



Knowledge of the elderly about their rights*

Conhecimento de idosos sobre seus direitos

Conocimiento de los ancianos sobre sus derechos

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ABSTRACT

Objectives: To identify the knowledge of elderly people about their rights, and to assess whether they consider that these rights were respected. **Methods:** Exploratory and descriptive study with quantitative approach; the prospective data was collected through interview. The sample of 63 elders was probabilistic, random and stratified by gender and age. **Results:** The rights of the elderly were known for 49.2% of respondents; among the rights, the most cited were free transport (50.0%), care priority (38.1%) and existence of preferred seating in transportation (28.6%). With regard to respecting those rights, 25.0% believed that they were respected and 44.4% that were only partially respected. **Conclusion:** Half of the elderly respondents knew their rights and expressed that these were not always respected.

Keywords: Aged; Aged Rights; Legislation; Ethics

RESUMO

Objetivos: Identificar o conhecimento de idosos sobre seus direitos e se consideram que esses direitos são respeitados. **Métodos:** Pesquisa exploratória, descritiva, de abordagem quantitativa e com coleta de dados prospectiva, através de entrevista. A amostra, composta por 63 idosos, foi probabilística, aleatória e estratificada por sexo e idade. **Resultados:** Os direitos dos idosos eram conhecidos por 49,2% dos entrevistados. Dentre estes, os mais citados foram a gratuidade no transporte (50,0%), a prioridade no atendimento (38,1%) e existência de assentos preferenciais nos meios de transporte (28,6%). Quanto ao respeito a esses direitos, 25,0% acreditavam que são respeitados e 44,4% que são respeitados parcialmente. **Conclusão:** A metade dos idosos entrevistados conhecia seus direitos e referiram que esses nem sempre são respeitados.

Descritores: Idoso; Direitos dos idosos; Legislação; Ética

RESUMEN

Objetivos: Identificar el conocimiento de los ancianos sobre sus derechos y evaluar si consideran que esos derechos son respetados. **Métodos:** Se trata de una investigación exploratoria y descriptiva, con abordaje cuantitativo y recolección de datos prospectiva a través de entrevistas. La muestra, compuesta por 63 ancianos, fue probabilística, aleatoria y estratificada por género y edad. **Resultados:** Los derechos de los ancianos fueron conocidos por 49,2% de los entrevistados. Entre los derechos, los más citados fueron la gratuidad en el transporte (50,0%), la prioridad en la atención (38,1%) y la existencia de asientos preferenciales en los medios de transporte (28,6%). En cuanto al respeto a esos derechos, 25,0% creía que eran respetados y 44,4% que eran respetados parcialmente. **Conclusión:** La mitad de los ancianos entrevistados conocían sus derechos y refirieron que estos no siempre fueron respetados.

Descriptorios: Anciano; Derechos de los ancianos; Legislación; Ética

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INTRODUCTION

The growth of the elderly population in absolute and relative numbers is a worldwide phenomenon and it has occurred without precedents. In Brazil, the last demographic census update made by “Instituto Brasileiro de Geografia e Estatística” (Brazilian Census Bureau) in 2005 showed that the number of people 60 and older is close to 18.2 million elderly people, which corresponds to 9.9% of the total of Brazilian people⁽¹⁾. The estimations for the next 20 years indicate that elderly people will exceed 30 million people, getting to reach 13% of the Brazilian nation, and this elderly population may attain 18% of the total population in 2050, which will correspond to nearly 47 million of individuals⁽²⁾.

Discussions over the protection to elders have occurred in Brazil for decades. The first specific policy was created in 1994, called National Elderly Policy, which aims to “guarantee the social rights for the elderly people, creating conditions to promote their autonomy, integration and effective participation in society”⁽³⁾. Afterwards, in 2006, it was made the National Health Policy for the Elderly Person, which focuses on the health of every Brazilian citizen 60 years of age and older. Facing the challenge of population aging in conditions of social and gender inequality, this policy establishes as the fundamental purpose to “recover, maintain and promote the autonomy and independence of elderly individuals, concentrating health collective and individual measures for reaching that, in accordance with the principles and guidelines of “Sistema Único de Saúde”⁽⁴⁾ (Unique Health System).

Completing the defense of elderly rights, on October 1st 2003, it was enacted by the Federal Senate the final composition of the Elderly Statute (ES), which certifies: “The elderly person benefits all the fundamental rights inherent to the human being (...) being ensured him/her that by law or other means, all the opportunities to preserve his/her physical and mental health, his/her moral, intellectual, spiritual, and social improvement, in conditions of freedom and dignity. It’s the family, community, society and government’s duty to assure the elderly person absolute priority, the effectiveness of right to life, health, food, education, culture, sport, leisure, work, citizenship, freedom, dignity, respect, and family and community togetherness”⁽⁵⁾.

It’s worth remembering that many rights guaranteed by the Elderly Statute are also assured by other Brazilian laws. In the Federal Constitution (FC), one of the objectives of social care mentioned is the protection to family and oldness⁽⁶⁾. In the state of Sao Paulo, the law of service and health action for user’s rights ensures that health service delivery shall be universal and equalitarian for all individuals, regardless of gender, ethnicity, age,

or another personal condition⁽⁷⁾.

The Elderly Statute pondered the existing laws, organized them by topics, discoursed about every one of the rights and specified the punishments for the infringers, making their understanding and application more practical. Besides that, if a comparison between the actual laws and the Elderly Statute was made, it can be evidenced that there was an amplification of the rights. For instance, in the User’s rights Law, they are protected as ordinary users. In the Elderly Statute, they are considered priority⁽⁸⁾.

The elderly people’s fundamental rights in the social, health, physical, financial and mental realms are ensured by legislation. However, there is an inquiry if the elderly people know their rights and consider that their rights are respected. To answer those questions, it is necessary that the concerned part, which is the elderly people themselves, to be heard. Therefore, this study aimed to identify the elderly people’s knowledge regarding their rights and if they consider that those rights are respected.

METHODS

It’s a descriptive exploratory research of a survey type with prospective data collection and quantitative methodological approach. It was developed in three Elderly Living Communities (ELC) conveyed to “Secretaria Municipal de Assistência e Desenvolvimento Social” (SMADS), located at Sao Paulo municipal district, which offers integration and socialization among elderly people through physical activities and leisure, handcraft workshops, artistic, cultural and educational development, among other occupational activities. What motivated those institutions’ choice was the fact that elderly people are gathered in these places, facilitating their invitation to attend the study. The elderly people attend the ELC on days and times programmed for the activities, according to each one’s interest. The sample was probabilistic, random, stratified by gender and age and its composition was guided by a statistician to guarantee the representativity. It was calculated as required the participation of at least 57 elderly people. Sixty-three persons age 60 or older were interviewed.

After the approval from the Ethical Committee in Research from The University of Sao Paulo Nursing School and the authorization from the institutions, data collection was made. This occurred in February through April 2008, in days and times appointed by the coordinators of each center as the days with highest number of users and most convenient to the group. In every visit a shuffle was made among the ones present in the institution at that day to determine who would attend the interview. The selected person was contacted by the researcher, who explained the aims of the study,

data collection procedures, the confirmation of secrecy, voluntarism of the participation, Informed Consent signature, answer to the tape-recorded interview and other topics that came up during the research. Data collection was made through semi-structured interview using a previously validated form that had topics related to the respondents' information and questions to reach the established aim.

Afterwards, the interviews were transcript and the variables analyzed descriptively. For the quantitative variables (age, income and education level), this analysis was made through observation of the highest and lowest scores, mean values, standard deviations and median scores. For the qualitative variables (gender, nationality, marital status, income, health care, housing condition, means of transportation, leisure, support network and also the answers obtained in questions related to knowledge and respect to their rights), the absolute and relative frequency of answers were calculated. For the comparison among the variables, it was used the variance analysis of a factor and the Kruskal-Wallis non-parametric test, with significance level of 5%.

RESULTS

From the total of 63 (100.0%) interviewed, the majority was made up of elderly from female gender (95.2%), Brazilian (95.2%), widow (50.8%), retired (54.0%) and attended at the public health network (57.1%). The respondents had the average age of 73.56 ± 6.72 years, average income of $R\$ 857,05 \pm R\$ 657,36$ and attended school in average 4.19 ± 3.67 years. Furthermore, 38.1% lived alone, 79.4% in their own housing, 93.7% used the public as the main mean of transportation, 74.6% had leisure activities and 73.0% did not receive support for their everyday activities.

The respondents were questioned if they knew the elderly people's rights and among the 63 interviewed people, 31 (49.2%) answered affirmatively, 11 (17.5%) said they knew some rights, 19 (30.2%) affirmed not knowing their rights, one (1.6%) did not answer and one (1.6%) said that she did not remember.

The mean, standard deviation, and median values, as well as the highest and lowest values of age, income and education (in years that he/she attended school) variables were compared to the responses obtained regarding the knowledge of elderly rights, seeking to discover if there was a difference among the groups. For the age variable, the mean values (73.81 years, 71.84 and 73.91 years) kept similar among the respondents, and $p=0.554$. As for the education level, the ones who answered knowing the rights or the ones who referred knowing some of the rights presented education (4.58 years and 4.73 years, respectively) superior to the ones

who answered not knowing (2.68 years) the rights. In the three groups there were people who had never been to school and in the groups that answered knowing and knowing some of the rights it was included higher education level elderly people (13 and 16 years), $p=0.194$. The mean income also remained lower in the group that answered not knowing the rights ($R\$ 644,06 \pm R\$ 443,93$), although, it is noticed that the standard deviation and lowest ($R\$ 400,00$) and highest ($R\$ 2.000,00$) values are higher in relation to the group that responded affirmatively (mean: $R\$ 863,39 \pm 384,09$; lowest: $R\$ 380,00$; highest: $1.800,00$), $p=0.054$. Despite these results, the statistic analysis did not show significant differences among the groups.

The sum of respondents who affirmed knowing their rights and knowing some rights totaled 42 (66.7%) elderly people. It was required that they mentioned which rights they knew. Fifteen rights were then pointed out. For better visualization and discussion, the mentioned rights were grouped in four areas: rights related to transportation, priority in attendance, right to health and fundamental rights (Table 1).

The respondents in this study reported that sometimes the gratuitousness in transportation causes trouble and distress for the elderly users. The most common complaints were related to the bus drivers, in which several of them in perceiving that only elderly people are going to get in, they don't stop at the bus stop. In relation to embarking, they face high steps in the buses and very large spaces between trains and platforms. Furthermore, in regard of the young users who sit on the preferential seats, they pretend they are sleeping and don't yield the seat to the elder ones, making the elderly users keep standing throughout the ride. The disrespect, according to the respondents, causes the fare collectors to require the younger users to yield their seat to the elders and, even so, they are not complied. It was suggested to replace the "preferential seats" signs to "exclusive seats" ones.

The positive aspect of the transportation was also emphasized by the elderly people. One of the respondents, who was not Brazilian, commented that the elderly people should be very grateful in Brazil, as he said that even handicapped elderly people pay the fare in his country. An old lady reported that she used to have her hair dyed, but after some time she let them get white, so she has been more respected. She also said that people offer her their seats in the bus, the motorists always stop at her bus stops and even the children speak to her. Another person mentioned that before the elderly protection laws, it was pretty bad, because the bus drivers looked at them and used to say: "So many old people! Why don't they stay home?" He thinks that nowadays the drivers have had more respect.

Some elderly people emphasized that despite the right to health be ensured by law, it is not always respected by the government itself. The main complaint was the long distance to reach an attendance unit and, when it is finally covered, there is no priority line for the elderly ones. There a single line for all users and most of the time there are no available seats or chairs for the elderly people, who need to wait and keep standing for a long time. They reported that the demand in the hospitals is excessive. The available resources are not enough and, therewith, there is a long waiting time for the attendance. Furthermore, it was also reported that not all workers are apt to work with the elderly people, neglecting the aging alterations, such as the reduction of hearing acuity and locomotion difficulty, leading to an unsatisfactory attendance. Another factor that worsens the elderly access to health is that some facilities fix appointments and exams only by phone, making it impossible for a hearing impaired elderly person to use this service.

In relation to the fundamental rights, the ones that are mentioned in the Federal Constitution and in the Elderly Statute as fundamental rights or related to them were reunited.

Table 1 – Rights mentioned by the 42 elderly people that referred knowing the elderly rights or some of the rights, Sao Paulo – 2008

Area	Rights mentioned	n	%
Rights related to transportation	Gratuitousness	21	50.0
	Preferential seats	12	28.6
Priority in attendance	Interstate ticket	4	9.5
Right to health	Priority in attendance	16	38.1
Fundamental rights	Right to health	9	21.4
	Flu shots	2	4.8
	Respect	6	14.3
	Retirement pension	5	11.9
	Protection against abuse	4	9.5
	'Half-price' ticket	3	7.1
	Leisure	2	4.8
	Education	1	2.4
	Food	1	2.4
	Freedom	1	2.4
Participation in the Elderly Movements	1	2.4	
Did not answer		1	2.4

Some elderly people mentioned more than one right.

From the 42 elderly people who mentioned knowing the rights or some of the right for the older people, it was asked them to say where they had access to that information. Four (9.5%) of the respondents did not answer. Among the other 38 people, mass media was the highest mentioned, in which was referred by 10 (26.3%) elderly people, followed by the Manual for the Elderly People, the ELC and through friends, each of

them having nine (23.7%) mentions. Besides that, the family, neighbors, lectures for elders and knowing the rights before the age of 60 were all mentioned twice (5.3%). One (2.6%) learned his/her rights through a bank agency advertising. One (2.6%) worked at the Elderly Council and one (2.6%) made voluntary work with elders at a clinic and learned his/her rights at that place.

From the 42 elderly people who answered positively to the question on knowing the elderly people's rights, it was also asked if they believed that those rights were respected. Thirty-six (85.7%) of them answered the question. From the 36, nine (25.0%) believed the rights are respected, 16 (44.4%) believed they are partially respected and 11 (30.6%) believed they are not respected.

To assess if their age, education and income affect the elders' beliefs and if their rights are respected, it was compared the mean, standard deviation, and median scores, as well as the highest and the lowest scores in these variables with the obtained answers. In the variable age, the scores resembled in the three groups (72.55 years old, 74.44 and 73.44 years old), with $p=0.762$. Regarding the education, those who believed their rights are not respected presented the average education level lower than the other ones, with $p=0.122$. The average income was also lower in the group that responded believing that their rights are disrespected (R\$ 724,44 \pm 407,51), although the standard deviation is wider than those who answered their rights are respected (R\$ 738,33 \pm 361,20), with $p=0.270$. Statistic analysis did not show significant changes among the groups, however.

Regarding to the 11 elderly people who responded that their rights are not respected and the ones that said their rights are partially respected, which makes up the total of 27 (64.3%) elderly people, it was asked why they had that opinion. Six of them (22.2%) did not know how to explain and among the 21 remaining ones, 15 (55.6%) said people lack respect, mainly in relation to the elderly population. Two (7.4%) reported lack of attention toward the elderly population. The other answers were mentioned one time (3,7%) each: lack of involvement from the elderly people themselves, some elderly people who had not received their retirement yet, caretakers who did not receive proper orientation and banks that charged fees to the elderly clients.

According to respondents, the lack of respect toward the elderly people involves mainly bus drivers and young people. It was also mentioned by the respondents the issue related to the disrespect in the public transportation. They added that while getting on the bus, many drivers did not wait for the elderly people to get seated in order for them to start the vehicle, causing imbalance, falls and injuries to the elderly passengers. Some elders referred that when the young ones don't offer their seats, elders have to do it in order to

accommodate a person even older.

DISCUSSION

Considering the law diversity in Brazil, the elderly people have their rights guaranteed. The laws exist. They are enacted and need to be executed. However, elderly people must know their rights in order to be able to participate actively in the defense of their own cause.

Knowledge of elderly people's rights

The majority of the elderly people reported knowing their rights or some of them. The most known rights are related to transportation and priority in attendance.

Rights related to transportation

The gratuity in the urban public transportation is guaranteed to the ones 65 or older by FC and ES. However, ES allows the local legislation criteria to adjust the gratuity conditions for people in the age range of 60 to 65 years⁽⁵⁻⁶⁾.

This is the case of Sao Paulo city, which offers free urban public transportation to women age of 60 or older. Gratuity is assured for bus lines operated by the Municipal Company of Public Transportation and private companies licensed to provide public transportation in the municipal district⁽⁹⁾.

Some of the complaints from the elderly people were related to means of public transportation. The privilege of "fare gratuity" is ensured by law, but many times it becomes humiliation and discrimination, affecting the condition of the elderly citizen. Other complaints refer to the long waiting time at the bus stops and abrupt start by drivers in the vehicle without waiting for the elderly people to be accommodated in their seats. The abrupt start causes falls, bruises and injuries in the elderly user. These drivers' acts must be seen as acts of violence or harmful negligence and those motorists must be pointed out and reprimanded, so there is a possibility of changes⁽¹⁰⁾.

The access to the public transportation as a right means the practicality of the citizenship condition, mainly among the elderly people⁽¹¹⁾.

In relation to the priority seats, it is determined by law that all "public transportation companies and utilities of public transportation reserve seats identified accordingly to the elderly users..."⁽¹²⁾. The ES complements this law, requiring the reserved seats to be 10% of all seats in the vehicle⁽⁵⁾.

Regarding the interstate fare, the ES states that two special seats should be reserved for elderly people who prove income of two minimum salaries or lower by vehicle or at least a discount of 50% in the fare rate for the elderly people who exceed those seats⁽⁵⁾. This right makes it possible the elderly people to tie their family

bounds and keep the social life, as they will be able to visit relatives living in other states of the country. Among the elderly people who mentioned the right to an interstate ticket, some said they had already tried to get freely the tickets to embark but they couldn't. Other ones were benefited. One respondent said he went to Minas Gerais to visit his family and felt well after having his right respected.

Priority in attendance

The priority attendance is guaranteed to all "disabled people, people 60 years or older, pregnant women and people carrying a child on their lap"⁽¹²⁾.

ES ensures the elderly people with absolute priority the effectiveness of the elementary rights inherent to the human being⁽⁵⁾. The ensured priority is not only on lines. The right is ample, certifying preference on the formulation of policies, allocation of financial resources for its implementation, qualification of human resources to attend the elderly people, guarantee of access to the programs up to the attendance. The latter must be tailored, immediate and always giving preference to the elderly people.

Attending with priority involves more than just obeying what laws and codes propose. It is not that simple to decide who really must have preference. Decision cannot be made only based on the laws, also because the laws contradict each other: the FC and the Child and Adolescent Statute say it's the duty of the family, community, society in general and the public sector to assure the children and adolescents with absolute priority the effectiveness of their rights^(6,13). On the other hand, it is mentioned in the Elderly Statute that it's the duty of the family, community, society, and the public sector to ensure the elderly people with absolute priority the effectiveness of their rights⁽⁵⁾. The composition of the FC and the other 2 laws, despite changing some words, are the same in meaning. They just give priority to different population targets. In some situations, one law will be transgressed in order to respect another one.

In the health field, for instance, in the daily life there is no way to escape from making decisions that involves giving priority in attendance among people seeking for scarce resources. Choices must be made respecting human dignity. They should not be discriminatory due to ethnicity, gender, age or socioeconomic condition. It must not increase social exclusion present in the Brazilian society⁽¹⁴⁾.

Right to health

The FC places health as a right for all citizens and a duty of the State. To attend this right, it is determined that actions and health public services offer integral attendance and give preventive actions priority, without damaging the curative and treatment ones. Care also must be delivered through a unique, hierarchic regional

decentralized system⁽⁵⁾. For doing so, it was created the “Sistema Único de Saúde” (Unique Health System), whose ideological principles are the universality in access, equality in attendance, equity in resource distribution and preservation of autonomy⁽¹⁵⁾.

In order to assist the health service users and, particularly the elderly people who seek for attendance, the professional must act with the intention of doing good to the assisted one, trying never to cause any harm, delivering to all an optimum treatment within the possibilities of each service, and respect the assisted one's wish.

Fundamental rights

ES states that the fundamental rights inherent to the human person are guaranteed to the elderly citizens. These are the rights: to life, health, feeding, education, culture, sport, leisure, work, citizenship, freedom, dignity, respect and family and community togetherness. Those rights are also contemplated by the FC^(5,6).

Regarding the right to respect, the ES gives its definition, explaining that “it consists of inviolability of physical, psychic and moral integrity, involving the preservation of image, identity, autonomy, values, ideas and beliefs, spaces and personal objects”⁽⁵⁾. The person will be respected when he/she can fully exert his/her freedom. The right to freedom, in its turn, involves the faculty of coming and going, being able to express their opinion, expressing their beliefs, having fun, participating in the family, community and political life, besides being able to seek for shelter, help and guidance whenever they need it⁽⁵⁾.

Having their own income is one of the main social instruments of protection for the elderly people. It is by it the elderly people will meet their daily needs, keep their independence and guarantee access to other rights, such as food. The ES states that if “the elderly people or their family members can't afford providing their own livelihood, the Public Sector must guarantee this provision in the social care scope”⁽⁵⁾. The best way to provide subsistence to the elderly people is by making sure that they don't depend on the other people for such a simple activity as feeding, that is, they have enough income to live worthily.

The way in which elderly people learned their rights

Mass media was the most mentioned way to transmit

to the elderly people the knowledge about their rights. Television is present in most Brazilian households. It is an instrument to spread information, culture and leisure for people of all ages. It makes it possible for news to be broadcast in real time and it is accessible to all social classes.

The Elderly Person's Manual is a service guide prepared by SMADS of Sao Paulo city, in which has information about the process of aging, the policies on elderly people protection, the services offered by the town hall of Sao Paulo municipal city on the defense of elder's rights and even on health, culture and leisure. It also informs ways of contacting and accessing public utility institutions.

The ELC, besides offering the interaction of this population, are information and guidance centers for the elderly people. The educational role of the ELC is unquestionable. They widen the elderly people's access to social resources, besides influencing positively on self-esteem and providing information exchange.

Respect to elderly people laws

The disrespect regarding the elderly people occur mostly in the public transportation and involves mainly young people and bus drivers, which confirms what is evidenced in the literature⁽¹⁰⁾.

CONCLUSION

Half of the 63 elderly people interviewed reported knowing their rights, in which the most familiar ones were gratuitousness in public transportation and priority attendance. The elderly people's knowledge about their rights is regardless of age, income, education, and it is more related to the elderly person's social insertion.

The rights related to transportation, such as gratuitousness, the existence of preferential seats and the rights to interstate ticket are some of the most familiar ones among the elderly people. Most of the complaints in this segment refer to the disrespectful behavior from drivers, fare collectors and young users.

The elderly people are disrespected when barriers on the access of their rights are made, such as high steps in the buses, large spaces between trains and platforms, long waiting time in lines without giving priority to elderly people's attendance and the lack of consideration towards the typical alteration of the aging process.

REFERENCES

1. Instituto Brasileiro de Geografia e Estatística (IBGE). Tabela 8.1 [Internet] 2005 [citado 2008 nov 08] [cerca de 2 p.]. Disponível em: ftp://ftp.ibge.gov.br/Indicadores_Sociais/Sintese_de_Indicadores_Sociais_2008/Tabelas/
2. Brasil. Ministério do Planejamento, Orçamento e Gestão. Instituto Brasileiro de Geografia e Estatística - IBGE. Diretoria de Pesquisas. Departamento de População e Indicadores Sociais. Perfil dos idosos responsáveis pelos domicílios no Brasil 2000. Rio de Janeiro: Instituto Brasileiro de Geografia e Estatística; 2002.

3. Brasil. Presidência da República. Casa Civil. Subchefia para Assuntos Jurídicos. Lei nº 8.842, de 4 de janeiro de 1994. Dispõe sobre a política nacional do idoso, cria o Conselho Nacional do Idoso e dá outras providências. Diário Oficial da União. Brasília (DF); 1994; 05 Jan. p. 77.
4. Brasil. Ministério da Saúde. Portaria nº 2.528 de 19 de outubro de 2006. Aprova a Política Nacional de Saúde da Pessoa Idosa. Diário Oficial da União. Brasília (DF); 2006; 20 Out. Seção 1, p. 142.
5. Brasil. Presidência da República. Casa Civil. Subchefia para Assuntos Jurídicos. Lei nº 10.741, de 1º de outubro de 2003. Dispõe sobre o Estatuto do Idoso e dá outras providências. Diário Oficial da União. Brasília (DF); 2003; 03 Out. Seção 1, p. 1.
6. Brasil. Constituição da República Federativa do Brasil de 1988. Brasília: Senado; 1988.
7. São Paulo (Estado). Lei Estadual nº 10.241, de 17 de março de 1999. Dispõe sobre os Direitos dos Usuários dos Serviços e das Ações de Saúde no Estado e dá outras providências. Diário Oficial do Estado de São Paulo. São Paulo; 1999; 18 Mar. p. 1.
8. Martins MS, Massarollo MCKB. Mudanças na assistência ao idoso após promulgação do Estatuto do Idoso segundo profissionais de hospital geriátrico. Rev Esc Enferm USP. 2008; 42(1):26-33.
9. São Paulo (Cidade). Lei nº 11.655, de 18 de outubro de 1994. Dispõe sobre a isenção de pagamento de passagem no transporte coletivo urbano de ônibus às mulheres com mais de 60 (sessenta) anos de idade [Internet]. São Paulo; 1994 [citado 2008 Nov 8] [cerca de 1 p.]. Disponível em: <http://www.senado.gov.br/web/conleg/Idoso/Municipal/SaoPaulo.html>.
10. Minayo MCS. Violência e maus-tratos contra a pessoa idosa: é possível prevenir e superar. In: Born T, organizadora. Cuidar melhor e evitar a violência: manual do cuidador da pessoa idosa. Brasília: Secretaria Especial dos Direitos Humanos; 2008. p. 38-45.
11. Scaravonatti FGC. O direito ao transporte da pessoa idosa como princípio da dignidade da pessoa humana: uma análise constitucional [dissertação]. Santa Cruz do Sul: Universidade de Santa Cruz do Sul; 2007.
12. Brasil. Presidência da República. Casa Civil. Subchefia para Assuntos Jurídicos. Lei nº 10.048, de 08 de novembro de 2000. Dá prioridade de atendimento às pessoas que especifica, e dá outras providências. Diário Oficial da União . Brasília (DF); 2000; 09 Nov. p. 1.
13. Brasil. Presidência da República. Casa Civil. Subchefia para Assuntos Jurídicos. Lei nº 8.069, de 13 de julho de 1990. Dispõe sobre o estatuto da criança e do adolescente e dá outras providências. Diário Oficial da União. Brasília (DF); 1990; 16 Jul. p. 13563.
14. Fortes PÁC. Selecionar quem deve viver: um estudo bioético sobre critérios sociais para microalocação de recursos em emergências médicas. Rev Assoc Med Bras (1992). 2002; 48(2):129-34.
15. Brasil. Presidência da República. Casa Civil. Subchefia para Assuntos Jurídicos. Lei nº 8080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Diário Oficial da União. Brasília (DF); 1990; 20 Set. p. 18055.