a short time.

In addition, attempts were made to distribute printed questionnaires to elderly care units, which did not yield the expected results. With regard to knowledge of European rights, the questionnaires recorded participants' perception of their level of knowledge, as no objective check of the knowledge declared could be carried out. Adding a corroborating question such as 'Indicate a European right' would be an approach that would discourage respondents from continuing to fill in the questionnaire.

Thematic areas

The study of the results of the questionnaires was divided into five different areas so that it can be studied more effectively:

- Knowledge of European Rights
- Obstacles to the exercise of health rights and the level of use of health services
- Level of Digital Tools Usage
- Racism and Exploitation (mainly affecting the elderly)
- Self-ageism (mainly for the elderly)

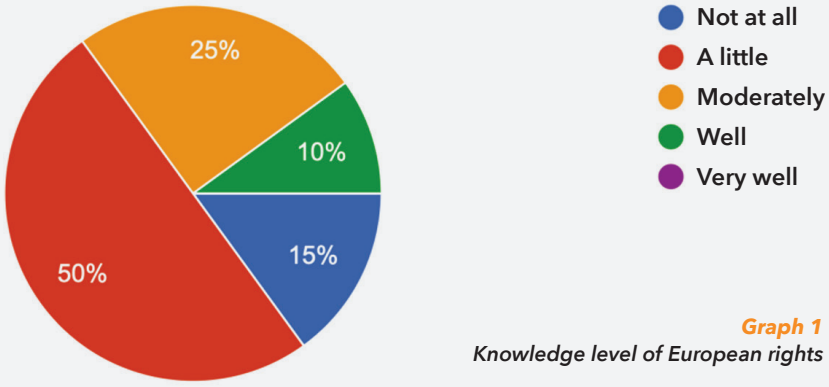
9.1 Questionnaires for senior citizens

The questionnaires, which were addressed to elderly people, were completed digitally by people in the target group who handle the digital tools, while many also asked for the help of relatives, mainly younger ones, in order to answer them. A majority of women answered the questionnaires, with older men making up about 30% of the participants. The majority of those who were part of the sample have either completed secondary education (about 50%) or have a university degree (36.7%). A smaller percentage of respondents have a master's or doctoral degree. Most elderly people who completed the questionnaire live either alone (40%) or with their spouse (approximately 50%) and a smaller percentage live with their children (12.4%).

1) Knowledge of European Rights

The vast majority (almost 80%) of those surveyed are unaware of the European framework for protecting their rights. It is characteristic that almost no one replied that they know it very well, a sign of an inability from the side of the EU to inform all senior citizens about their rights and their protection. 50% of respondents have little knowledge about their rights at regional level, 25% have moderate knowledge and only 10% have good knowledge.

How well do you know your European health rights?



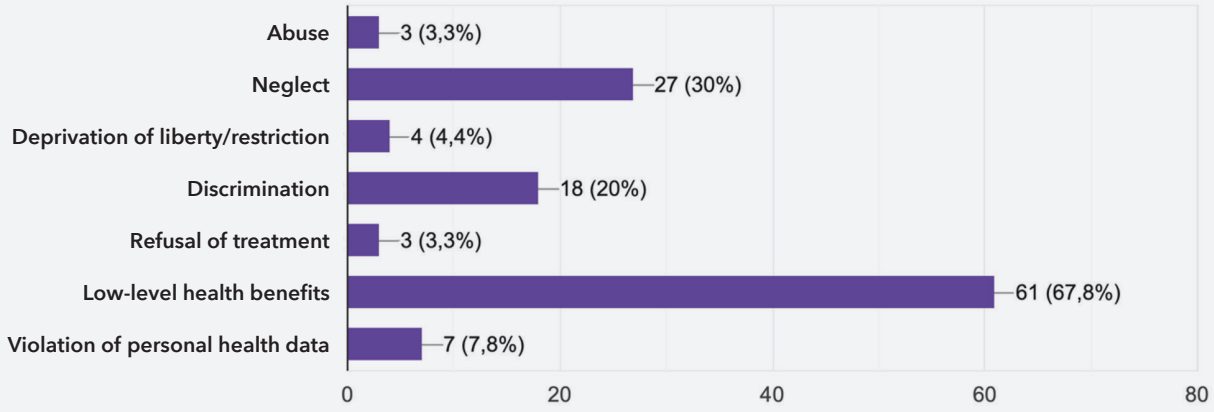
Graph 1
Knowledge level of European rights

However, the majority of the sample believes that the EU and its framework for action have a positive impact on the effort to safeguard and protect their rights. The following conclusions were drawn from some of the answers given regarding the importance of EU action in the effort to safeguard their rights and their protection in general: Greeks hold the State liable if it has not notified them of their rights at regional level. Indicatively, some of the answers given are as follows: 'In *Greece, rights do not work and they do not make them known, so that we know them', 'I am not sure how it works here in our country'*. They also feel that protection at European level strengthens his sense of security: *"Although I don't know how (it works) I think it will be something more fair", "I think that my access to doctors and hospitals in the European Union countries when I am in and from these countries gives me a security as people my age are more vulnerable to diseases"*.

2) Obstacles and Level of Use of Health Services

Elderly people in Greece consider low-level health benefits to be the most serious violation they have experienced in the field of health. At the same time, 30% and 20% respectively consider the neglect they experience when seeking medical help and discrimination as serious violations in the field of health. In fact, through specific incidents they recorded, it emerged that waiting is one of the main issues that degrade quality in the provision of health services along with the bad behavior of the medical and nursing staff "When my partner had to be hospitalized with dementia the behavior was tragic", *"With appointments to book after 3 months", "The order of appointments is not followed..."*.

Which of the following violations of your rights have you experienced at least once in the health sector (more than one answer can be chosen):



Graph 2
Health rights violations

The current health situation is also reflected in the fact that about 80% of older people do not know where to turn when they do not receive quality health provision and when their rights are violated. Just over 15% of those surveyed have even some basic knowledge about where to turn when their health rights are violated.

3) Level of Digital Media Usage

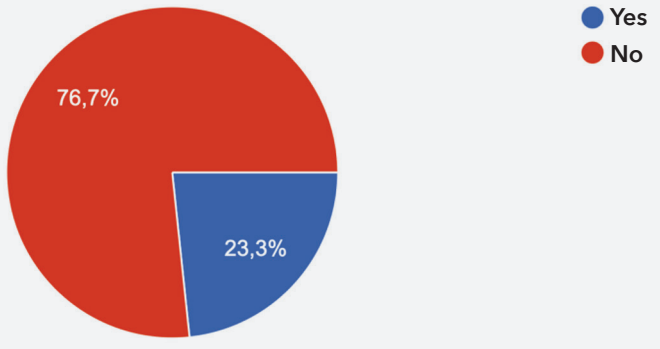
As regards the ability of older people to handle electronic means such as electronic appointments and non-physical prescriptions, the majority of respondents have moderate knowledge of these possibilities and use. 30% of those surveyed can handle them to some extent, 35% (very) easily and slightly more than 32% (very) difficult. The above result is to be expected, as the questionnaire was distributed in digital form and most older people who responded without assistance from their relatives have some familiarity with digital media. The above conclusion is also drawn from the fact that 60% of those interviewed can handle the electronic prescription on their own, with 40% of the sample having moderate to limited knowledge of this procedure.

Clearly, there were also those elderly people who have no knowledge of the use of these digital tools, with the main problem in their non-use being the lack of possession of digital media as well as the fear of using digtial media. When they need help scheduling their appointments online or dealing with digital prescribing, the majority of elderly people (who need help) turn to their children at a rate of 50%, 10% to relatives and just 3% to health providers, a sign of the lack of trust of elderly people in the health system.

4) Self- ageism

However, it is positive that the majority of elderly people did not hesitate to seek medical help, nor did they ignore any health issue, fearing incidents of ageism. When asked if they ever hesitated to seek medical help considering their age, almost 77% of the sample replied negatively, a sample that self-ageism -although existing in Greece- based on research- does not prevent the elderly from neglecting their health. In the same direction, 66.3% of the sample did not ignore a health issue, believing that it is a logical consequence of their advanced age.

Did you ever hesitate to seek medical help because you were afraid that they wouldn't pay attention to you because of your age?



Graph of 3 Self-ageism

5) Racism and Exploitation

At the same time, the majority of those who completed the questionnaires do not agree with the position that patients (especially the older they are) should uncritically agree with the opinion and position of doctors. Almost 40% of those surveyed have almost never thought about it, while 40% only sometimes. Only 20% have often thought about the above position.

In fact, 90% believe that it is (very) important to have full knowledge and control over their health decisions. 10% don't think it's important or insignificant, and almost no one thinks it's insignificant.

6) Proposed Actions

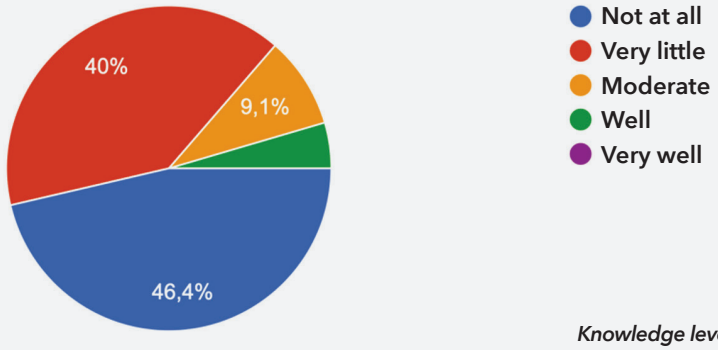
Finally, the elderly people contributed to our research, recording any additional measures that need to be introduced either at national or regional level, in order to increase their confidence in the health sector. Some of these measures are the following: education and training of medical and nursing staff on how to treat older people *"Treat older people as people and not as though they are finished", "The respect of doctors for older people...", "Specialized training for the provision of health services in the elderly of doctors and nurses"*, strengthening public free health with staff, improving infrastructure and reducing waiting time *"...thereis staff to pick up the phone when you need to communicate...", "public health support, now", "more well-organized hospitals with more doctors and nurses", "to increase resources to the health sector" while a large part of those who expressed their opinion referred to* the part of strengthening information and prevention *"information programs on the use of new technologies and information campaigns", "to have preventive medicine", "to make some tests compulsory"*.

9.2 Questionnaires to relatives of senior citizens

As regards, the questionnaires concerning relatives of elderly people were answered mainly by people aged 25-50, with a greater representation of men, with women making up 40% of the sample. More than 60% have a first-degree relative of the elderly, with around 35% having a second-degree relative of the elderly. Almost 50% of the sample have a relative in their circle, around 30% of respondents often visit an elderly person and only 20% of them live with an elderly person.

1) Knowledge of European Rights

Ignorance about the rights of older people also exceeds 85% in this category, with the vast majority, over 85%, of relatives believing that their elderly relatives have no knowledge of their rights at EU level and are therefore being violated.

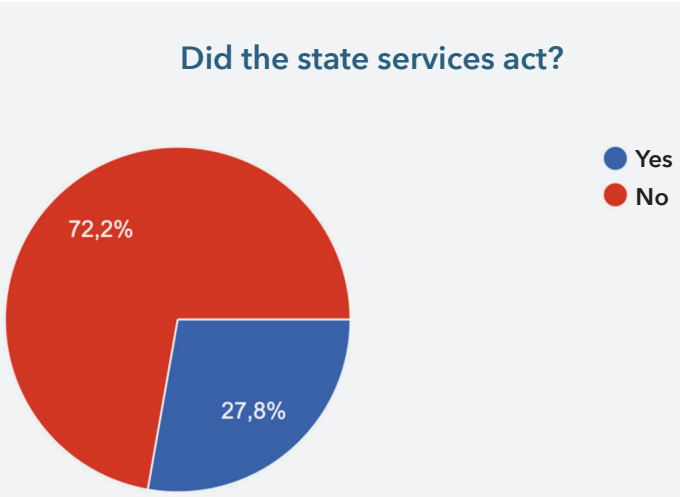


Graph 4
Knowledge level of European rights - relatives

However, a majority of 55% of respondents consider that the European framework strengthens the rights of older people. However, they also agree on the lack of awareness and visibility of the protection framework at regional level.

2) Exercise of Rights and Exploitation Phenomena

Although most respondents do not live with their elderly relatives, they often help them access medical care and use digital tools in health care. 40% of the sample sometimes helps elderly people to access health care, while only 20% of those surveyd rarely help their relatives in health care. In fact, 70% of the sample has helped older people in the use of digital media. In addition, although there are not many cases of ill-treatment of elderly people witnessed by relatives, what took place in front of relatives, the state welfare did not act at a rate of more than 70%, a characteristic example of the inadequacy of the structures of the Greek state to effectively protect the elderly. In fact, most of these incidents recorded by the study participants took place in a hospital setting and there was no protection network to protect elderly people *"Neglecting a relative in a hospital", "...Priority to other patients"*.



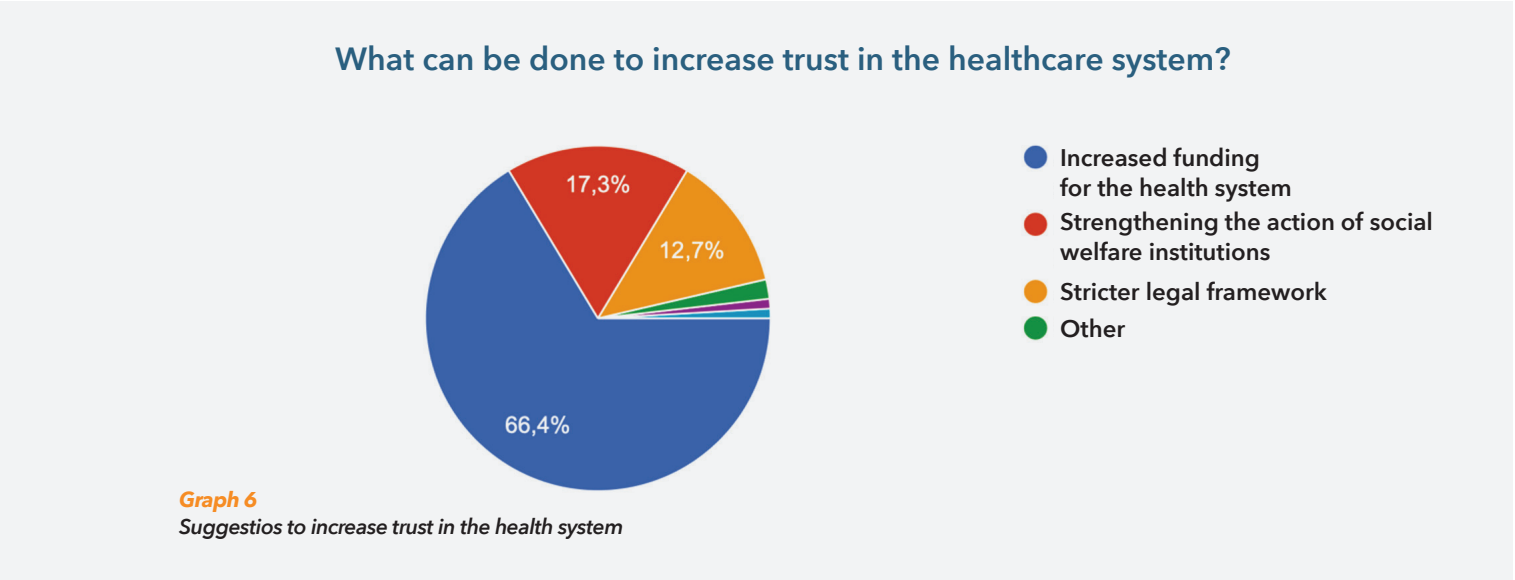
Graph 5
State welfare action

3) Level of Use of Health Services

Relatives of elderly people also point to waiting rates of 38.2% and low provision of health services of 47.3%, as the main health challenges for elderly people. Indeed, through the experiences they have submitted, it is shown that the poor state of the infrastructure and the operational condition of most hospitals in Greece are the main problems when seeking medical assistance from elderly people in Greece *"Dirt in hospitals", "... shortage of beds and staff in hospitals..."*.

4) Suggested solutions

Finally, the vast majority - about 70% - of those surveyed believe that the measures to be taken to improve the situation mainly concern the increase of funds directed to the public health system as well as the strengthening of state welfare structures and the legal framework governing the protection of the rights of the elderly. The above two axes share a percentage of about 15%.



Graph 6
Suggestios to increase trust in the health system

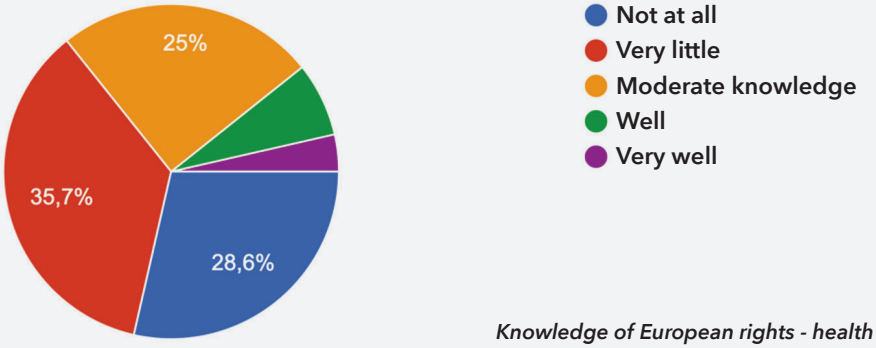
9.3 Questionnaires for health professionals

Questionnaires for healthcare professionals were mostly answered by men aged 20 – 34. The majority of respondents are doctors, with paramedical professions being equally represented. The sample was equally answered by public and private sector employees. Although a significant proportion of health professionals were aware of the existence of the European framework for the protection of the rights of the elderly, the majority, 60% of health workers, are not aware of this.

1) Knowledge of European Rights

In fact, the vast majority of respondents have no or little knowledge of the rights of older people at regional level. In more detail, almost 30% of those surveyed have no knowledge of European health rights, while more than 35% have little knowledge of them. The percentage of those who know rights well and very well at regional level is only 10%. This is an alarming percentage as this sample did not concern the general population, but health workers who are directly related to this context.

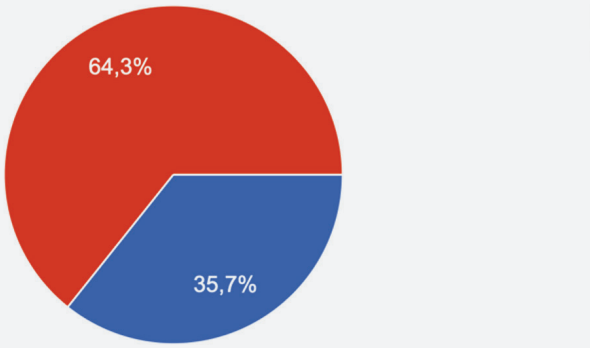
How well do you know the European rights of older people in the field of health?



Graph 7
Knowledge of European rights - health professionals

Positive at the same time is the fact that more than 70% of respondents are (fully) sensitized to help elderly people, despite the fact that the vast majority of respondents - about 65% - have not received any special training on how to treat elderly patients.

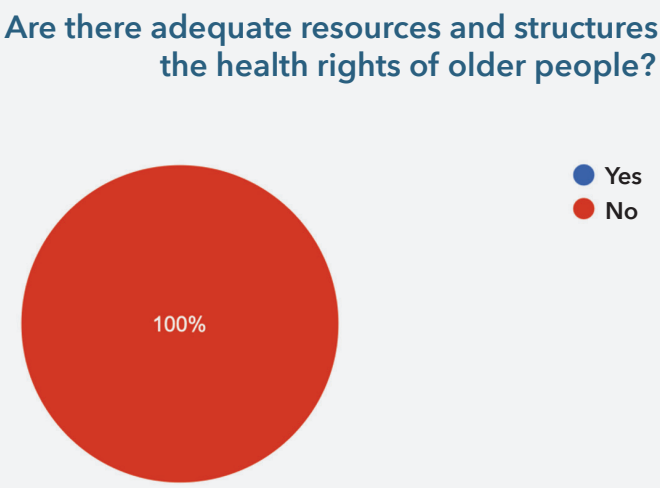
Have you received special training to offer your services to the elderly?



Graph 8
Specific training of health professionals

2) Exercise of Rights and Use of Health Services

Health professionals with inside knowledge of the challenges faced by older people point to the long waiting list, the low level of health services and mistreatment as the main "thorns". Although they are trained to a degree on how to reach older people, the majority of them - even those who have already received education - are asking for more information on this issue. As the questionnaire was answered by younger people, it follows that the majority of the sample is familiar with digital media and help older people when needed. It is impressive that the view that the elderly not only have no knowledge about their rights, but also that there are no resources and institutions at the level of state care in order to put the mechanism of their protection. reaches 100%. At the same time, it is positive that the majority of those who completed the sample would report a percentage of ill-treatment of an elderly person by a colleague, a sign that they actually have knowledge of how to behave and handle cases of elderly people.



Graph 9
Adequacy of resources and structures

3) Suggested solutions

Finally, important conclusions are drawn from the answers given by health officials on what measures Greece and the EU should take to protect the elderly: reinforcement of staff in state welfare structures *"... need for generalist workers to serve the needs of the elderly","increaseof staff certified for old age"*. Confidence in the health system can be increased by strengthening the institution of prevention and information about the rights of the elderly *"... Strengthening prevention and primary care will give great breath to the whole health system", "Information from an early age of the importance of including the elderly in society as a whole and in several activities"*.

Conclusions of the survey

A common feature of all the above questionnaires is the belief among older people and health professionals, as well as the general population, that older people are completely unaware of the European framework for the protection of their rights and generally unaware of their rights. All respondents agree that the main health barriers faced by older people are the following: **waiting lists, low level of health services**. At the same time, the phenomena of ill-treatment in the field of health, although they exist in a small percentage, however, they do not receive any attention and care from the state welfare, while the elderly themselves and their relatives do not know where to turn when such phenomena occur. Most older people who answered the questionnaire have knowledge of how to use digital media, but many are also older people who do not use digital tools either because they do not know and mainly because they are afraid to use digital media. An ally in the handling of their cases that require the use of digital tools they find mainly in their children, who are largely willing to help them. Finally, everyone agrees that the improvement in the provision of health services and the exercise of the rights of older people will come through increased funding for health, the fight against corruption as well as through the strengthening of the legislative and welfare framework for the elderly.

10. Key Recommendations

Strengthening the rights of older people is a crucial issue in creating a fair and inclusive society. Based on the findings of both the secondary sources research and the questionnaires distributed, the following recommendations emerge as the necessary measures to improve health services and effectively protect the rights of older people. In particular, changes are needed in the following areas:

Πιο συγκεκριμένα, χρειάζονται άμεσες αλλαγές στους κάτωθι τομείς:

A) Increasing access to health services:

- **Strengthening the public health system:** It is recommended to reduce waiting times for appointments and treatments, extend health insurance coverage, and hire additional medical and nursing staff, with emphasis on specialties related to frequent diseases of the elderly.
- **Improving care at home:** It is proposed to expand care programmes at home, provide financial incentives to caregivers, and educate caregivers on elderly care issues.
- **Promoting prevention:** A move in the right direction would be to strengthen screening and information programmes for healthy lifestyles, with a focus on high-risk groups.

As demonstrated by the sample that replied to the questionnaires, the main desire of the elderly is the substantial reinforcement of the National Health System with staff and the improvement of the logistical infrastructure. Reducing waiting times and fighting corruption is both a great desire and a challenge for the public health system. At the same time, elderly people ask for support in the field of prevention by adopting free screening programs.

B) Improving social inclusion:

- **Creating age-friendly communities:** It is proposed to design accessible spaces and services, encourage social participation in activities and events, and programmes to combat social isolation.
- **Promoting lifelong learning:** Providing opportunities for education and training for older people, tailored to their needs and interests, is an action in the right direction
- **Strengthening voluntary action:** Voluntary work programs for the elderly, which contribute to their social inclusion and offer to the community.

Elderly people in Greece feel that they are not equal members of the social fabric. While they believe that they can contribute to society as a whole, there are no appropriate state institutions to work towards the equal participation and access of older people to the activities of social life.

Protection from abuse:

- **Strengthening the legal framework:** It is recommended to introduce stricter penalties for elder abuse, and to improve mechanisms for reporting and investigating abuse.
- **Education and awareness-raising:** An important initiative would be to train health and social workers to identify signs of abuse, and raise public awareness to prevent and address elder abuse.
- **Victim support:** An idea in the right direction would be to create support structures for victims of elder abuse, offering psychological support, legal advice, and assistance in reintegration into the community.

Although, as shown by the replies to the questionnaires, elderly people in Greece are not often victims of abusive behaviour, when this happens there are no mechanisms to which they can turn to and the action of social welfare institutions is almost zero.

Strengthening economic security:

- **Increase in pensions:** Pensions need to be reassessed, taking into account the increased cost of living and the specific needs of older people.
- **Financial incentives:** Financial assistance programs for elderly people on low incomes, and assistance in covering housing and healthcare costs, is an important step in improving health conditions for the elderly.
- **Promoting employment:** Vocational training and support programmes are set up for older people who wish to remain active in the workforce.
- **Strengthening voluntary action:** Voluntary work programmes are proposed for older people, which contribute to their social inclusion and contribute to society

Better economic conditions for older people means greater autonomy. Greater autonomy in turn means more flexibility and the ability for individuals to decide for themselves on any issue that concerns them: from issues of receiving treatment, to seeking better health services.

The implementation of international cooperation policies also plays an important role in achieving these actions. In particular, cooperation with international organisations and other countries to exchange good practices is an essential element in promoting the rights of older people worldwide.

To sum up, the implementation of these recommendations requires a concerted effort by governments, CSOs, communities and society as a whole to ensure that older people can live with dignity, respect and safety.

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12. Annex: Questionnaires

12.1 Questionnaire for senior citizens

1. Age

- 65-70
- 70-80
- 80+

2. Gender

- Male
- Female
- Other

3. Educational level

- Primary school graduate
- Middle school graduate
- High school graduate
- University graduate
- Holder of a Master's Degree
- Holder of a Doctoral Degree

4. Residence conditions:

- Alone
- With your partner
- With children and/or grandchildren
- In an Elderly Care Unit

5. Did you know that the EU has put in place a framework to protect the rights of older people in the health sector?

- Yes
- No

6. How well do you know your European health rights?

- Not at all
- A little
- Moderately
- Well
- Very well

7. Do you think the EU has a positive impact on the protection of your rights?

- Yes
- No

Comment (optional): .....

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8. Which of the following violations of your rights have you experienced at least once in the health sector (more than one answer can be chosen):

- Abuse
- Neglect
- Deprivation of liberty/restriction
- Discrimination
- Refusal of treatment
- Low-level health benefits
- Violation of personal health data
- Other (fill in)

9. If you wish, report a specific incident: .....

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10. If you have a bad health situation, do you know where to go?

- Yes
- No

11. Have you ever used electronic health services (medical compensation, non-physical prescription, electronic appointments)

- Yes
- No

12. If not, what do you consider to be the main obstacles to exercising your rights with regard to digital tools?

- Unfamiliarity with digital media
- No internet connection
- Fear of using the Internet
- Other reasons:

13. How familiar do you feel with the use of digital media?

- Not at all
- Small
- Moderate
- Enough
- Great familiarity

14. How easily can you make an appointment with a doctor online without help?

- Pretty difficult
- Difficult
- Not easy, not difficult
- Easily
- Very easily

15. How well do you handle electronic prescirptions?

- Not good at all
- Limited knowledge, with the help of a relative
- Moderate knowledge
- Well
- Very well

16. Who do you contact to support you in the online use of health services?

- To your children
- To your relatives
- To friends
- To health service providers
- I don't need support

17. Did you ever hesitate to seek medical help because you were afraid that they wouldn't pay attention to you because of your age?

- Yes
- No

18. How much do you agree with the following sentence: As I get older, I think my health will only get worse.

- Strongly disagree
- Disagree
- I neither agree nor disagree
- Agree
- Totally agree

19. Have you ever ignored a health problem because you think it is expected due to age?

- Yes
- No

20. How often do you think, "I'm too old thus I must agree with what the doctor says?"

- Never
- Rarely
- Sometimes
- Frequently
- Very often

21. How important do you think it is to be in control of your health decisions?

- Not important at all
- Of little importance
- Not insignificant, not important
- Important
- Very important

22. What other measure do you think is important for Greece and the EU to introduce in order to strengthen your health rights and what could be done to increase your trust in the health sector?

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12.2 Questionnaire addressed to relatives of senior citizens

1. Age group
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64

2. Gender
- Male
- Female
- Other

3. Degree of kinship with the elderly (more than one option)
- First Degree
- Second Degree
- Third Degree

4. Living status (if there is an elderly relative at home)
- I live with an elderly person
- I don't live, but I pay attention or visit an elderly person often
- I have an elderly person in my family circle

5. Did you know that the EU has put in place a framework to protect the rights of older people in the health sector?
- Yes
- No

6. How well do you know the European rights of older people in the field of health?
- Not at all
- Very little
- Moderate
- Well
- Very well

7. How often do you help your elderly relatives access health services?
- Never
- Rarely
- Sometimes
- Frequently
- Very often

8. Have you ever tried to help an older person use digital tools?
- Yes
- No

9. Do you consider that the EU has a positive impact on the protection of the rights of older people?

- Yes
- No

10. Do you think that older people have sufficient access to information about their health rights?

- Yes
- No

11. Indicate briefly an incident in which you were an eyewitness and related to a violation of the rights of an elderly person (if any)

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12. Has there been any abuse of an elderly person around you? If so, did the state services act?

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13. Do you help your elderly relatives use digital tool to access health services?

- Yes
- No

14. Indicate whether you have heard complaints from your elderly relatives about the violation of their health rights?

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15. What do you think is the biggest challenge for seniors in health care?

- Waiting
- Low level of health services
- Mistreatment
- Corruption
- Other

16. What can be done to increase trust in the healthcare system?

- Increased funding for the health system
- Strengthening the action of social welfare institutions
- Stricter legal framework
- Other

12.3 Questionnaire addressed to health professionals

1. Age group
- 20-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

2. Gender
- Male
- Female
- Other

3. Profession/specialisation:
- Doctor
- Nurse
- Physiotherapist
- Mental health professional
- Other (fill in)

4. Do you work in the private or public sector?
- Private
- Public

5. Did you know that the EU has put in place a framework to protect the rights of older people in the health sector?
- Yes
- No

6. How well do you know the European rights of older people in the field of health?
- Not at all
- Very little
- Moderate knowledge
- Well
- Very well

7. How sensitive are you about helping older people?
- Not at all
- Very little
- Moderate
- Sensitized
- Fully Sensitized

8. What do you think is the biggest challenge for seniors in healthcare?
- Waiting
- Low level of health services
- Mistreatment
- Corruption
- Other

9. Have you received special training to offer your services to the elderly?

- Yes
- No

10. How familiar are you with using digital media and helping older people who cannot handle it on their own?

- No familiarity
- Limited familiarity
- Moderate familiarity
- Good familiarity
- Full familiarity

11. Do you think that older people have sufficient access to information about their health rights?

- Yes
- No

12. Are there adequate resources and structures to protect the health rights of older people?

- Yes
- No

13. Would you complain about the treatment of an elderly person by a colleague of yours, which you judged to be bad?

- Yes
- No

14. Indicate briefly a case (if any) of ill-treatment in which you were an eyewitness

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15. Would you like more training in the provision of services to the elderly?

- Yes
- No

16. What other measure do you consider important for the EU and Greece to take to improve your working conditions while providing services to elderly people?

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17. What can be done to increase trust in the healthcare system?

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