

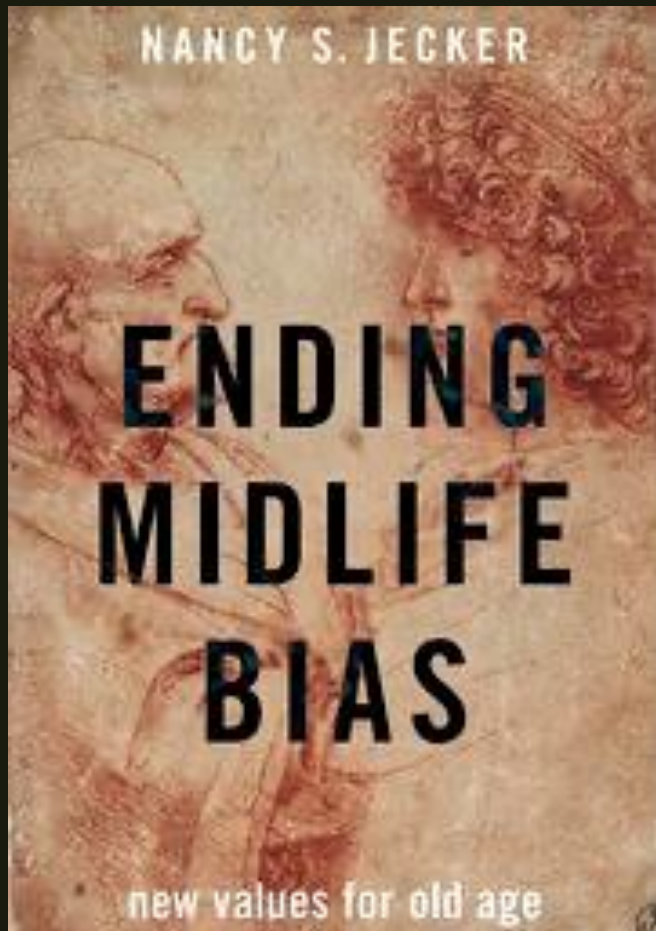


# *Dignity in Later Life*

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December 12, 2023*





*Ending Midlife Bias:  
New Values For Old Age*

*(Oxford University Press,  
2020)*

***Part I:  
Philosophical  
Framework***

1. Values Across the Lifespan
2. What Matters for Individuals in Later Life?
3. The Preferred Account of Human Capabilities
4. Times Passage & the Narrative Self
5. Justice between Old and Young

***Part II :  
Policy and Practice***

6. Healthcare Across the Lifespan
7. Who Cares?
8. What Cares?
9. Ageism
10. The Dying, the Newly Dead, & the Long Gone
11. Future People
12. The Coming of Age of Old Age

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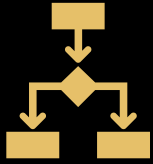
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*What values matter most across the lifespan?*



*What values guide bioethics across the lifespan?*



*What values matter most in later life?*

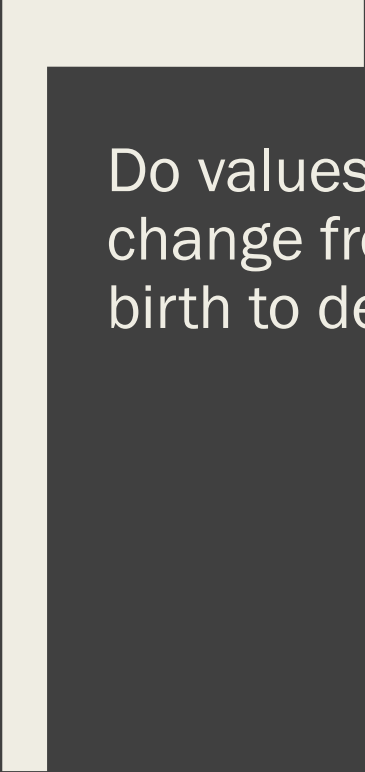


*I. WHAT VALUES MATTER MOST ACROSS THE LIFESPAN?*

(1) **Do** we emphasize different values at different life stages?

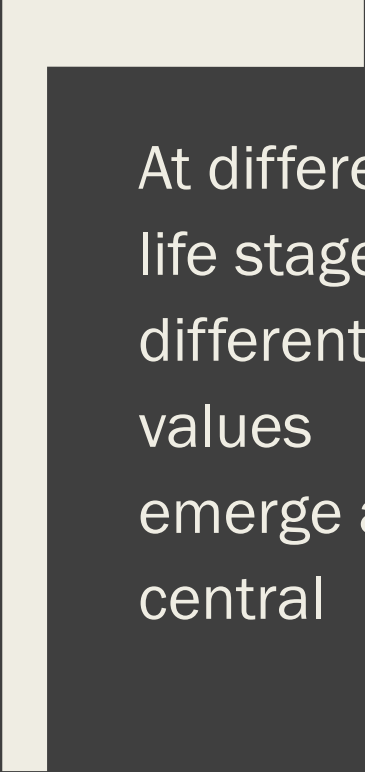
(2) **Should** we emphasize different values at different life stages?

(3) **What specific values** should we focus on at each life stage?




Do values  
change from  
birth to death?

# THE LIFE STAGE RELATIVITY OF VALUES



At different  
life stages,  
different  
values  
emerge as  
central

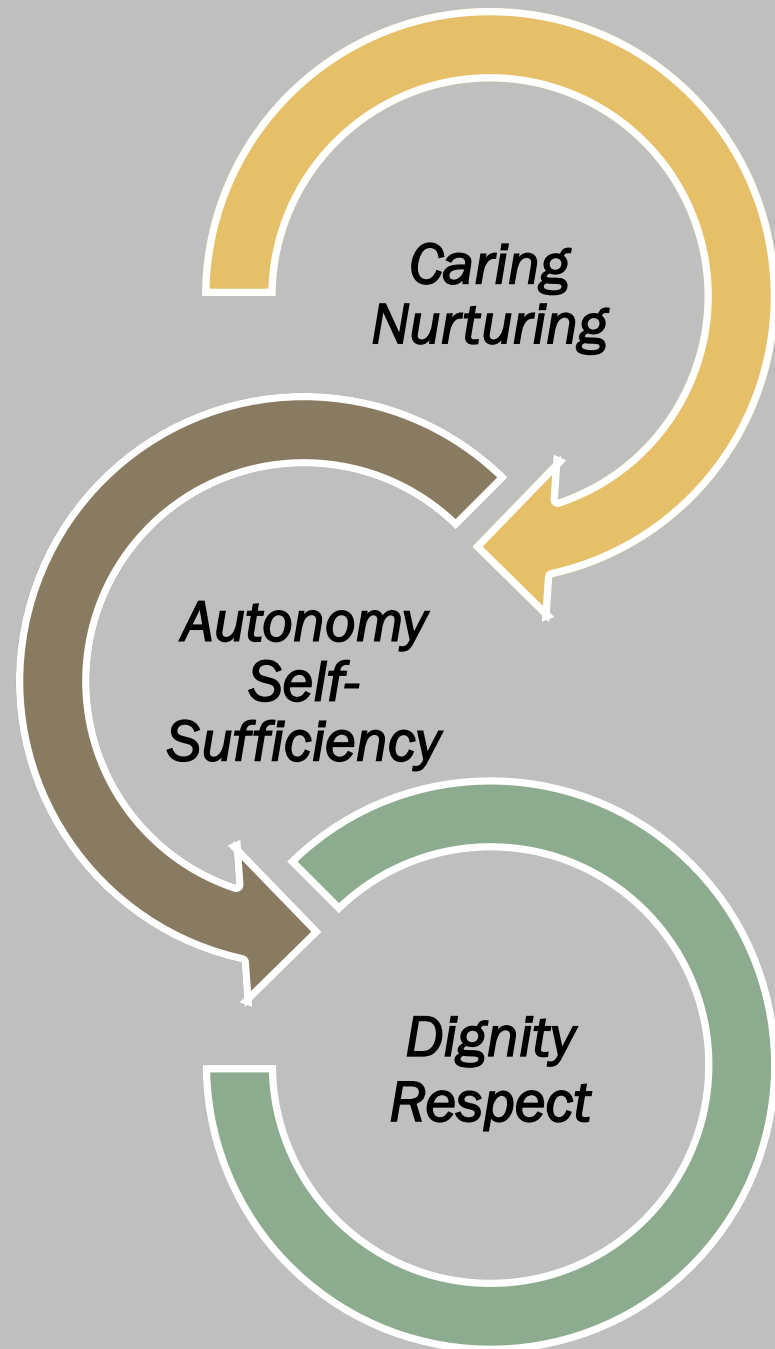




# The circumstances of our lives

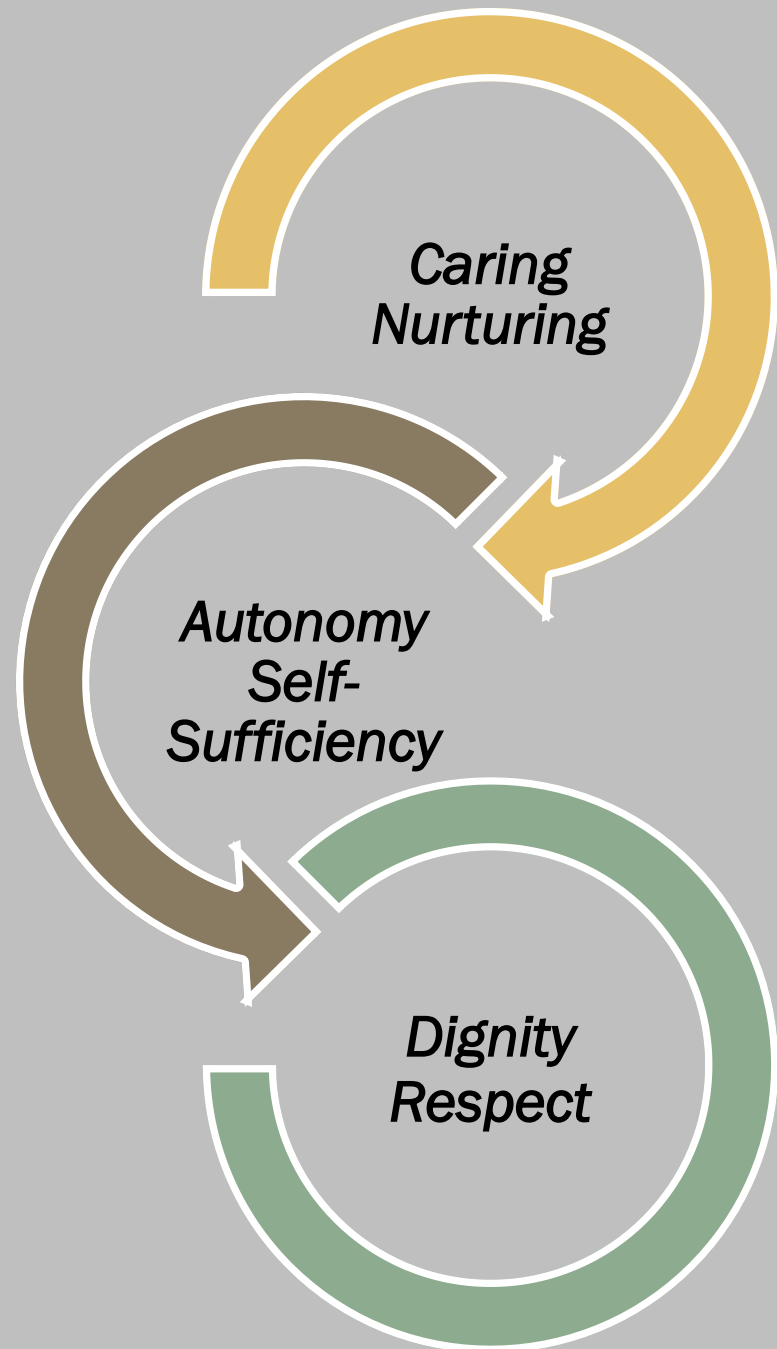
- The values we care most deeply about should be responsive to the circumstances of our lives
- Some important life circumstances are life stage features that reflect the shared human experience of aging
- Virtually all of us are:
  - *tasked during infancy & early childhood with bonding to primary caregivers*
  - *challenged during young adulthood & midlife with figuring out what we want to do with our lives*
  - *face threats to central functioning & capabilities during old age*

# *The Life Stage Relativity of Values*



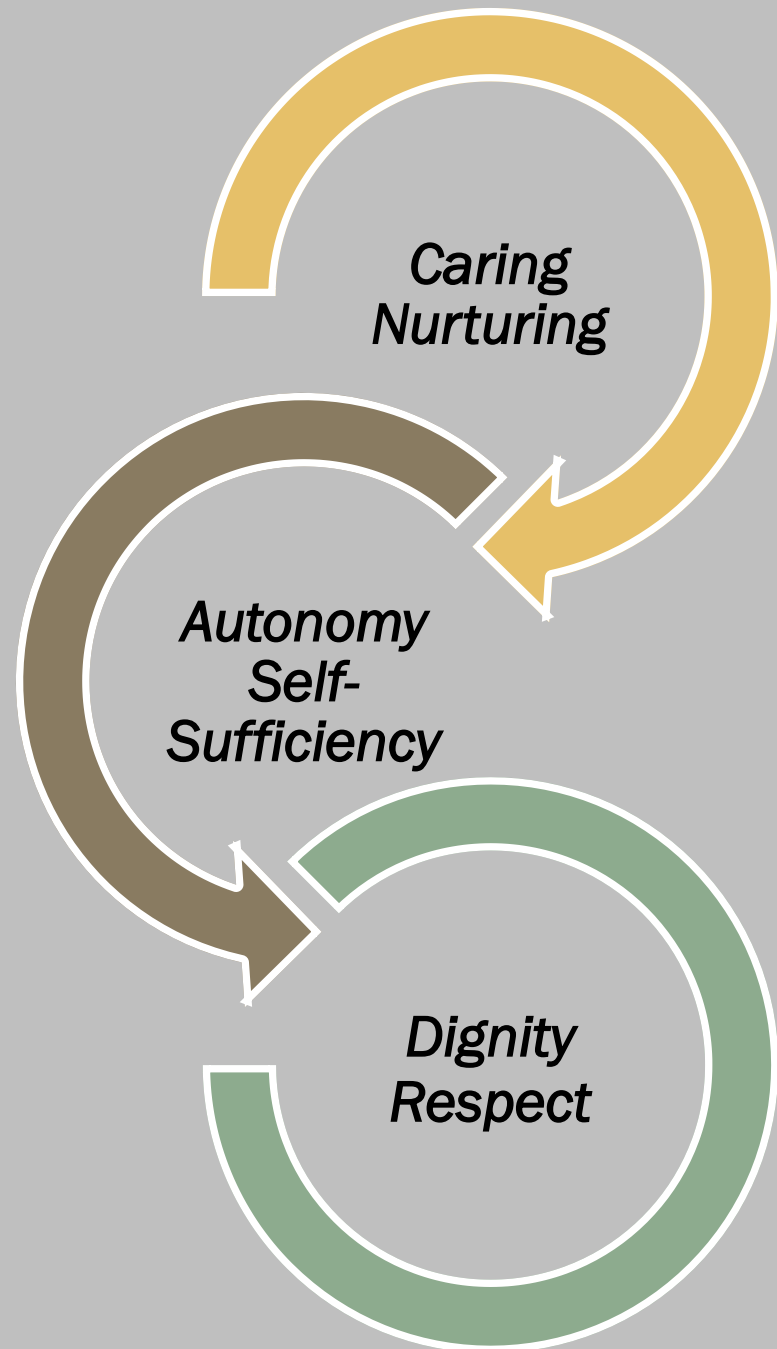
## ***Childhood***

- *Due to vulnerabilities and needs that characterize infancy and childhood*
- *Caring, trust, and nurturing ought to figure prominently*



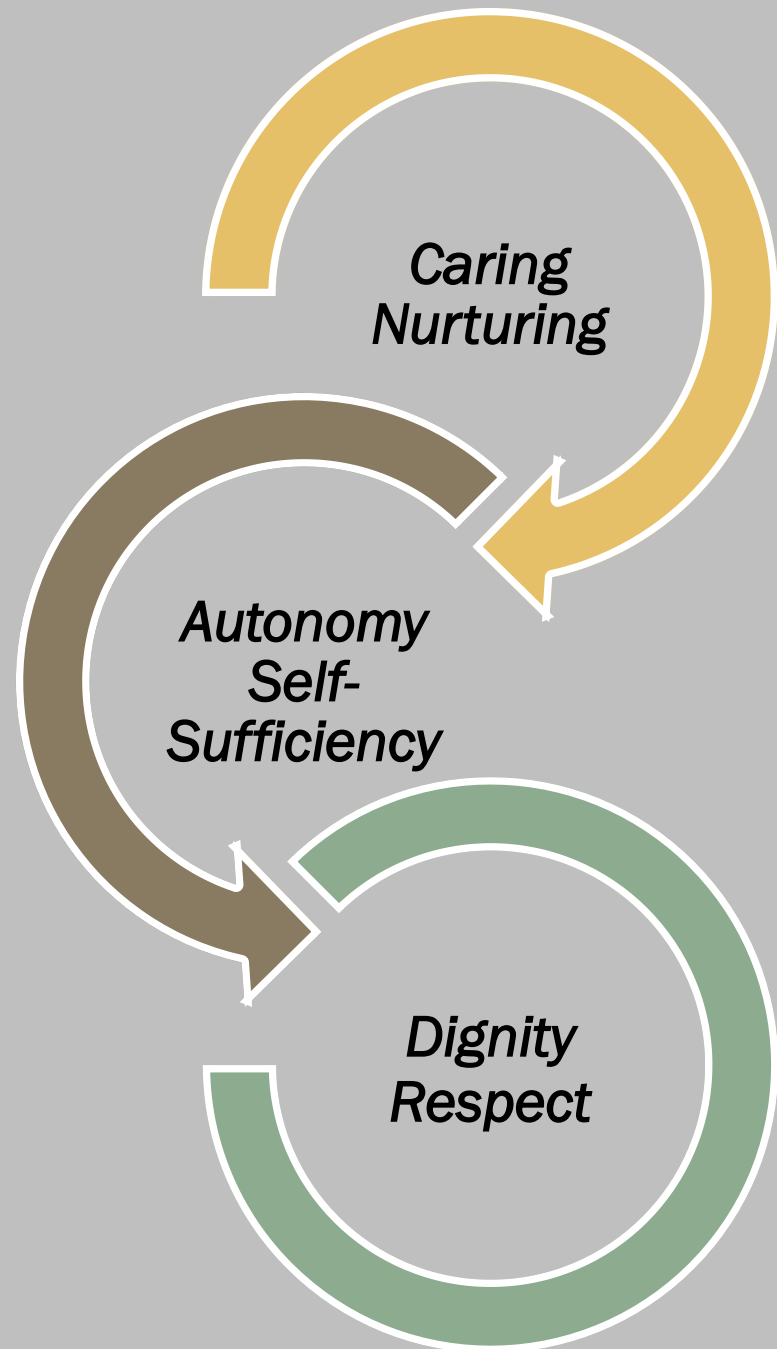
## ***Young Adulthood:***

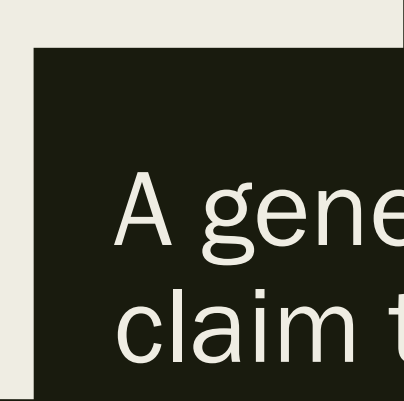
- *Due to greater capacities for physical and emotional independence*
- *It makes sense to place increased emphasis on autonomy*



## ***Later Life:***

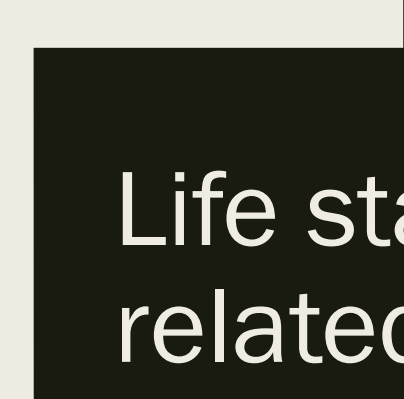
- *Due to heightened risk for chronic disease and disability*
- *It is reasonable to shift our focus to keeping dignity intact and retaining functioning and capabilities*





# A general claim that admits of exceptions

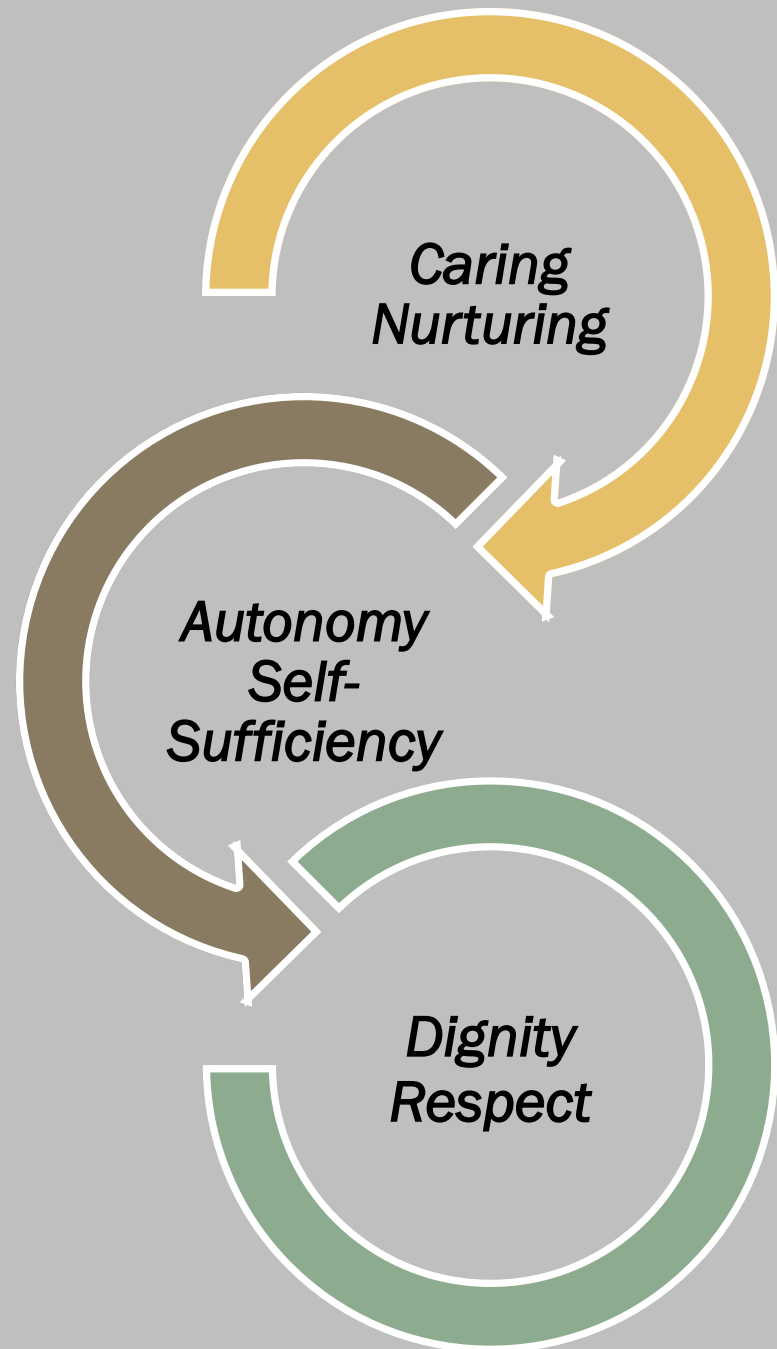
- *For a small child who is the victim of abuse, dignity and privacy might become central*
- *For a middle age adult undergoing divorce, trusting anew might be a crucial concern*
- *For an older adult with a terminal illness, autonomous decision-making might be hugely important*



# Life stage related values retain significance

- *For the child, nurturing care continues to matter*
- *For the middle age adult, autonomously determining a new plan of life counts a lot*
- *For the older adult, dignity remains central*

*The Life Stage  
Relativity of  
Values*





# Life stage bias

- *Occurs when the ethical concerns and questions focal at one life stage are generalized and assumed to be central for all life stages*



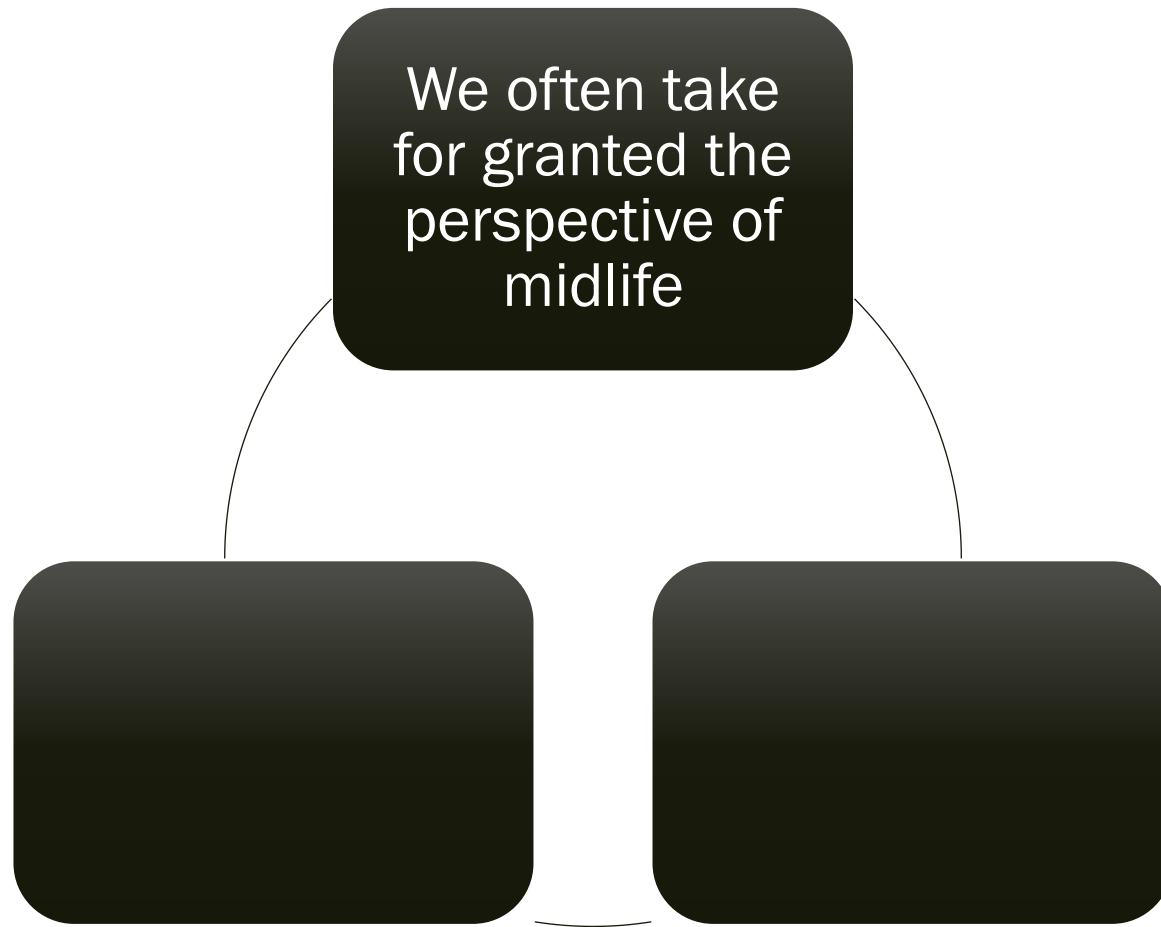


# MIDLIFE BIAS

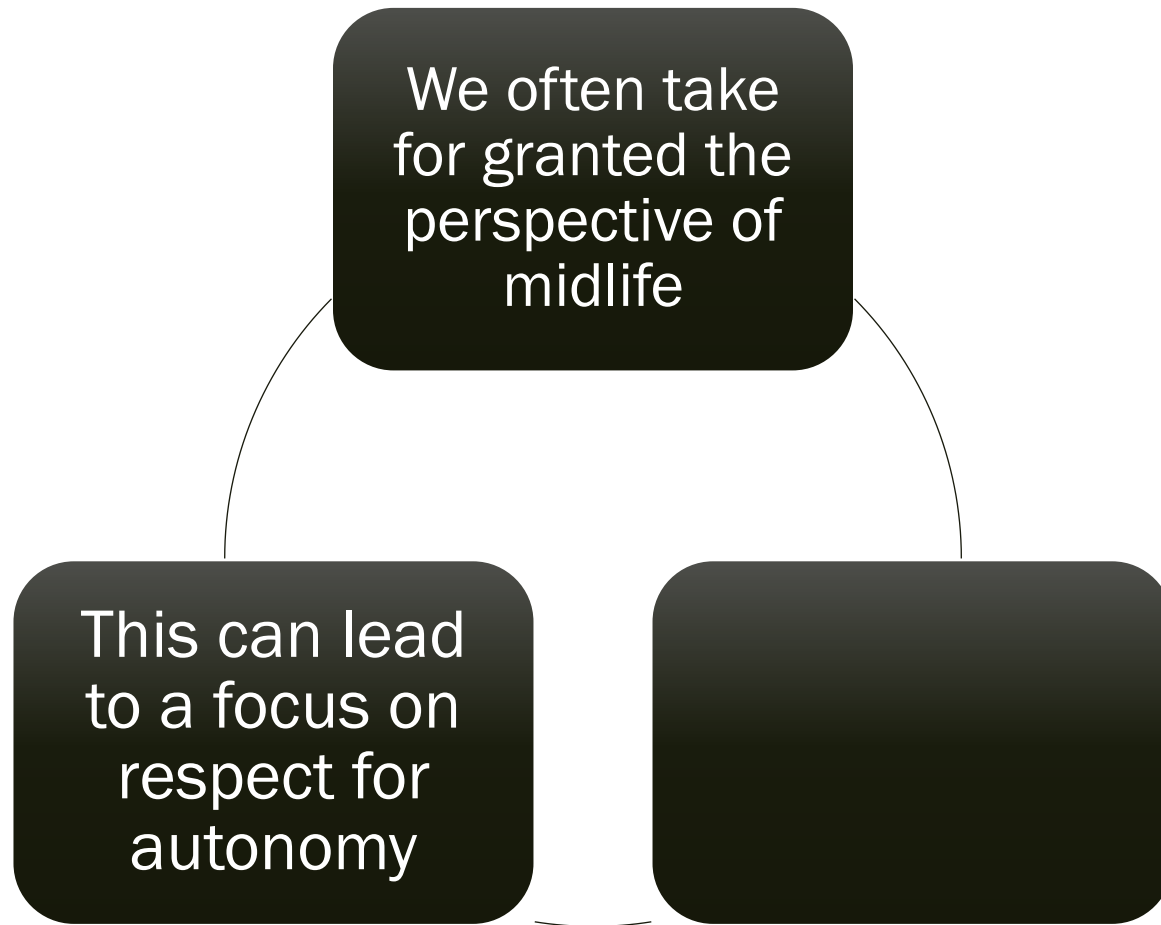
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*Midlife values  
are generalized  
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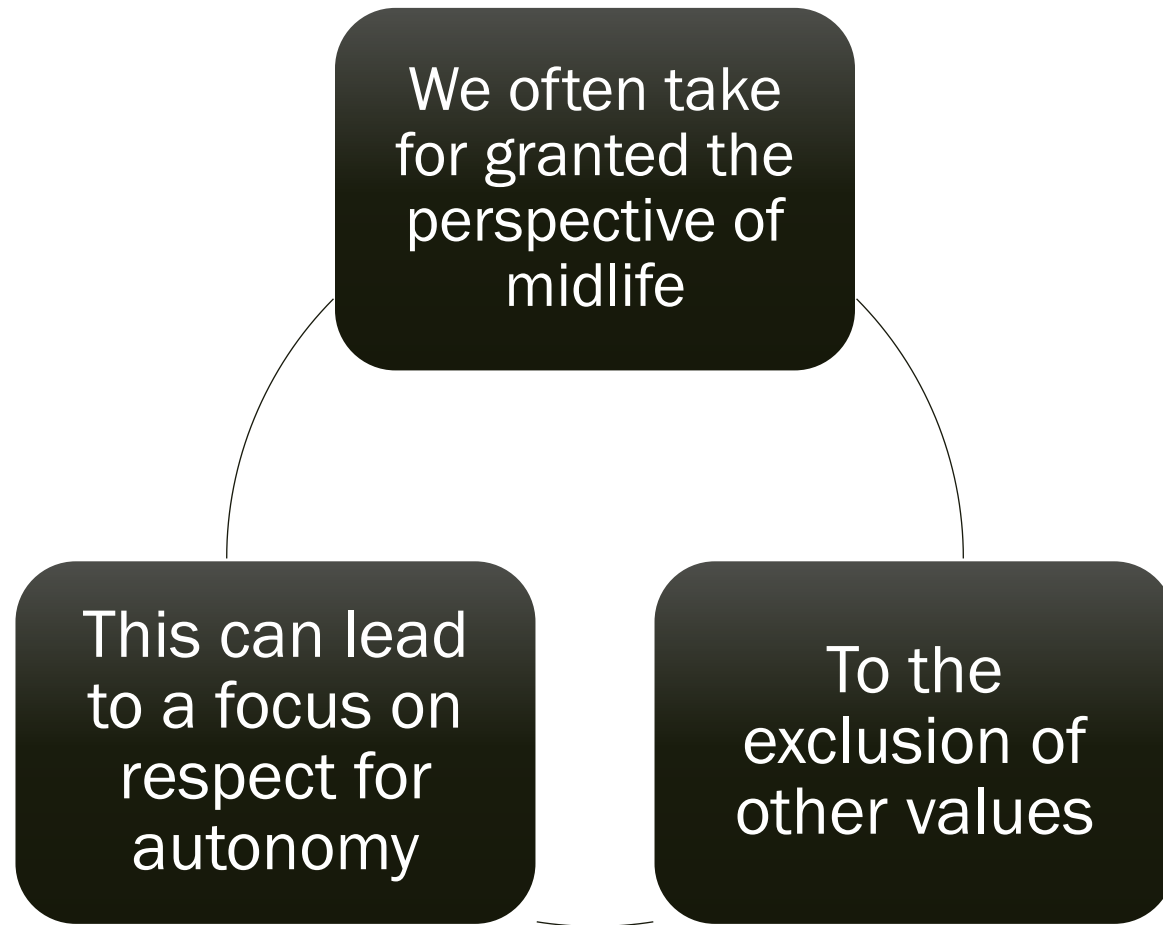
# Midlife Bias



# Midlife Bias

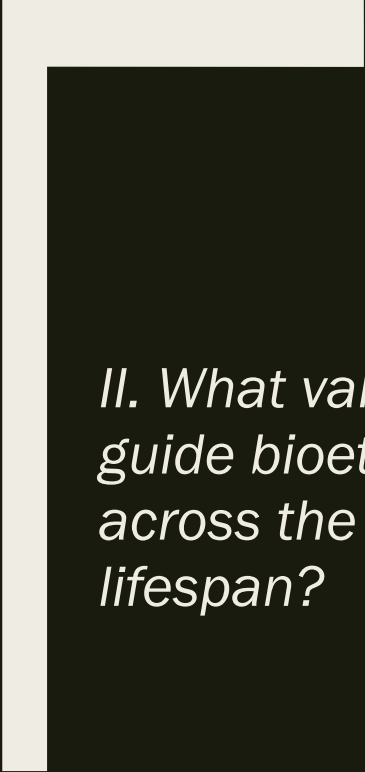


# Midlife Bias





# BIOETHICS



*II. What values  
guide bioethics  
across the  
lifespan?*



- *“No single concept has been more important in the contemporary development of bioethics... than the concept of autonomy...”*

*Jennings, 2009, Autonomy, In Steinbock, ed., Oxford Handbook of Bioethics*

# The Prep School Model

- *Pictures children as future adults*
- *Sees our job as “delivering them safe”*
- *& turning children into adults*





# 1. Critically Ill Newborns

*When caring for critically ill infants in the NICU, we should respect autonomy by assigning preferences to the infant based on the preferences of adults who were previously low-birthweight infants*

*Saigal et al, 1999, Differences in Preferences for neonatal outcome...  
JAMA 281*



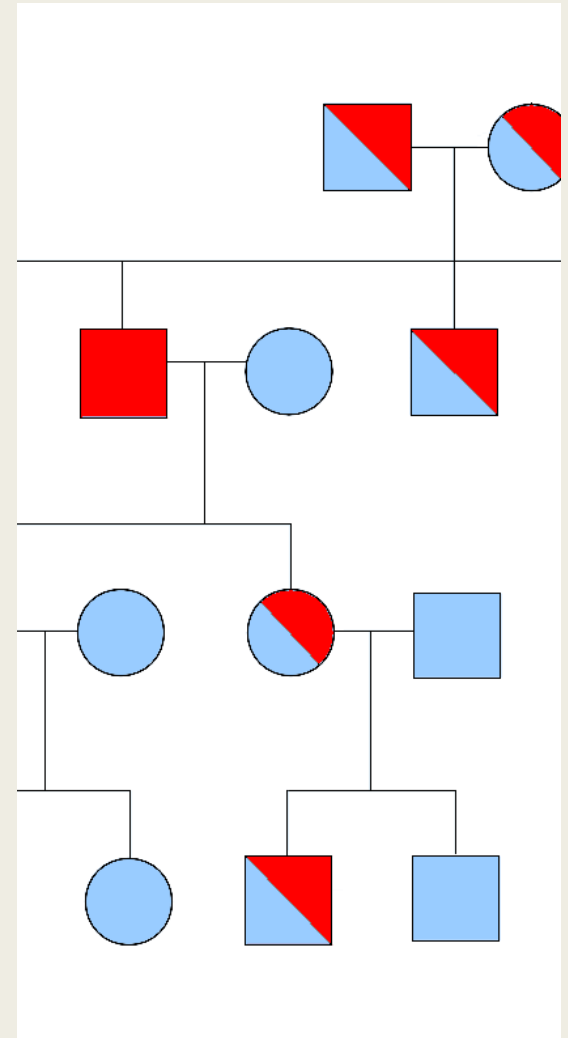
## 2. Neonatal circumcision

*“The child has a right to decide for himself” & neonatal circumcision violates this right*

*Darby, 2013, The child’s right to an open future: Is the principle applicable to non-therapeutic circumcision? J Med Ethics 39*

### 3. Testing for adult-onset conditions

*We should not test minor children for adult-onset conditions so that they can choose as future adults*



## 4. Cochlear implants

*Deaf parents who refuse cochlear implants violate autonomy by confining the child to a narrow group of people and a limited choice of careers*

*Davis, 2010, Genetic Dilemmas, Oxford*



# *The Hang-in-There! Model*

- *Pictures later life as holding on*
- *Sees our job as helping the old stay young*
- *Privileges midlife values*







# 1. Advance Care Planning

*Make medical decisions for people with dementia by appealing to prior autonomous wishes*

*Rhoden, 1990. North Carolina Law Rev 68*

## 2. “Healthy Aging” (Successful, Active, Vital Aging)

*Do what we can to stay young & maintain good health by making the right “lifestyle choices”*

*Havighurst, 1961, Gerontologist 1*





### 3. Age Group Justice

*Allocate  
resources across  
the lifespan  
based on  
autonomous  
choices under  
“veiled prudence”*

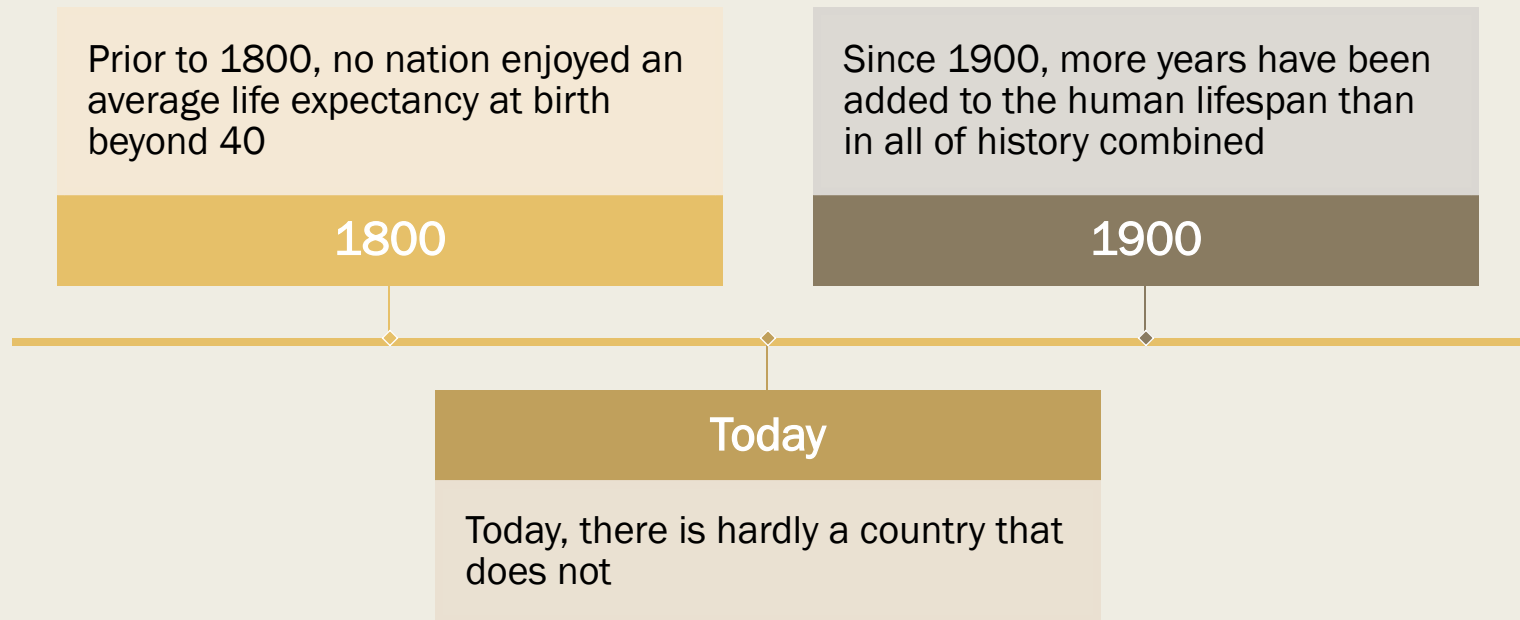
*Daniels, 1988, Am I My Parents'  
Keeper? Oxford*



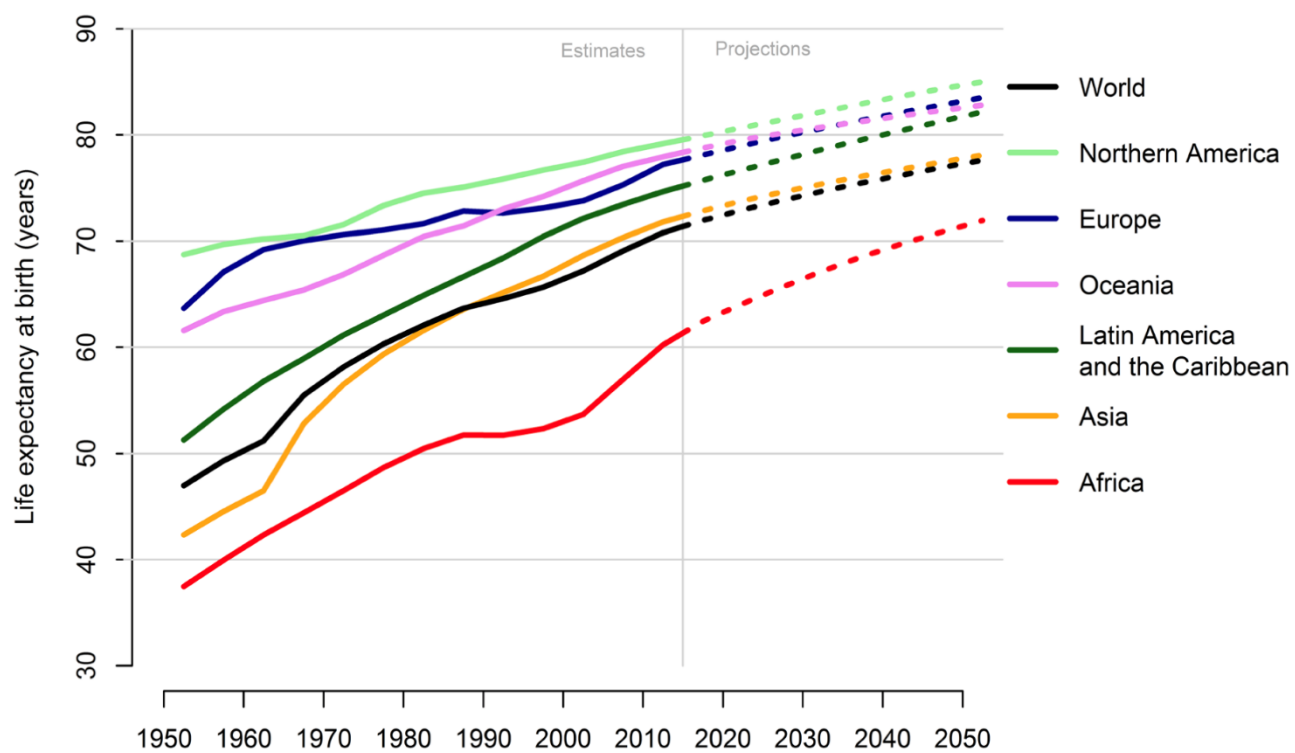


*III. What  
values matter  
most in later  
life?*

# Old age is new



### Life expectancy at birth by region, both sexes combined, from 1950 to 2050



Data source: United Nations (2017). World Population Prospects: the 2017 Revision.

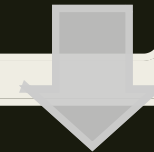
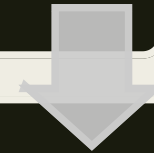
# Autonomy's significance may be waning...

*Populations are  
becoming*

- *older*
- *more dependent*
- *more vulnerable to  
cognitive/physical  
impairments*

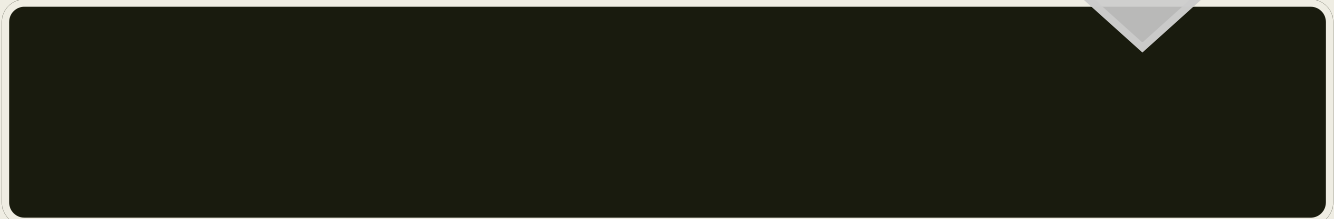


Historically, moral philosophers took for granted that one set of normative concerns was constant throughout life




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That resulted in moral theories in which life stage related values were largely ignored and undertheorized



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That resulted in moral theories in which life stage related values were largely ignored and undertheorized



As societies age, remaining relevant requires giving an account of the moral life that makes sense to people in later life





*Autonomy  
presupposes a  
capacity to make &  
carry out a plan of life*



# Dignity



*Older adults are more likely to face obstacles to making and carrying out a plan of life*

*Dementia doubles every 5 years  
for people 65+:*

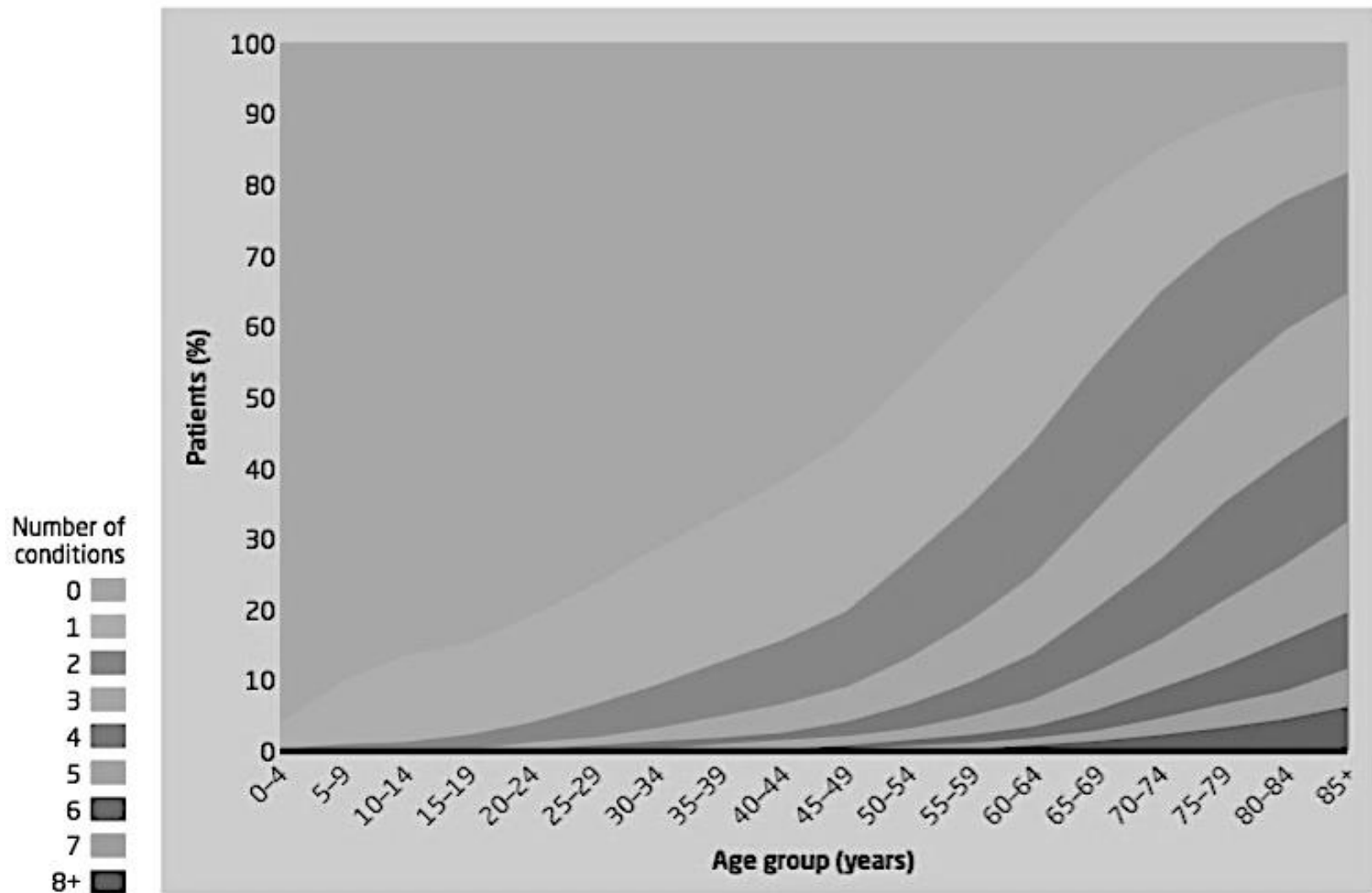
- *<3% of 65-69*
- *30% of 85-89*

*People >65 are more likely than  
people <65 to experience:*

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

Cognitive &  
physical  
functioning

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



# Impact over time

## 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*

# Threats to dignity

- *Threats to dignity in later life have not received the attention they deserve*
- *Dignity has not been linked directly to later life*
- *Dignity has gotten a bad rap...*



# *Macklin, “Dignity is a useless concept”*

- *Dignity is useless because it is redundant with autonomy*
- *It “can be eliminated without any loss of content”*

*Macklin, 2003, Dignity is a useless concept, BMJ*

# *Pinker, “The Stupidity of Dignity”*

- *Dignity is “a squishy, subjective notion”*
- *It is “hardly up to the heavyweight demands place upon it”*

*Pinker, 2008, The stupidity of dignity,  
New Republic*

# What is Dignity?

- *Latin, “dignitas”*

*The state or quality of being worthy of honor or respect*

- *We possess dignity because of the kinds of beings we are*





# Central Human Capabilities

- ***Life***

Having an unfinished narrative

- ***Health***

Being physically and mentally healthy and well nourished

- ***Bodily Integrity***

Being able to use one's body to realize one's desires & goals

*Adapted from Nussbaum, 2011, Creating Capabilities*

# Contd.

- ***Senses, Imagination, Thought***

Being able to imagine, think, reason & use the senses

- ***Emotions***

Being able to feel and express a range of human emotions

- ***Practical Reason***

Being able to form a conception of the good & engage in planning

# Contd.

- ***Affiliation***

Being able to live for & in relation to others

- ***Nature***

Being able to live in relation to animals & nature

- ***Play***

Being able to laugh, play & recreate

- ***Environment***

Being able to regulate ones 's immediate physical environment

# Human Capabilities

Life

Health

Bodily Integrity

Senses, Imagination,  
Thought

Emotions

Practical Reason

Affiliation

Nature

Play

Environment

- *As people move through the stages of their lives, what they can do & be changes*
- *A capabilities account of dignity reflects this and makes reasonable efforts to safeguard threshold capabilities at each stage of life*

# Respecting Dignity

- *Respecting dignity requires **reasonable** efforts to ensure a **threshold level of each of the central human capabilities***



- *A dignity informed approach offers a fuller picture of humanness*
- *It includes, yet is not limited to, the capacity for rational agency*





*What might a  
dignity-guided  
bioethics look  
like?*



# The Case of Annie

- *Annie was a 78 yo woman w/severe lumbar back pain, unable to get out of bed for 3 days. On day 4, her pain improved enough to allow her to seek care.*
- *Diagnosed w/ lumbar compression fracture, secondary to osteoporosis, and stage-2 pressure ulcer over the coccyx. Instructed to minimize time in bed. Due to the pain, she was non-compliant.*
- *At 2 mo follow-up, Annie had stage-4 sacral decubitus ulcer and low-grade fever. She was admitted to the hospital and an infected bone at the base of spine (sacral osteomyelitis) was diagnosed. She received local wound care and was discharged to a skilled nursing facility.*





IDENTIFY  
PARADIGM



IDENTIFY AT-RISK  
CAPABILITIES



FORMULATE  
GUIDANCE

# Dignity-Guided Ethics



# IDENTIFY AT-RISK CAPABILITIES

## *Geriatric syndromes:*

- *Occur with high prevalence among older adults*
- *Defy single-disease model*
- *Involve multiple organ systems & pathways*
- *Recalcitrant to standard clinical practice guidelines*
- *Associated with substantial morbidity & poor outcomes*
- *Examples include frailty, incontinence, falls, dementia, **pressure ulcers***



# IDENTIFY AT-RISK CAPABILITIES

## *At-Risk Capabilities*

- *Life*
- *Health*
- *Bodily Integrity*
- *Affiliation*
- *Environment*



# FORMULATE ETHICS GUIDANCE

*We ought to make reasonable efforts to support each at-risk capability at a threshold level*

- *Life*
- *Health*
- *Bodily Integrity*
- *Affiliation*
- *Environment*

AT-RISK CAPABILITIES	ETHICS GUIDANCE
Life	<ul style="list-style-type: none"> <li>Supporting activities central to the patient's life narrative</li> </ul>
Health	<ul style="list-style-type: none"> <li>Staying out of the hospital for 12 mo.</li> </ul>
Bodily Integrity	<ul style="list-style-type: none"> <li>Leaving the confines of bed</li> </ul>
Affiliation	<ul style="list-style-type: none"> <li>Keeping ties with family, showing caring</li> </ul>
Environment	<ul style="list-style-type: none"> <li>Making available mattress overlay, foam wedge, etc.</li> </ul>



*Respecting Annie's dignity hinges on whether we make the effort to help her in all the areas where her capabilities are at risk of falling below floor level*

# Take-Aways

- Life Stage Relativity of Values: values change across the life span
- Midlife Bias: midlife tends to be overrepresented in bioethics & moral philosophy
- Later Life: a direction for future theorizing



ありがとうございました

спасибо  
danke  
謝謝  
ngiyabonga  
tesekkür ederim  
dank je  
gracias  
tapadh leat  
moichchakkeram  
go raibh maith agat  
arigatō  
takk  
dakujem  
merci  
arigatou gozaimasu  
multumesc  
obrigado  
bedankt  
dziękuję  
hvala  
maunuru  
sagolun  
sukriya  
kop khun krap  
grazie  
terima kasih  
감사합니다  
ευχαριστώ

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