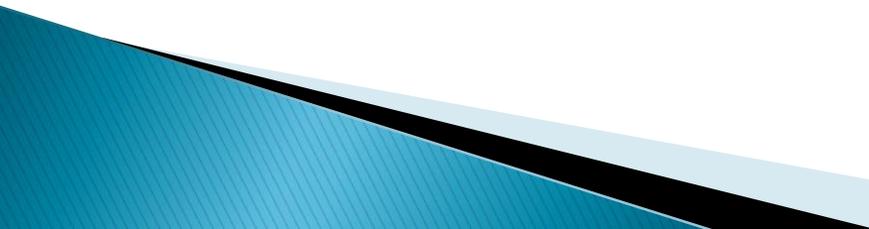


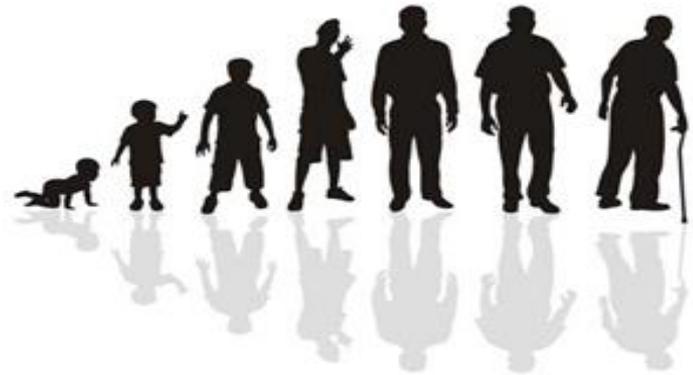
# Preserving Dignity in Later Life: The Life Stages Approach

International Workshop on Ageing:  
Intergenerational Justice and Elderly Care  
Chinese University of Hong Kong, April 28–29, 2017

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- I. What values matter most as people age?*
  - II. Autonomy? Dignity? Respect?*
  - III. What are the main threats to dignity for old people & how ought society respond?*
- 

# *What Values Matter Most as People Age?*



# Autonomy

- ▶ *Occupies a privileged place in the US & many Western nations*
- ▶ *Its significance may be waning as populations around the globe become increasingly*
  - Geriatric
  - Dependent
  - Vulnerable

# Autonomy

- ▶ *The ability to be self-governing*
  - ▶ *Presupposes the capacity to make a plan of life & carry it out*
  - ▶ *Old age presents obstacles to autonomous choice and action for many individuals*
- 

# Challenges to Autonomy

## *Dementia:*

*Doubles every 5 years after 65:*

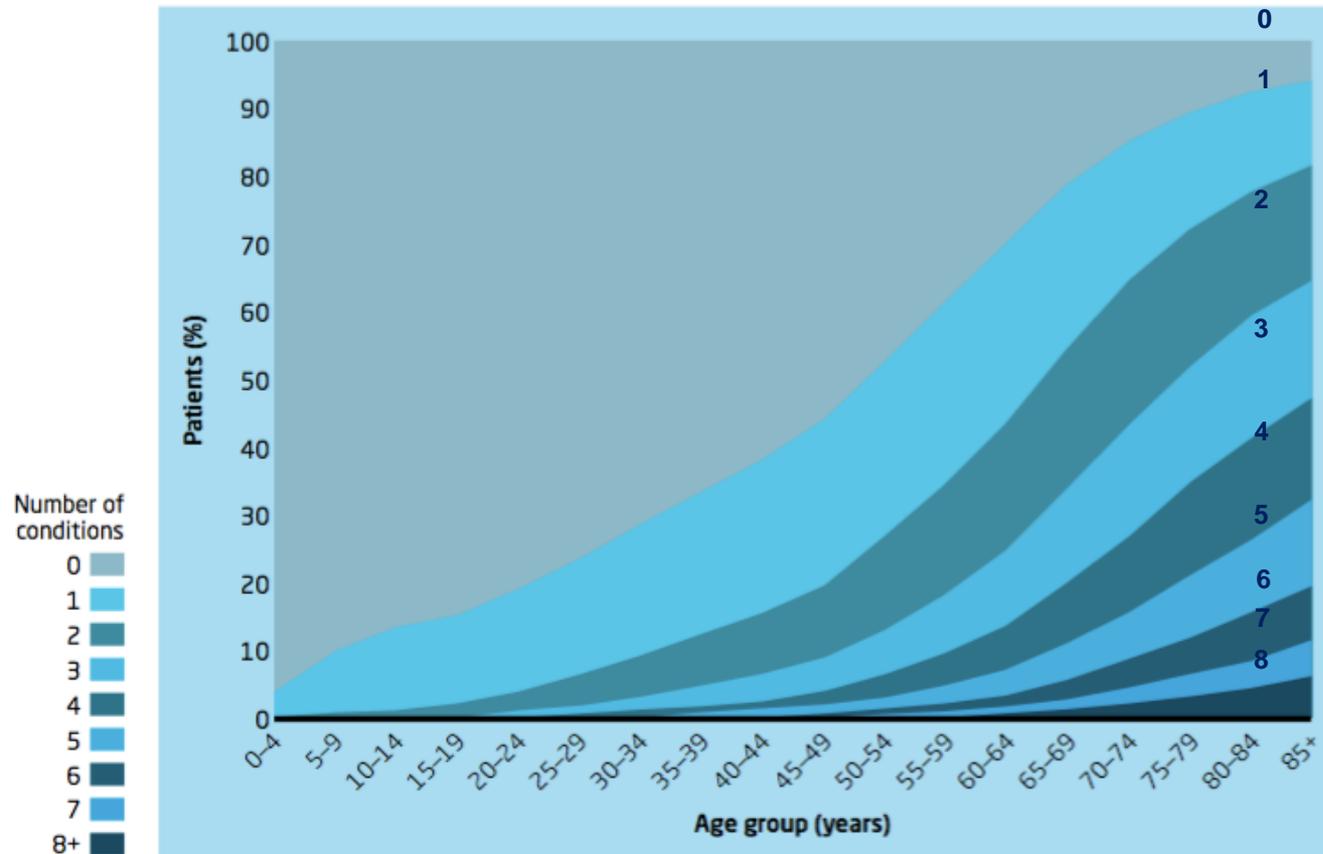
- *Affects <3% of 65–69*
- *Affects 30% of 85–89*

*<65 more likely than <65 to have:*

- *Stroke*
- *Heart disease*
- *Cancer*
- *Diabetes*
- *Depression*
- *Dementia*

# Challenges to Autonomy

Figure 5 Morbidity (number of chronic conditions) by age group



*Oliver, Foot, Humphries, Making Our health and care systems fit for an ageing population, 2014*

# Challenges to Autonomy

## *ADLs*

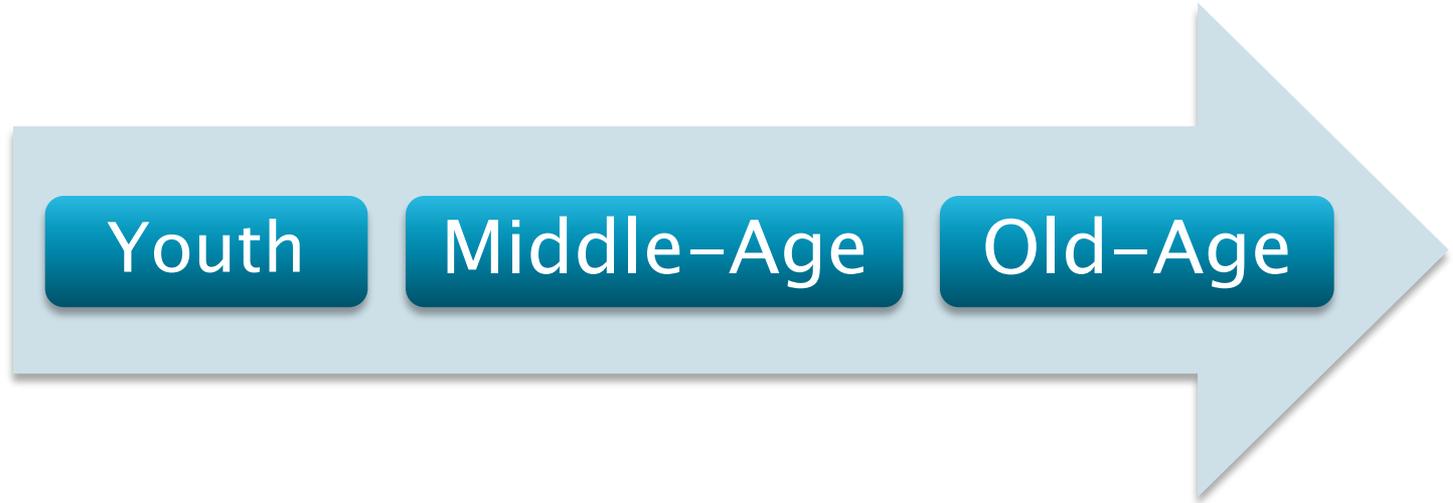
- *Toileting*
- *Eating*
- *Dressing*
- *Bating*
- *Grooming*
- *Getting out of bed*
- *Getting out of chair*
- *Walking*

## *IADLs*

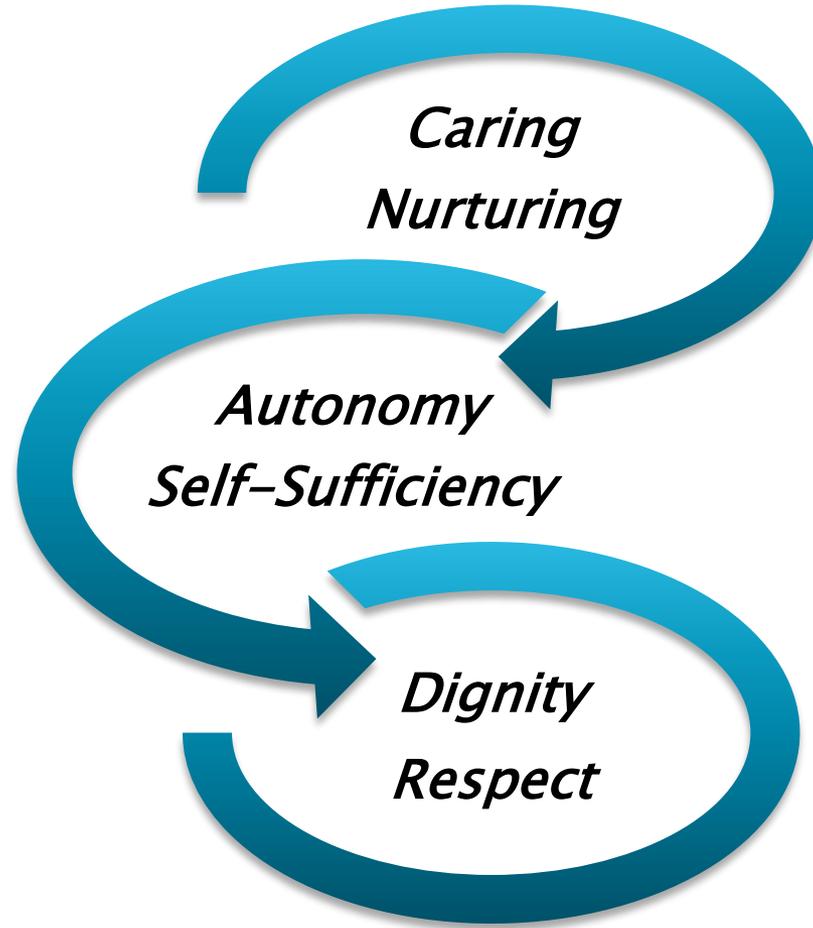
- *Shopping*
- *Meals*
- *Housekeeping*
- *Laundry*
- *Medications*
- *Phone calls*
- *Traveling*
- *Finances*

# Life Stage Framing

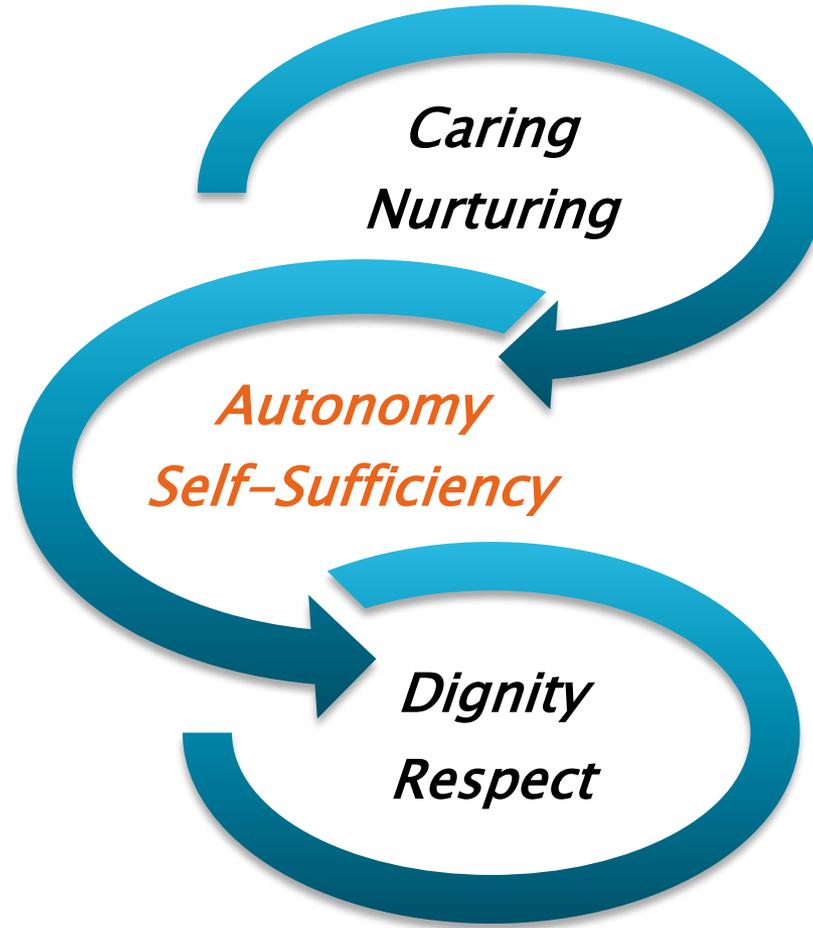
- Human life presents different normative challenges across the lifespan



# Life Stage-Relative Values



# Life Stage-Relative Values



# Life Stage-Relative Values



# ▶ *Dignity*



# ▶ *What is Dignity?*

- *From the Latin, “dignitas”*

The state or quality of being worthy of honor or respect

# 4 Parameters

## 1. *Source*

Metaphysical or Social

## 2. *Scope*

Universal or Partial

## 3. *Distribution*

Equal or Unequal

## 4. *Grip*

Contingent or Categorical

# 3 Views of Dignity

	Source	Scope	Distribution	Grip
Inherent Worth				
Moral Agency				
Species Integrity				

# 3 Views of Dignity

	Source	Scope	Distribution	Grip
Inherent Worth	Metaphysical <ul style="list-style-type: none"><li>• Religious</li><li>• Secular</li></ul>	Universal	Equal	Categorical

## *Concerns w/ IW:*

- Religious version unpersuasive to non-believers
- Secular version is speciest

# 3 Views of Dignity

	Source	Scope	Distribution	Grip
Inherent Worth	Metaphysical	Universal	Equal	Categorical
Moral Agency	Metaphysical	Limited <ul style="list-style-type: none"><li>• Infants</li><li>• PVS</li></ul>	Variable <ul style="list-style-type: none"><li>• More</li><li>• Less</li></ul>	Contingent <ul style="list-style-type: none"><li>• TBI</li><li>• Dementias</li></ul>

## *Concerns w/ MA:*

- Ableism
- Picks the wrong quality
- Reductionism

# 3 Views of Dignity

	Source	Scope	Distribution	Grip
Inherent Worth	Metaphysical	Universal	Equal	Categorical
Moral Agency	Metaphysical	Limited	Variable	Contingent
Species Integrity	Hybrid <ul style="list-style-type: none"><li>• Metaphysical</li><li>• Social</li></ul>	Nearly Universal <ul style="list-style-type: none"><li>• Requires some species capabilities</li></ul>	Equal <ul style="list-style-type: none"><li>• Those w/ dignity have equal dignity</li></ul>	Nearly categorical <ul style="list-style-type: none"><li>• Requires some species capability</li></ul>

# Respect for Dignity

- ▶ *Respecting an individual's dignity requires making a reasonable effort to ensure that individual has the central capabilities of its species*

# ▶ *Central Human Capabilities*

- *Life*

Being able to live to the end of a normal human life

- *Bodily Health*

Being adequately nourished and able to have adequate shelter

- *Bodily Integrity*

Being able to move freely from place to place

## ▶ *(Contd.)*

- *Senses, imagination, thought*  
Being able to imagine, think, reason & use the senses
- *Emotions*  
Being able to have attachments to things and persons outside ourselves
- *Practical reason*  
Being able to form a conception of the good and to engage in planning

## ▶ *(Contd.)*

- *Affiliation*

Being able to engage in various social interactions

- *Other Species*

Being able to live in relation to nature

- *Play*

Being able to laugh & enjoy recreational activities

▶ *(Contd.)*

- *Control over one's environment*  
*Having control over one's material environment*

## Central Human Capabilities

Life

Bodily Health

Bodily Integrity

Senses, Imagination, Thought

Emotions

Practical Reason

Affiliation

Other Species

Play

Control Over Environment

## *Living a Life with Dignity*

- Does not require having each capability
- *“Full & equal human dignity is possessed by any child of human parents who has a disjunction of basic capabilities for major human-life activities”*

# Scope

- ▶ A demented elderly man is capable of love and affection, but not reading & writing
  - ▶ An elderly woman falls in the bathtub, suffers TBI, irrevocably loses the capability to reason about her life or make competent choices
  - ▶ The woman is on warfarin, an anticoagulant, suffers a subarachnoid bleed and is diagnosed as pvs
- 

# Advantages of SI

- ▶ *Avoids speciesism*
  - ▶ *Avoids ableism*
  - ▶ *Avoids reductionism*
  - ▶ *Recognizes human diversity*
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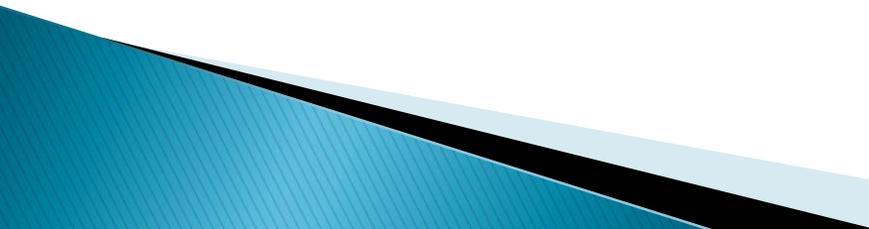
▶ *Threats to  
Dignity in  
Old Age*



# Subjective Threats

- ▶ An elderly woman soils her bed clothes, & feels humiliated
  - ▶ A caregiver fails to assist a dependent elderly man at meal times and he feels hungry & distraught
- 

# Objective Threats

- ▶ Molesting an elderly patient who is unconscious and in a coma
  - ▶ Leaving a nursing home patient w/ dementia naked & exposed for others to see
  - ▶ Over medicating a patient in order to sedate them
- 

# 3 Threat to Dignity in Old age

- ▶ *Social Isolation*
- ▶ *Reduced Functioning*
- ▶ *Overtreatment*



# ▶ *Social Isolation*

## ▶ *Objective*

- Knowing more people dead than alive
- Few opportunities

## ▶ *Subjective*

- Sense of loss
- Investing in new relationships doesn't seem "worth" it

## ▶ *Case 1: Old & Alone*

*Mr. Nguyen, 75 yo man, lives alone in rural area since his wife's death. History of orthostatic hypotension, unsteadiness, due to autonomic dysfunction, peptic ulcer disease. Stopped driving several years ago, unsteadiness & fall risk due to his orthostatic hypotension. Relied on paid caregiver or daughter for transportation.*

*Meyer RP, Schuyler D, 2011. Old age & Loneliness Prim are Companion CNS Disord 13(2): 505-522.*

## ▶ *Case 1 (Contd)*

*Daughter left on extended business trip & caregiver married & was less available, Mr. Nguyen's social network shrunk. Took medication erratically, seemed agitated according to visiting nurses, fell more. Eventually he called a suicide help line to say he was contemplating shooting himself. Briefly hospitalized & had psych eval, reported feeling lonely & lacking motivation.*

*His daughter was stunned & resolved to re-engage, no further self-harm & no recent falls.*

10 Central Human Capabilities	Definition
Life	A normal length of life
Bodily Health	Health, nutrition, shelter
Bodily Integrity	Move freely from place to place
Senses, Imagination, Thought	Imagine, think, reason, use the senses
Emotions	Attachments
Practical Reason	Reflect About a Plan of life
Affiliation	Living for & in Relation to Others
Other Species	Living in relation to animals & nature
Play	Laugh, play, recreate
Control Over Environment	Political and material environment

## ▶ *Case 2: The Fall*

*Ms. Rodriguez, 86 yo women widowed lives alone in a 2-story farm house. Her son & daughter live 4 miles away. The son had recent tests confirming osteoarthritis in his right hip & plans to take leave from work to have a hip replacement.*

*Ms. Rodriguez depends on his son for transportation, including shopping, church, banking, MD visits, library & visiting friends.*

## ▶ *Case 2 (Contd)*

*Past medical history includes osteoporosis, hypertension, peripheral neuropathy.*

*She has reduced mobility post-right hip fracture last year after a fall getting out of bed, compression fractures of the T12 -L2 vertebrae following a fall in the bathtub. She ambulates with a walker or by holding onto furniture.*

## ▶ *Case 2 (Contd)*

*Ms. Rodriguez denies a memory problem, but the family is concerned after noticing burned pots & a tap left running. The son notices his mom has difficulty finding words.*

*They have concerns about their mom's personal hygiene, have noticed soiled bedsheets & inattention to housekeeping. Mom refuses outside help.*

*One afternoon the daughter finds her face down at the bottom of the stairs after falling over a pile of laundry left on the top step.*

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# ▶ *Life Stage Relativity*

## *Objective Threats*

- Both old & young may have similar limited capabilities

## *Subjective Threats*

- Old person: feels loss; expects to get worse; humiliated, embarrassed; reduced sense of self-esteem, privacy, dignity; suffering
- Child: sense of challenge, expects to overcome, feels excited about the future

# *CASE 3: Overtreatment*

*Ms. Ahmadi, 85 year old widowed woman resuscitated post-cardiac arrest due to ischemic cardiac disease & admitted to the ICU with severe post-anoxic lesions. One week later, the team's consensus was that the best possible outcome was PVS*

*Pt remained on respirator, which the physician was initially reluctant to withdraw. Ms. Ahmadi's son insisted that his mother would recover & should stay on the respirator. He also insisted that everything possible be done for her.*

*Phua, et al, 2015. Withholding and Withdrawal of Life-Sustaining Treatments in ICUs in Asia. JAMA IM 175(3): 363-72*

## *CASE 3: (Contd.)*

*The physician initially complied with the son's request, yet three weeks post-admission, the physician determined that the mechanical ventilator was qualitatively futile and should be removed. Nursing staff concurred. The son refused.*

*Phua, et al, 2015. Withholding and Withdrawal of Life-Sustaining Treatments in ICUs in Asia. JAMA IM 175(3): 363-72*

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# Respect for Dignity

- ▶ Case 1 & 2: Respect for Mr. Nguyen & Ms. Rodriguez's dignity requires making a reasonable effort to ensure they have the central capabilities
- ▶ Cases 3: Keeping Ms. Ahmadi on a ventilator when here she lacks all the central human capabilities evinces a lack of respect for her dignity as a human being. It is undignified.

# Other Threats to Dignity in Old Age

- ▶ Disease itself
  - ▶ Pain
  - ▶ Ageism
  - ▶ Elder abuse
- 

# ▶ *Conclusion*

- 1. Be cognizant of the life stage–relativity of normative concerns*
- 2. Dignity & respect are important values for elderly people*
- 3. Prevent & respond to threats to dignity*

