Contemporary Issue

Ethical Issues in Old Age

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Demographic Data

The twenty-first century is often called the age of ageing. Since 1950, the proportion of the world's population aged 60 and over has changed from one in thirteen to one in ten, with some developing countries ageing faster than developed countries. Marked differences exist between regions. In Europe one of five is aged 60 and over as compared to one of twenty in Africa. According to the United Nations Population Division, one of every ten persons is now aged 60 and over. It is projected that by the year 2050 this figure will increase to one of five and by 2150 it will be one out of three. The older population itself is ageing. Currently octogenarians constitute 11 percent of the world's older population. By 2050, 27 percent of the older population will be over 80 years and over.

These demographic trends which every country is undergoing are having significant social, economic and political effects on society and on its institutions such as the family, the labour force, social and health services, etc. The impact of the world's ageing population growth on the socio-economic policies and the culture of societies is already presenting difficulties to governments. Moreover, as a result of the radical social and cultural changes that are taking place throughout the world in recent years, such as industrialisation, urbanisation and modernisation, the stability of society has been shaken in many countries and the scale of values altered. Furthermore, traditional approaches which used to meet the needs of the older citizens are undergoing change.

Population ageing poses unique challenges to every society. Unlike other population variables, such as fertility and mortality, which to a considerable extent can be influenced by government policies and interventions, the process of population ageing is neither amenable to change nor easily modified. Consequently, the attention of every government is to be aimed not on whether it can change the basic process of population ageing, but rather to the very issues that arise from this process.

A very important consequence of population ageing is the ethical issues which arise from such a phenomenon.

A lot has been said and written on the rights of older persons. There exist various international instruments relating directly or indirectly to the quality of life of older persons.[1, 2, 3] Reference can be made to:

1. The Vienna International Plan of Action on Aging
2. The United Nations Principles for Older Persons adopted by the UN General Assembly (resolution 46/91) on 16 December 1991
3. The European Convention on Human Rights
4. The European Social Charter
5. The Convention on Human Rights and Biomedicine (entered into force on 1 December 1999)
6. The EU Declaration of Principles (adopted on 8 December 1993 to mark the end of the European Year of Older Persons)
7. The Macau Declaration and Plan of Action on Ageing for Asia and the Pacific (October 1998)
8. The Copenhagen Declaration and Programme of Action (March 1995)

Compared to this, however, there is hardly any literature or international documents dealing with ethical issues in old age. Thus for example out of the 549 sessions of the 17th World Congress of the International Association of Gerontology held in Vancouver, July 1-6, 2001, only two sessions dealt with ethical issues in old age.[4] Moreover, one has to be careful not to restrict ethical issues only to moral, medical and legal issues. A number of controversial

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issues which need to be dealt with include, amongst others, the social, psychological, economic and situations in which older persons are living. The French philosopher V.Jankelevitch distinguishes two facets in ethical issues: an ethics of decision and an ethics of interval. The ethics of decision concerns particular situations for example the end of life, the choice of para-clinic investigations and treatments, and the ethics of interval deals with day to day living.

This article aims at highlighting some of these controversial issues. The issues raised are neither conclusive nor exhaustive but are intended to provide a basis for discussion.

Revolution in longevity / quality of life

The world of the twenty-first century is experiencing an extraordinary revolution in longevity. During the last five decades we have on average gained almost 25 years in our life expectancy. In spite of this, however, we must admit that there has not been a true democratisation of longevity. It is a fact that whiles the world, especially the Western world has succeeded in adding years to life, it has not yet succeeded in adding life to years. One of the paradoxes of the process of socio-economic development of the twentieth century is that while, on the one hand, the remarkable advances in medical science and technology have made it possible to prolong life, although at exorbitant costs, one the other hand, the provision of these very resources remains a major economic and social issue both for individual families caring for older members and also for every society at large.

Healthy ageing must not be considered only from the medical point of view but must be fully integrated into an overall holistic approach. Good health does not merely mean the absence of disease and infirmity but takes into consideration the totality of the individual. The health and happiness of older persons is dependant upon social, economical, emotional, and psychological factors as well as the purely clinical aspects of physical and mental health. A person cannot feel healthy unless he is socially accepted by society.

Issues related to ageing are multi-disciplinary covering such sectors as health care; education and cultural activities; housing and the environment; social assistance and family protection; recreation and rehabilitation; pension and invalidity insurance.

Medical Issues

With the rapid technological advancement in ageing and the increasing potential for continuation of life, medicine must increasingly move outside itself to solve the dilemmas and issues it presents. With advancing age, pathological conditions tend to increase. Older persons are those most likely to have some form of ailment or disability. Persons in the eighty and over age group are at higher risks to long-term illnesses and disabling conditions than other members in society. These gradually limit the older person's ability to autonomy. In the health sector services for older persons will have to be aimed at problems of malnutrition, diseases of a chronic and degenerative nature, as well as the environmental hazards including AIDS. These targets vary according to regions and countries.

Among the characteristic properties of illness in old age which have implications for health services one finds: a relatively high incidence of complications of disease, multiple pathology, non-specific presentation of disease, rapid deterioration if untreated, need for rehabilitation, and an urgent need of minimizing environmental challenges. The appropriate response for health and social services must integrate holistic diagnosis and assessment with systems for treatment and rehabilitation. The non-achievement of such standards would result in dire consequences including unnecessary suffering and prolonged dependence among the older population involved. The promotion and implementation of low-cost and prevention-based initiatives to maintain good health are considered essential to enhance the well-being of older persons.

Abuse

Ethical issues in practice related to older abuse are a growing area of concern. We need to better understand all the difficulties that they are facing in their practice. These difficulties are often much more subtle than basic knowledge. They are related to ways that practitioners are able to identify confrontation and dilemmas between their personal values, their professional values, the values of the service in which they practice and the values of the client.

Rationing health care

The issue of age discrimination not only takes many forms but also occurs in various sectors of life.

Thus for example with health care costs rising faster than productivity, certain countries have started harbouring the idea of rationing health care on the basis of age. The British experience tried in England on an informal basis during the 1980s, provides a harrowing illustration of the effects of rationing health care on the basis of age.[5] It is often pointed out that, with the increase in the number of older persons especially the "old old", the aggregate cost of meeting their medical needs becomes bigger. A number of health insurance agencies in Europe not only require that older people pay significantly higher premiums but prevent them from applying for an additional premium. Aware that the increased emphasis of health care of older persons will result in significant budgetary commitments, the evolvement of more innovative options in financing health care is essential.

Medications

Older persons are a special group of consumers requiring specialised goods and services. It is essential to ensure that the rights of older persons as consumers are recognised and safeguarded. Given the high degree and wide variety of morbidity, older persons are the highest consumers of medications. The safe use of these medications is of the utmost importance. The Vienna International Plan of Action on Aging in Recommendation 18 clearly charges governments to "encourage the safe use of medications, household chemicals and other products by requiring manufacturers to indicate necessary warnings and instructions for use." and to "Facilitate the availability of medications, hearing aids, dentures, glasses and other prosthetics to the elderly so that they can prolong their activities and independence".[1]

End-of-Life Treatment

Many ethical dilemmas are experienced by practitioners. In their professional judgement and actions, they are encouraged or discouraged by the support they receive from their institution as well as their possibility to share a certain number of values with their clients. A number of countries are directly or indirectly considering limiting end-of-life treatment to older persons. Euthanasia under the guise of mercy killing is no longer as anathema as it used to be. There exist different answers to the question of whether an older person in extremely painful straits can put an end to his own suffering. There is general agreement that others never have the right to kill a human being simply because they judge that his/her life is no longer worth living.[6] There is a division of opinion as to whether age is a fair criterion or not for deciding on the provision, or otherwise, of health care.[7] Some argue that, when resources are scarce it is fair to prefer persons with a longer life expectancy and greater contribution to give to society. Others simply do not agree.[8] Grimley Evans J. strongly remarked that it is unethical to use age as a criterion for depriving people of health care from which they could benefit.[9]

Empowerment and Consent

Capacity for autonomous decision-making is regarded as the basis of human dignity. In this respect a primary moral difficulty is the preservation of respect for such dignity when there is a declining capacity for autonomous decision-making. Take into account the ethical and legal dilemmas which may arise in the care of older people with dementia. It is estimated that 18 million people worldwide have dementia. This figure is projected to increase to 34 million by 2025. There are situations in daily geriatric practice in which subtle aspects of the ethics of autonomy are ignored unwittingly or even with good intentions. Obtaining consent from a demented patient's participation in a research trial may sometimes border on ethical inappropriateness especially if he is partially competent. Persons with dementia in long-term care facilities are not uncommonly restrained physically and/or pharmacologically. Pharmacologically psychotropic drugs are commonly administered. Physically, bed rails, geri-chairs, lap belts and wheel chair trays are most often used. This is often justified because of staff restraints. A number of judgemental issues demand careful situational diagnosis often with multi-disciplinary consultation, and good communication skills with all parties concerned.

Social Issues

Social Policy

In social policy, questions about equity are among the core ethical issues. Answers to questions of what is "right" and "wrong" are not given, but based on first principles, whether explicit or not. They can derive from a specific philosophical or religious system, from tradition and practice, or from self-interest. The ethical dimension of decisions made by policy makers or practitioners is not always recognised. On the other hand, arguments sometimes purport to be based on moral values where in fact the exhortation of "morals" merely serves as a political instrument.

Family

Traditional approaches which used to meet the needs of older members of society are changing. The traditional role of the family in the care and support of older members especially those who are frail is being subjected to severe economic, social, and psychological difficulties and is being seriously threatened. Moreover the family is changing in structure, size and function. The migration of the young is not only affecting the older family members who are left behind but also those who at an older age are exposed to the urban radically different life-style. One must not forget the growing number of socially isolated needy older widows and those facing crowded living conditions in cities. Caring for older persons presents a wide gamut of ethical issues. Role reversal presents ethical pitfalls because children as caregivers are invested with a certain authority in dealing with their parents affairs. This sometimes extends to placement of the parent in a residential facility, ostensibly with his agreement, but often against his will. Intergenerational relationships in cultures increasingly influenced by the phenomenon of "job culture" is inevitably be coloured by ambivalent feelings. Ambivalence is experienced by older persons receiving support and care from younger family members focused on a discourse on burden and loss of independence. Family members providing regular care and support to older family members are more likely to experience ambivalent feelings about notions of duty set against increasingly complex and diverse roles and responsibilities.

Inter- & intra-generational equity

Changes in the population balance and the trend towards increasing individualism are challenging the social contract between generations. Equity considerations are among the central issues in this process where the interests of the younger generations are contrasted to those of the older. While the challenge is more or less common to all countries, there is substantial variation in how different countries are responding. Very often the key issues in social policy affecting older people are less to do with inter-generational equity, and more to do with distribution of resources between different social groups across societies as a whole.

Abuse and Neglect

Over the last 5 to 10 years, countries worldwide have been exposed to emerging literature around the phenomena of abuse and neglect of older persons. However, it is clear that different countries socially construct social problems in different ways. It is projected that the problem of older abuse worldwide will increase. Two general explanations for this phenomenon have been cited, namely inappropriate caregivers and care-giving burden. Lack of appropriate support and resources, inadequate training, and lack of sensitivity among service providers are among the factors which are creating further potential risk, re-victimisation, and compromising the health of older persons. Elder abuse takes many forms. Moreover, some older persons are more vulnerable to maltreatment and self neglect than are others. Personal, situational, environmental, or cultural characteristics increase their vulnerability, making abuse or neglect more likely to happen, especially repeated or chronic abuse and neglect.

Ageism

By a healthy longevity we also mean a sustained longevity. It is an undeniable fact that poverty and disease are the main opponents of longevity. However, equally if not more destructive are passivity and the feeling of oneself as a parasite. Ageism and age discrimination are very insidious concepts. They are terms which are not only prejudice-laden, but they degrade. In the urbanised West, notwithstanding the huge sums of money being spent on the care of the older members of our societies, the phenomenon of ageing, a natural process, has been transformed into the problem of ageing. A problem which is mainly an economic problem whereby older persons are seen as a burden since with advancing age, one normally, becomes less productive. Older persons are often viewed as making excessive demands on government expenditure.[10] The media's portrayal of older persons is highly ageistic. It often trivialises ageing issues, patronising older persons as "old, helpless and grey". It often fails to differentiate between the frail older persons, a relative minority, and those who lead their lives independently. Unfavourable images of older persons often appear in journals, brochures and newspapers. There is a growing image of older persons becoming increasingly isolated, underprivileged, and living on the margins of subsistence, with living conditions no longer secured by deep-rooted socio-cultural norms. A positive image of older persons needs urgently to be promoted eradicating all negative stereotypes and attitudes leading to the segregation of older persons. Ageing is an opportunity to create a healthier and more active population of older persons.

Autonomy & Empowerment

Older persons must be enabled to participate in society to the greatest extent possible. They want an increasing say in their lives. They want to be empowered to lead their own lives and to solve their own problems. The attitude of older age being a problem to society must not only be challenged but it must be eliminated. Older persons must be enabled to participate in society to the greatest extent possible. Ageing is a process. Consequently, older persons should be seen as equal citizens of every society sharing the same rights like other citizens. All forms of discrimination based on age need to be eradicated. Older persons want an increasing say in their lives. They want to be empowered to solve their own problems and difficulties. However, if they are to participate fully in society, they require independence, an adequate income, suitable housing, good health, adequate services and scope for participation in work, in education and in society. The control of the lives of older persons should not be left solely to health, social service and other caring personnel, since older persons themselves usually know best what is needed and how it should be carried out[1]

Housing & Environment

Housing for older persons means more than shelter. It has physical, psychological and social significance. Adequate living accommodation and agreeable physical surroundings are necessary for the well-being of all. This is the more so for old persons.[1]

Institutionalisation

In the past, a number of governments were more preoccupied with meeting the "humanitarian" issues of older persons especially the frail "old old". They contemplated a system of acre which was to a large extent restricted to medical care and physical comfort. The result of this approach was the institutionalisation of older persons. Such a strategy resulted not only in relegating the older persons to passive observers but worse still in emarginalising them from society, uprooting them from their environment to which they were deeply attached. Changes in long-term care appear to be not so much hindered by a lack of insight into how choices should be made in theory as uncertainty as to how choices could be made in practice. Changing social values "from family care to institutional care" expedite the disclosure hidden problems such as abuse of older persons. Day Centres for disabled or demented older persons contribute a lot to improved quality of life for patient and caregiver alike. The former is often reluctant to be taken to the facility. The professional might have to exercise some compulsion, especially if the dependency causes significant disturbance at home but should not coerce.

Another area open to ethic transgression is application of physical restraints or administration of tranquillisers in a nursing home or day center for easier management of the patient. It is essential to constantly examine the links between the quality of life and the quality of care in institutions, residential homes, and day centers for older persons.

Women

Demographers often refer to the phenomenon of population ageing as a female phenomenon. The faster increased longevity for females is responsible not only for the fact that, in the oldest age groups, females are much more numerous than males, but also for the fact that the gap in the sex ratio widens further. 55 percent of the world's older persons are women. Among those who are 80 years and over, 65 percent are women. Women are often considered to be at risk. The risk rises with advancing age. Older women are generally more vulnerable than older men. Older women are those most likely to be widowed, living alone and to have a lesser number of supportive relatives. The number of frail older persons who make a more frequent appeal to health and social services is increasing at a faster rate among women. Institutions and old people's homes and nursing homes are mainly occupied by women. In number of countries, majority of older women when younger were denied equal access with men to opportunities for personal growth and social development in a number of ways. Consequently a good percentage of older women lack the personal resources with which to cope with the changing socio-economic conditions. The social and economic problems of older women become even more pronounced and acute because of gender stereotyping and discrimination. This often increases as one grows older.

Economic Issues

More than 60 percent of the world's older population lives in developing countries. This figure is projected to further rise to almost 75 percent within the coming 25 years. Population ageing in these

countries is occurring at a much faster rate than in the developed world. Moreover, the majority of older persons in these countries are found in rural and remote areas where resources are scarce. There is a lack of services and programmes, especially in the areas of health, housing and social welfare. In a number of these countries, a large share of the older population is living at subsistence level. Developing nations will undergo more rapid and dramatic transitions in their aging of populations. In the majority of these countries meeting the challenges and needs of older persons are not seen as a priority. Furthermore they are not in a position to do so. Older persons are often described in terms of "cost factors". They are portrayed as requiring more and more help which neither the family, nor the state is able to afford. Many of the social policies and programmes in various countries are based on the assumption that "society has a major responsibility to provide basic social welfare and support for all persons"[11] The pressing needs and demands of the older population are often viewed from the country's economic point of view, and as a result older persons are at best seen as a tolerated burden.[12]

Economic Security

In a number of countries social insurance programmes have not been so successful as one would have expected. In actual fact the experience has been so awful that governments and people are looking for alternatives. In almost all developing countries the majority are not covered. "What often happens is that a minority of the population is covered against all risks, while the majority has no protection at all".[13] Social security programmes where they exist, are plagued with very serious administrative mismanagement and funding irregularities. Furthermore, not only have the benefits been inadequate and unevenly distributed but the accumulated pension reserves and benefits have been wiped out by inflation. The rising costs of these programmes have created a "fiscal drag" on a number of ailing government budgets as their countries seek to promote development. In the majority of the Member States within the European Union, the affordability of public pensions is being seriously questioned. According to a report published in 1993 by the United Nations Economic Commission for Europe and the United Nations Population Fund, the older population would prove an even greater economic burden if Western nations tried to maintain existing standards of social and health care.

Dependency Ratio

The fact that the proportion of older persons in the population is increasing, suggests that the burden on the economically productive age group is also increasing. The latter are already being required to support an ever-increasing cohort of older persons especially the "old old". Parallel to this, as a result of the continuous decrease in the birth rate, there is a decreasing number of persons of working age to provide for the services which older citizens need.

Sustainable Development

The World Assembly on Ageing and the Cairo International Conference on population and development correlated the population issue with social development. The older population, as a segment of the whole population, also shares a close bearing on social development. Sustained development cannot take place until and unless there is a proper balance between the social, economic and environmental factors and changes not only in the population growth distribution but more specifically in the population structure.

Conclusion

Respect for older persons has always been thought to be a common heritage of mankind. However, the grounds and forms of such respect tend to change according to place and time. Until recently, older persons were considered as the richest storehouses of knowledge. Rapid changes in technology and the spread of schooling have produced as one result, the deposition of older persons from their status as the repositories of total wisdom.

Ethics requires that human relations, even between generations, go beyond strict justice, in the sense of giving everyone his due, and express their awareness of the unity of mankind in concrete ways. Older persons should not only mete out to themselves or receive from family, society and international humanitarian institutions, just the means of subsistence, but also be enabled to exercise generosity and show magnanimity. Older persons are morally obliged to keep making the most productive use of their talents not only out of self-interest but also as their personal contribution to the common good of mankind. To do so, they must be given the necessary space at family, social and international levels.

On the one hand, older persons should assume responsibility for their own future not only for their own sakes, but also as an act of solidarity with the whole human community. Correlatively, for such an exercise to be possible, the intelligent collaboration of the State and of Civil Society with older persons themselves is necessary.

These particular obligations both of and towards older persons stem from the fact that all human beings share responsibility for the well-being of all other human beings wherever they may be, both now and in the future.

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