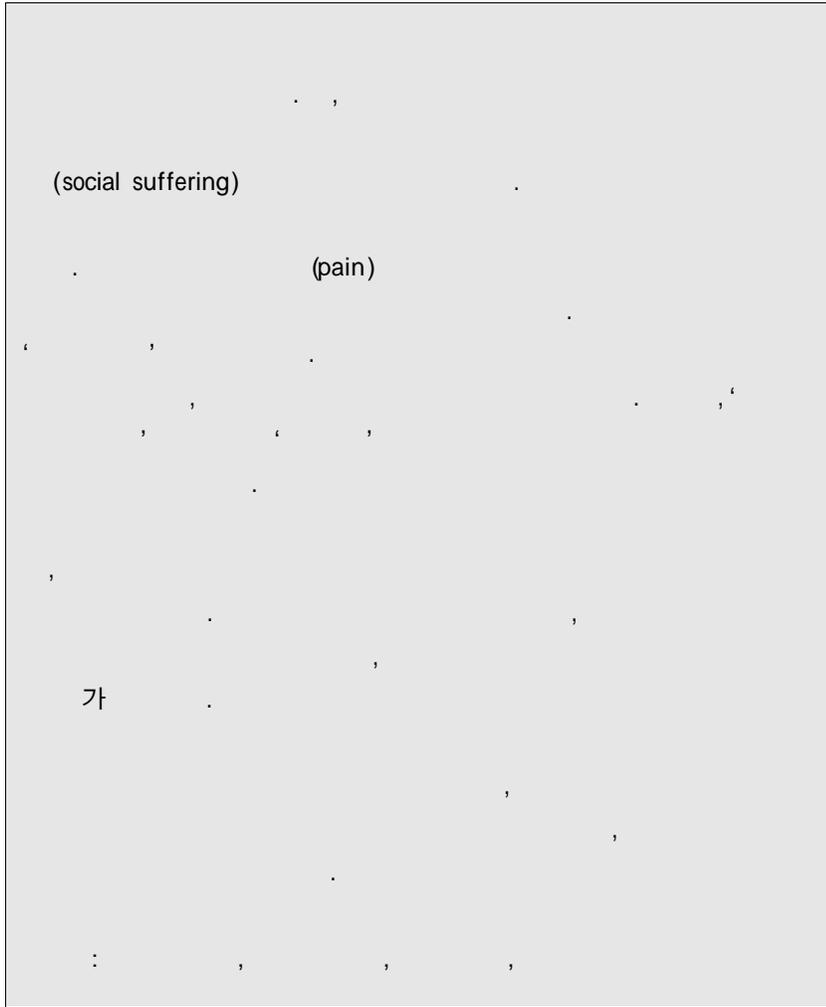

-

金喜敬



가
 가
 가
 (hot pack)
 . S
 40-
 60 가
 가
 가
 가
 가 72
 가
 가
 2.
 ,가

< 1> ,가

65~69	2	8
70~74	0	15
75~79	8	15
80	4	20
	11	12
	3	46
가	2	9
	6	10
	6	36
	0	3
()	14	58

70 가 가
 가
 80 70
 가 , 가
 가 가 가

가 가

3.

< 2> ()

(:)

	65 ~ 69	70 ~ 74	75 ~ 79	80	
()	2	6	10	11	29
	6	8	14	6	34
	0	1	1	2	4
	0	0	1	0	1
	2	0	0	4	6
	4	5	7	6	22
	0	0	1	2	3
	0	0	2	0	2
	0	0	1	0	1
	0	0	1	0	1
	1	1	2	1	5

가 가 , 가

가

2)

2) 1995 1 1998 12
 308,760 (33.2%), 247,380(26.6%), 146,010(15.7%),
 33,480(3.6%) (S 2003).

< 3> S

(:)

1~2	27
3~4	48
5	16
1~2	23
3~6	27
7	22
	72

3~4 , 5

4.

S

S

S

. 가

가 . S
(S , 2000)
(2000)

< 4> (:)

	12
	13
-	45
-	2
	72

< 5> (: ,)

	10	10~19	20~40	40~60	60
	10	31	17	5	9

72 가
12 . 12 가 6 70
“ ”
6 가 가 가
가
6

2
24

1.
Butler(1975) 가 , 가
(ageism) 가
(75)가 가
12 2 “ ,
?
가 가
40 , 50 가 가
가 .
(2002. 11. 15)
가

1989 S 60

가

300-500

1994 56 1

(S

1999).

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1998 IMF

6)

2000

(2002).

2002

365

7)

6) 『 』 1999. 8. 19

7) 365

A 3 , B 6

365

9

2

2001 11 15

60

65

16

가

8)

(長壽)

가 가

가

가

가

11

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2

8) 『 』 2001. 11. 16

Sanker(1984) ‘ (孝)’

가 가

(2001:144).

(-2002. 10. 23)

(78): “ 가

가 가

가가 ,

17

(66): “

: “

가

?

1,000

15

가

가

가

가

Goffman(1995:142 ~143) “

가

”

가

1. ‘

Cohen(1998:127 ~133)

(數)’

<

1-

>

(70)

“ 가 가

가

가

10

가.

.....

가

가

(2002. 10. 10)

< 2- >
(77)

, , , , , 가

가 . “ 25

가

? (2002. 11. 12)

S

가 2 가

S 가

“

, , , , ,

(follow up)

100 가 가

가

가

가

(care)가

.”

가

가

S

S

가

< (62) >

“

가

가

M

가

가

가

가가

.(2003. 1. 29)

Leslie(1992:203)

(medical pluralism)

“ ”

(韓醫學)

가

가

(

2001).

< (70) >
30 . “ 가 가
가 가 . 가 가
가 가 ?’ . 가 가
(2002. 11. 20)

가 , 가 ,
“ ” 가
1. (79)
“ 가
(2002. 11. 16)

9) 가 “ (2000: 289)

2. (65)
“ 가
(2002. 12. 4)
3. (74)
가 “ 가 ’
(2003. 1. 18)
“ ” “ ”
가 (84)
“ 가
가 가 , 가
가 가
가 가 ,
” , ‘ ,
가
(2000:123)
가 “ 가
” ,
가 가 .
(complementary medicine)

3.

(2001: 110)

가

가

가

가

S

가

가

가

가

가

가

가

가

(-2002. 12. 30)

(65)

가

:“ 가 40~50

가

가

:“

? 가

:“

?”

:“

가

가

:“

가

가

가

:“

1,500

1,500

?”

:“

S

S

가

365

¹⁰⁾ 365

가

(-2002. 9. 19)

81

(81)가

6

1

가

(87)

10)

< 7 >

: “ ? ”

1: “ , 가 ,

가 . ” ? ”

2: “ 가 . ”

1: “ 가 . ”
Arluke Peterson(1981)

가 가
가 De-Ortiz(1993: 124-125)
가

2000 가 가
가 , S 가

가
. S 2000 61,164 , 2001
52,510 , 2002 39,621 , 2000
가 (S , 2003).

11)

2001 가 가

“ , 가 . 가
.” 가

“ ”
가
Whyte(1992)

. S

11) 65 가 가 (2001) 가

(-2002. 11. 13)

가

(82)

8

?”

가

8

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?”

.52

.가

가

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가

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가

52

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가

가

가

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7

1,200

3,100

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“ ”

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가
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S

· 結 論

S

2003 4
300 가

2003 3 24 , 가 S
가

. 2003 가 가 가

¹²⁾ 2003 3

31 , S

가
(74)

가

“ 가 ?
가 가

가 가

, S

가
가
가 , 가

12) 『 2003. 1. 18

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- 『 』 『 』 『 』 『 』 『 』
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- 2- <http://www.nhici.or.kr> - .

Summary

The Sociocultural Dimensions of Medical Issues of Elderly: a case of closed free geriatric clinic

Kim Hee Kyoung

This is an attempt to give critical observation of sociocultural contexts concerning about medical issues of elderly. For this purpose, the writer has observed a free geriatric clinic that has been closed by government authorities. On the basis of this observation, it is pointed out that the social intervention and support ironically made old people 's sufferings exacerbated, based on opinions of elderly and a vindication of its concrete medical process.

A sick body is a matter of situation that affects the whole lives of old people. A free geriatric clinic was a field for alleviating low-income old patients ' pain and sufferings. Even in this field, however, truly ' becoming a patient '. The medical team adopted expedients, such as a control of prescription of drugs for arthritis, in order to give more medical services to their old patients. A free geriatric clinic which was not only a strict caring field but also a resting place for old patients was forced to close their business by the government authorities. This meant that the old patients lost an opportunity to be given one medical service which was helpful to lessening their sufferings. The old patients ' sufferings have still existed and the policy has exacerbated their sufferings.

This article has paid much attention to a variety of relationship involved in the process that old people changed from the sick to social weak stratum. This holistic viewpoints of a matter of body could provide broader and deeper visions for problems with old people. In addition, they could play a key role in solving them.