In recent decades, Brazil has been facing a process of the aging population and a model of singular, epidemiological transition. In addition, it is requiring technical and scientific expertise at all levels of health care, a project of political organization capable of including all of these phenomena interfaces and demands. Despite this is a significant victory for humanity, the increased life expectancy also causes complex problems for social and health areas because society needs to accept a contingent of people susceptible to chronic conditions. This happens in the situation of limited socio-economic situations, which contribute to increase the risk of social and physical dependence that older people are subject.

In many countries, the aging process happened in slow and gradual manners, allowing the organization on the provision of social services, social security and health. Nevertheless, in Brazil, this process has been developing rapidly, especially, since the beginning of this century, requiring greater efforts in planning policies, programs and actions related to the active and healthy aging of people.

This fact places the Nursing profession before the following concerning questions: What is the vision of Nursing about the elderly? How has the profession committed to the growing demand of elderly users in the health services? What are the efforts made to train nurses and nursing technicians of the health services in order to serve this clientele? How are the curricula being reorganized to train new professionals based on that reality?

The care for the frail elderly constitutes an unparalleled responsibility for Nursing because the precarious, current attention within the existing primary care has led to increased demand for urgent/emergency care and hospitalization. The Nursing is facing this event and performs its functions as the situation requires. However, it is the profession that questions and develops the political consciousness to engage in movements to envisage perspectives on life assistance and health of the elderly in an integrated, constant and even permanent way.

The precepts on Health Promotion advocate for strategies increase in order to develop the autonomy, improve living conditions and health, promote an active and healthy aging, integral and integrated health care for the elderly. Also, the encouragement of inter sectorial actions aiming at the assistance integral care, provision of resources to ensure health care quality for the elderly, the participation stimulation of and social control strengthening of social control, and ongoing training in the gerontological area.

One highlights here the importance of qualifications required to perform this job. It is necessary to consider the ethical issues that permeate the relationship between the elderly and his caregiver, issues of concern such as violence against the elderly, abuse and family abandonment. Beyond these concerns, one should remember that, in reality, the elderly is cared mainly by the family, whether nuclear or extended.

The family is a unity system of cultural values, in which personal relationships and exchange of affection can be presumed, forming an ideal that all or many aspire as a haven for the life experiences of its members. The Ministry of Health took over the value of the family unit in order to consider its access to the SUS (Unified Health System). The ESF (Family Health Program) effort implementation nationwide imposes the assistance to the families at their homes, opening vast and promising space for the Nursing. The reception of the elderly and its families at the health services are evident only if the elderly person, even with chronic illnesses or weakened due to advancing age, may remain supported in his needs. Enjoying with dignity the life quality and warmth of his family that in turn should be valued in its role as caregiver.

When mentioning the family’s role as caregiver, it is relevant to note that with changes in the family structure,
today, there is a lack of caregivers members. This leads the diminished families, but with financial resources, to hire an informal caregiver to care for the frail relative at home that is with some degree of dependence and requiring care. Although the final responsibility rests with the family.

The issue related to the occupational caregiver, with the intention of turning him into a professional, has been the solution found by the market and supported by other health professionals, government agencies and private entities, despite the nursing contribution in the organization of health services, in the country.

The political rights of the elderly, in Brazil, call for the creation of programs that optimize their potential in maintaining social lives, well-being and worthy living. These attitudes must be effectively addressed in the practice of Nursing, incorporating a broader view of what the elderly represents in society, their importance in human development, the perspective of citizenship construction and reconstruction.