Bhutan's Aging Population, Migration and Healthcare Challenges

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Introduction

As I drove to meet family friends, during a visit home in 2017, I noticed the roads and neighbourhoods I had known in Gelephu since childhood were long gone. Familiar landmarks had disappeared, replaced by larger buildings and newly carved access roads cutting through what were once forested areas. And, for the first time, I realised I was lost in my own small town.

Since 2020, I have had the privilege of volunteering with healthcare teams focused on developing palliative and end-of-life care in Bhutan. This experience has offered a unique perspective — both as a Bhutanese and as an international volunteer — on the country's rapid transformation.

Each return home reveals striking changes: Neighbourhoods have developed; towns have turned into cities; and entrepreneurship has flourished. Much of this accelerated growth can be attributed to the breakdown of Bhutan's digital divide in the 1990s. Digital access opened doors to ideas that reshaped society. It connected Bhutan to the world and invited the world into Bhutan.

Bhutan not only stepped into a new era of development; it raced ahead. And with it came the human aspirations for more opportunities, more progress and more change.

Demographic Dividend

Bhutan now stands at a demographic crossroads. The population is rapidly aging and, while this trend is not unique to Bhutan, the speed of its transition into an "aged society" is. By next year (2027), those aged 65+

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are expected to rise to 7.4 percent, meeting the United Nation's definition of an aging society (United Nations DESA, 2024). By 2047, this group is expected to reach 13.4 percent of the total population (National Statistics Bureau, 2025).

For Bhutan, the shift to an aging society is driven not solely by age but also by the large-scale migration of young Bhutanese abroad (United Nations DESA, 2024). However, unlike Asian countries such as Japan and South Korea, which have long grappled with population aging, Bhutan has yet to fully capitalise on its "demographic dividend" — the utilisation of a larger, productive working age population (16 – 65 years) to accelerate economic development. This narrow window is rapidly closing and the social, economic and cultural implications are profound.

Migration, Attrition and the Aging Challenge

Globally, post-pandemic trends show a resurgence of multi-generational households — defined as two or more adult generations living together — in countries like the United States, Canada, United Kingdom and Australia.

In the United States, the number of multi-generational families has quadrupled (Pew Research Center, 2022) primarily due to economic necessity and caregiving priorities for aging parents.

Bhutan, however, is moving in the opposite direction. An increasing number of young adults (aged 20 to 40) are leaving the country in search of better opportunities abroad, leaving elders behind; often caring for grandchildren while managing their own chronic health needs.

This migration of working adults has exposed vulnerabilities in Bhutan's healthcare system. According to a World Bank report (2025), 70 percent of all voluntary resignations were education and health professionals, many with over 10 to 15 years of experience. In 2025, the attrition rate of critically required health professionals was 11.25 percent (Economic Affairs Committee, 2025). Bhutan's health services continue to lose health professionals. It is estimated that in 2024-2025, 25 percent of nurses and 2.3 percent of doctors left their jobs.

For a small country like Bhutan, an attrition rate above 10 percent is considered a threat to service delivery stability. This high attrition rate to opportunities in the Australian labour market, has now earned Bhutan a place on the World Health Organisation's (WHO) Health Workforce Support and Safeguards List. Such losses directly affect service provision, limit access to care, and hinder long-term health sector development.

Mental Health: A Silent Crisis

As Bhutanese society undergoes rapid transformation, the erosion of family support and increasing economic strain have contributed to growing mental health issues among older adults. Data from the National Mental Health Strategy 1.0 (2025) indicate that anxiety and depression account for 55 percent of all mental health cases in Bhutan.

Global data indicates older individuals (age 70+) are at the highest risk for mental health issues due to social isolation, chronic illness and caregiver stress linked to lack of caregivers and caregiver support. Late-life depression and anxiety have been widely described as a "silent crisis" due to their high prevalence, under-recognition, and limited access to age-appropriate mental health services (WHO; Centres for Disease Control).

Erosion of Traditional Caregiving Structures

Bhutan's healthcare system has historically relied on a family-based care model, where medical professionals provide treatment while families manage daily non-medical needs. This model of partnership filled critical gaps in patient care.

However, this traditional model is eroding, creating gaps in long-term care and leaving the elderly without adequate support.

These challenges are further compounded by the absence of social structures to provide after care resources to meet the varying patient and caregiver needs in the community. Instead, there is a heavy reliance on government organisations to not only provide healthcare but also fill this gap for services such as long-term elder homes and access to geriatric care.

As a volunteer with palliative care teams, I have witnessed the helplessness of healthcare providers navigating these challenges with limited resources.

One illustrative case involved a 93-year-old chronically ill patient living with a younger sibling and his family. Initial assessments revealed clear signs of neglect, social isolation, poor hygiene, and inadequate caregiving. Despite repeated interventions by the palliative care team, these issues persisted.

The family openly expressed the burden of caring for the patient, frequently requesting alternative care options. However, community resources were unavailable, and existing facilities were at full capacity.

The healthcare team increased home visits and took on non-medical caregiving tasks to improve the patient's quality of life, yet systemic gaps remained unaddressed. The gaps include inadequate policies and laws to protect such patients, lack of facilities for patients living in unsafe conditions, and no resources to support caregivers financially or psychosocially.

With the migration of adult children, medical decision-making has increasingly shifted to elderly patients themselves. Traditionally, decisions — ranging from treatment options to end-of-life care — were guided by adult family members, often emphasising supportive care.

Today, in the absence of adult family caregivers, discussions about treatment choices and the balance between quality and quantity of life in chronic or terminal conditions have become far more complex. Without a reliable support system, elderly patients face a heightened risk of inadequate or delayed care.

The Way Forward?

In the absence of comprehensive legislation to protect older adults, the proposed National Policy for Senior Citizens is a welcome first step. However, this and future policies must move beyond aspirational statements and be supported by clear action plans and enforceable national laws that actively prevent elder abuse and discrimination.

Elderly care facilities have often been viewed through a narrow lens, perceived as contradictory to Bhutan's values of Gross National Happiness. This perspective overlooks a critical reality that many families are no longer able to provide the level of care their aging members require.

Rather than rejecting such facilities outright, the focus should be on developing models that are distinctly Bhutanese, that uphold traditional values of compassion, dignity, and intergenerational respect.

Some examples include community based models that support holistic wellness; providing resources for social and cultural activities; centres where youth and others can volunteer; where families can still be involved in their care but have caregiving support from professionals. However, there should be oversight of these facilities to ensure that there is no neglect or abuse or that the elderly are not just being dumped there.

When thoughtfully designed and closely regulated, these facilities can offer essential care and companionship, reduce social isolation, improve mental well-being and ensure dignity in life and at the end of it.

For Bhutanese healthcare to truly move towards patient-centred care, accountability must be strengthened. Celebrating the achievements of the health sector should not overshadow shortcomings like medical errors and systemic failures, such as taking responsibility for medical errors by being transparent with patients and their families, and taking corrective action when mistakes are made[2].

Transparency in healthcare practices, whether positive or negative, is essential for meaningful improvement. Given current constraints, Bhutan cannot rely solely on training specialists to address the rapidly growing demands of an aging population. Instead, services such as palliative, end-of-life, and geriatric care must be integrated into community-based healthcare, with every physician and nurse equipped to meet the diverse needs of older adults. Therefore, medical and nursing education must evolve to reflect the country's changing demographic and healthcare needs.

Finally, it is time to reduce over-reliance on government to address every social challenge. Private organisations and stakeholders must play a more

2 Based on personal experience in the hospital

active role in providing sustained support to non-governmental and social agencies that are already struggling to meet the expanding needs of their communities.

On one of the rounds made by a Palliative Care team at the Thimphu hospital, we met a young 22-year-old nun from Bumthang. She was in the hospital on a break to care for her mother who was diagnosed with late-stage cervical cancer and was close to end-of-life. She was helped by her 18-year-old brother.

With no financial or family support, the hospital staff asked if the palliative team could help. Following an assessment, the team felt the family needed financial support. However, there are no resources that can assist families like these.

The Cancer society was approached to see if they could help. The society was able to provide the family with about Nu.2,500. We have so many of these cases and the only place we can refer them to is the Cancer Society or the Kidu guest house which are overburdened and strapped for resources.

Bhutan's rapid demographic transition—driven by mass migration and attrition within the healthcare workforce—is reshaping the nation's social and economic landscape. As traditional family-based care models change, older adults face growing vulnerability, and the healthcare system comes under increasing strain. Yet Bhutan's history demonstrates that timely, decisive action can transform structural challenges into opportunities, ensuring that aging with dignity becomes a national priority rather than an emerging crisis.

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