



Society, Aging and our Responsibility: Ethical Decision Making

Overview of Topic

With skyrocketing costs of medical care and limited financial resources, difficult value judgments are being made on a daily basis in how we as a society approach aging. Instead of creating more clarity, the political discourse has obfuscated the real moral issue: the sacred obligation to provide quality care to *all* aging Americans and creating a societal framework to support this. Whether the solution lies in private, public or a combination of sectors, this issue already impacts virtually every family in America. Thus, any thoughtful response requires both holistic and long-term thinking.

The social framework will need to take into account not only the needs of the aging population, but also the webs which support their care, including families (mainly women), health care and long-term care facilities, as well as community living options. Indeed, the care for the elderly is not about “them,” but it is about “us” as a society. In the next generation we will need to look towards an ethic of aging that not only preserves the dignity of our aging population, but recognizes that realizing this goal must be a collective effort. In a time of limited resources, ethical decision making is more critical than ever. As a society, what are our moral obligations to an increasingly aging population? What role can or should government play? As families, what are our obligations to one another?

These questions need to be considered on both the macro and micro level, and on policy and clinical levels. Regarding the latter, contemporary medical ethics have put the value

of patient autonomy at the center. In this model, the individual is given the right of ultimate guardianship over his or her life and body in such a way that for others to dictate these decisions is tantamount to curtailing these rights. This moral principle has become a foundation of Western liberal democracies, and we expect each human being, as a rational decision maker, to take this freedom seriously. However, what do we do when we are not really in a position to decide, either because of our own physical or cognitive limitations, or our finances limit the options we truly have? Increasingly, all too often these traditional paradigms prove ineffective and even insensitive to the cultures and beliefs of those we serve. Still worse, by prioritizing autonomy at the expense of other values such as compassion and care, we can actually stigmatize and devalue the life of another who cannot live up to society's expectations.

From a clinical perspective, there is no such thing as a "human being who makes rational, detached and impartial decisions." Our sense of identity is deeply informed by the webs of relationships we have with one another, our gender, our race, and our faith. In providing ethical care, one size does not fit all. How do we honor and provide care not only to the **body** of an aging person, but to that unique **individual**?

The program will consist of examining the issue from a societal/policy perspective, but also provide case studies and models for ethical analysis. An ethical dilemma simulation will challenge us to consider how some of these ideas might manifest themselves in actual practice.

