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Vol. 11 – Aging: Caring for our Elders

Vol. 12 – Aging: Decisions at the End of Life

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Reflection on aging in bioethics has been influenced by a single paradigm of what growing old involves, namely, the so-called life span model. This model involves a set of normative beliefs that conceive aging as a conventional process of development through distinct stages or phases, each composed of a set of characteristic features or tasks. In this chapter, I discuss the way this model operates in mainstream bioethical discussion of the impact upon society of an enlarged population of dependant elders whose needs for healthcare services raise concerns about the fair allocation of resources among generations. I argue that treatment of this problem relies on background assumptions associated with the life span model that are largely unanalyzed. An historical analysis or an analysis attentive to the autonomy-enhancing aspects of aging research shows that these assumptions are problematic.

AGING IN BIOETHICS

Primarily focused on the issues of allocation of medical resources and decision-making at the end of life, the treatment of aging in bioethics has generally relied on a life span approach to aging and old age. The first issue involves a concern for social justice in the allocation of medical and other societal resources to an aging population. The increasing life expectancy of the population is creating a cohort of elders that pose intergenerational issues of justice in the allocation of scarce resources. The majority of bioethicists concur in the judgment that some solution to the resource problem needs to be found as our population ages (Callahan 1987; Daniels 1985; Daniels 1988; Hackler 1994; Jecker 1991; Moody 1988; 1992; President’s Commission 1983; Walters 1996; Waymack and Taler 1988). The second issue involves control of end-of-life decision-making in the face of the perceived loss of personal autonomy and meaning associated with being old. Maintaining social harmony and personal autonomy are themes that rely on the concept of a life span as the central, but largely unanalyzed organizing framework.
Nowhere is the life span perspective more evident than in the work of Callahan (1987; 1993) and Daniels (1985; 1988). The life span concept provides a normative and interpretive background for their treatment of aging and the views on social policy toward aging. While Callahan, who argues from a communitarian perspective, and Daniels, who argues from a liberal or Rawlsian perspective (Rawls 1971), offer theoretically divergent accounts, both rely on the concept of a life span or life cycle as a fundamental and unexamined conceptual framework for the development of their views (Cole 1989).

CALLAHAN’S COMMUNITARIAN VIEW OF THE NATURAL LIFE SPAN

In Setting Limits, Callahan (1987) offers an analysis of aging from a “societal perspective” that grows out of attention to the problems associated with providing increasing healthcare services to an enlarging population of elders. In Callahan’s view, old age represents a biological barrier that should be respected as a natural and morally relevant limit of human existence. As a biological barrier, old age (and the process of aging) provides a normative framework within which personal and moral life is experienced. Although Callahan regards aging as a biological phenomenon, he opposes the biomedical manipulation of aging; instead, he views aging in existential terms, primarily as setting practical and moral limits on human existence. Aging and old age thus constitutes a natural and morally compelling context for addressing the personal and existential meaning of the finitude of human existence.

Reflecting on scientific and social developments in the twentieth century, Callahan echoes an often repeated complaint that aging has lost its meaning and social purpose. Because elders in our society do not have a significant social function or purpose, problems are created both for elders and for society. This assessment is made categorically. Callahan offers no empirical data to support this claim. He calls for a public debate about the nature and purposes of late life that he thinks is sorely needed and will be required by the growing crisis created by the commitment of medicine to aggressive measures to prolong the life of elders. His call to action and reflection is thus framed by what he views as a moral need to come to terms with the normative features of the “natural life span.”

Callahan argues that old age involves a biological limit. It is a limit set by an appeal to what amounts to a natural law perspective. This orientation assumes that morality involves three related claims: first, that morality is natural to human beings; second, that morality can be known naturally through human reflection and traditional knowledge; and third, that human morality is based upon the reality of our common human nature (Battaglia 1993). The notion of a common human nature need not involve a questionable metaphysical commitment, but can be based upon empirical and scientific observation which shows that all types of human pursuit of flourishing reflect a common set of properties (Battaglia 1993, 76). These common properties comprise the natural life span perspective that Callahan advocates. The essential features of being human are best seen not by examining individual human actions, but by reflecting upon collective actions and decisions, especially as these
are expressed in the traditions of religion, law, and philosophy. Such examination, Callahan believes, yields a view of the natural life span that involves an understanding of a natural order of things that is based upon the best wisdom of human beings over the generations (Battaglia 1993, 77).

The natural life span account, although revealed in the collective social reflection of humans, is nonetheless natural and, in virtue of being natural, has a normative significance. This way of thinking has led Callahan to regard the life span and the normative tasks associated with each stage as the bedrock for analysis. In Callahan’s view, the contemporary problem with old age is that it has lost its social and spiritual purpose. Restoring this purpose is the central concern of Callahan’s approach. Social processes are taken into account only to the degree that they are seen to create or foment the problems of aging, not to the degree that they define the terms within which the reflection on aging is conducted.

DANIELS’ PRUDENTIAL LIFE SPAN ACCOUNT

In a similar fashion, Daniels uses the life span concept as the framework for his analysis. However, he rejects a communitarian approach to prescribing what is good or right for people at different stages of their lives. He argues instead that resources should be distributed to different age groups based upon impartial principles that permit individuals’ maximal freedom to decide how to pursue their vision of the good life within each life stage. It is up to individuals, then, to use the opportunities afforded to them at each stage of life. Daniels’ concern is to provide a theory justifying the fair distribution of opportunities across the life span. Equitable allocation of opportunities is an important social problem that requires impartiality, which is a critical requirement of Daniels’ theory that is founded upon John Rawls’ *Theory of Justice* (1971). Daniels accepts that, as cohorts of individuals move through their lives, resources for the entire society are distributed to these different groups of individuals; but he argues that this way of defining the problem is mistaken. The problem of resource allocation is not properly regarded as a problem involving equity between different age groups who compete for resources in the present moment (Daniels 1988, 40-65). Rather, the correct way of understanding the problem is to realize that, over a lifetime, every individual is a member of each age group. Unlike groups that are based on race or ethnic status where membership stays constant, membership in each stage of life changes as people age. Thus, we should think of stages of life rather than age groups in addressing the issue of resource allocation.

From this vantage point, age-based allocation programs are not regarded as distributing resources from one age group to another, but as social mechanisms designed to provide sufficient savings for a prudent allocation of resources to all different stages comprising the life span. This so-called “prudential life span account” is an attempt to mitigate the problem of conflict between groups competing for resources by reconceptualizing the problem in terms of distributing resources and opportunities to individuals for each life stage. Daniels thus adopts a dynamic
rather than a categorical approach to the resource allocation problem posed by old age. This approach effectively debunks the assumption that because the elderly consume a proportionately larger percentage of healthcare resources than other age groups they are receiving more than their fair share. Since all of us will (or hope to) be old someday, a fair allocation of resources across the life span will provide sufficient resources for each stage of life through which each one of us will pass. The prudential life span account is meant to solve the problem of allocation of resources to elders by reinterpreting it as a general problem of social justice involving the fair allocation of opportunities to individuals throughout the various stages of their lives. The liberal theory of justice requires a distribution of resources that provides for fair opportunity to individuals at each stage of their life. Hence, to complain that one stage of life receives more resources than another is to fail to appreciate that all individuals will benefit from a fair allocation of resources as they proceed from one life stage to the next.

Underlying this view is a commitment based not upon intergenerational obligations, but upon the social obligation to fairly provide equal opportunity for individuals to pursue a personal life plan at each stage of life. Such a life span approach is prudential, because individuals under the methodological condition of impartiality are led to support social programs based upon prudential considerations and not upon a shared commitment to normative ideals. As life span has increased for the population as a whole, we all have a stake in assuring that growing old provides the kind of social supports that will permit individuals to thrive no matter what values guide their individual choices. Thus, Daniels’ liberal approach to aging sees the question of allocation of resources to elders as a constituent part of a broader question concerning the distribution of resources across the entire life of individuals.

LIFE SPAN AS GIVEN

Daniels’ account, like Callahan’s, takes for granted the concept of a life span. Daniels, however, does so without accepting the strong normative features central to Callahan’s natural law orientation. Nevertheless, Daniels does assume that aging is composed of distinctive stages, each having distinctive social features and functions. Indeed, the guiding ideal is to devise a system for fairly distributing resources to each stage of life that is common to all members of society. The allocated resources serve as a proxy for the opportunities with which the liberal theory of justice is fundamentally concerned. The range and type of opportunities that are equitably allocated are based not upon choices made by actual or hypothesized individuals, but upon the accepted features of the life phase in question. This construal of the fair distribution of resources thus depends upon an acceptance of life stages as having distinctive features and functions for which opportunities can be identified. Thus, Daniels like Callahan builds on a long-standing view of the human life course as having a relatively stable structure, functions, and purposes. Such a view has several important features that can be traced to ancient sources.
Cicero in *De Senectute* wrote: “Nature has only a single path and that path is run but once, and to each stage of existence has been allotted its own appropriate quality.” Similarly, *Ecclesiastes* expresses the view that the natural divisions of human life reflect a divine order in the universe that provides a normative framework from which humans should seek consolation: “To everything there is a season, and a time to every purpose under heaven” (Eccl. 3:1). Cole (1993, 381) has argued that this ancient view provides a foundation for interpreting the life cycle as providing a shared sense of stability and order. Such an organizing schema has been especially important in Western thought, at least since the late Middle Ages.

Social concerns about establishing justice across the life span rest on the traditional bourgeois ideal of a society ordered by the natural divisions of human lifetime organized around shared social expectations rather than family, locality, or status. The idea of an ordered life span historically provided a stabilizing and organizing framework that supported the emergence of urban individualism (Cole 1989, 380). The modern idea of the life cycle thus provides a series of age-linked tasks and careers: education, work, and retirement, which encourage the development of individual virtues like self-control, thrift, and long-range planning. These virtues gained historical ascendance when the traditional stabilizing roles based on social status, position, or occupation were dismantled at the beginning of the modern period.

Expressed in the eighteenth century language of autonomy and equality, social divisions should be based only upon the natural order of ages rather than upon social or institutional position. In the nineteenth century, this pattern of thought came to constitute what has been termed the moral economy of the life course. Cole argues that this life course perspective affords not only a psychological or moral framework, but also an institutional framework that provides normative expectations for individuals and society. Individuals are socialized to expect to pass through the distinctive stages of childhood, adulthood, and old age, during which they mature and occupy different functions. These stages thus define a distinctively bureaucratized life course comprised of education, work, and retirement. In Cole’s view, both Daniels and Callahan approach the question of justice between the young and the old in an aging society through this normative historical lens.

**AGING, BIOLOGICAL REVOLUTION, AND SOCIAL EVOLUTION**

The treatment of aging in the work of these thinkers centrally features the concept of the life span. Although the concept has significantly different ethical standing and serves different argumentative purposes in each theory, the life span concept carries with it cultural and historical meanings. Both versions of the life span assume that there are distinctive stages in human development that are defined by normative functions and purposes. For Callahan, the stages are defined by nature whereas for Daniels, the stages are determined by social process. Within each stage, individuals are accorded significant latitude to actualize the opportunities provided. Both Callahan and Daniels see individual freedom as operating within a set of pre-given
meanings: natural and moral in Callahan’s natural law approach, and social and political in Daniels’ liberal approach. Individual freedom in Daniels’ account is a freedom to use opportunities that are appropriate to each stage of development. Other opportunities can be pursued but are not supported by social process or policy. To be sure, individuals might strive to actualize other opportunities, but not all opportunities pursued should be provided as a matter of social justice. Neither view adequately accommodates the possibility that the life stages themselves could undergo significant mutation as the process of aging is altered. This scenario poses questions that neither view is able to address. Such a scenario is being posed by work on the biology of aging. The life span approaches, however, are not adequately equipped to address the issues posed by a restructured conception of aging.

While the title of a book by Kurtzman and Gordon, *No More Dying: The Conquest of Aging and the Extension of Human Life*, published in 1976 might seem more prophetic than scientific, there is increasing scientific evidence that the aging process is amenable to manipulation. Indeed, aging involves complex genetic and cellular changes whose cumulative effect is seen in both the processes of maturation or the acquisition of capacity, as well as the degenerative processes associated with aging and old age. The biological processes associated with human growth and development in early and middle years are also associated with degeneration. Understanding these underlying processes could reasonably extend the life span or elongate certain developmental phases. The potential for this kind of work has led some to paint an exceedingly optimistic vision of the treatment of aging (Kurtzman and Gordon 1976). While this enthusiasm is historically new, it is no longer wildly speculative, but is based upon emerging scientific research on aging. This research views aging as part of a complex set of biological processes that are essential to growth and development, as well as degeneration and death. From this perspective, aging is itself a process that might be amenable to modification resulting in significant changes to the life course of individuals. For example, if some phases of human growth and development could be altered by direct human intervention, it would be difficult to assume that the life span had a determinate structure and that aging had a natural meaning. Beyond speculative developments in biology, the demographics of aging clearly show a strong correlation between improved standards of living and length of life, suggesting that the life span is at least quantitatively malleable. Nonetheless, the work of Callahan and Daniels reflect a longstanding tendency to regard the life span as fixed and outside the domain of human control. This view of aging is evident in literary sources, particularly those sources that stress the pejorative aspects. In *Gulliver’s Travels*, for example, Jonathan Swift told of the Struldbrugs, an immortal subset of the otherwise mortal population of Luggnagg. Gulliver is chagrined to learn that, despite their immortality, the Struldbrugs age, and by the age of 80, which is the normal life expectancy in Luggnagg, the Struldbrugs exhibited not only all the follies and infirmities of other old men, but many more, which arose from the dreadful prospect of never dying.
At 90, they lose their teeth and hair, they have at that age no distinction of taste, but eat and drink whatever they can get, without relish or appetite. The diseases they were subject to still continue without increasing or diminishing. In talking, they forget the common appellation of things and the names of persons, even of those who are their nearest friends and relations. For the same reason, they never can amuse themselves with reading, because their memory will not serve to carry them from the beginning of a sentence to the end; and by this defect, they are deprived of the only entertainment whereof they might otherwise be capable.  

(Swift 1960, 431-35)

Through this literary device, Swift effectively debunked the naïve belief that immortality would logically involve a quality existence. Similarly, Capek (1990) in the play “The Makropulos Secret” creates a story in which a sixteenth century physician concocted an antedote to aging. Only his young daughter and a few others used the formula before it was lost. Three hundred years later the characters find the formula. The doctor’s daughter, Amelia, now 337 years old but who appears to be only 35 years of age, explains the history of the formula. Although the characters rejoice at the discovery of the formula, they soon learn that immortality does not live up to their expectations but involves a constant state of boredom (Capek 1990).

These literary examples illustrate that aging has been seen as structured processes whose meanings are secured by the fact that one will die. Death, despite its oppressive finality, provides a limit to human experience that provides a frame of meaning in human life. Although the worry seems misplaced that biological interventions designed to slow the process of aging will successfully conquer death, many authors have been concerned about just such an outcome. They are concerned that the pursuit of life-extension is wrong, either because the goal of longevity is wrong or the hope for longevity is actually a disguised denial of death. Longevity would indeed be a foolish pursuit, were life not worth living, but it is hardly irrational to want to continue a life of quality. Callahan’s objection is that such a desire to consume resources better expended on the young is selfish and irresponsible. This objection, however, involves deep and unjustified assumptions about social and economic productivity of the aged and the value of personal existence. Ironically, Callahan wants to reestablish a view of old age that restores purpose, yet he only offers a view that involves withdrawal based upon the relative virtue of lessened resource consumption. If aging were open to human manipulation, standard assumptions about the meaning of aging would need to be reexamined.

The Capek and Swift references illustrate traditional, but possibly outdated views that staving off death would produce, at best, paradoxical results. Callahan’s work is congruent with such negative views. He does address the question of medicine and the conquest of aging in a chapter entitled “Medicine and the Conquest of Aging” (Callahan 1987, 52-81), but he does not address the issue we are discussing. Instead, he focuses on medicine’s commitment to the postponement of death, not the more interesting question of medicine’s commitment to slowing or altering the process of aging itself. This is not surprising, because the notion of slowing the process of aging undermines the very notion of a natural life span (Singer 1990, 136). If the processes of aging are malleable, then the concept of aging loses its stable and stabilizing structures. The common bioethical approach to
aging seems to accept that aging warrants medical intervention only insofar as disease is involved. If aging is neither a disease nor understandable in terms of disease processes, then it lies beyond the legitimate purview of medicine. This view may rest on a conceptual confusion that limits medical intervention to disease states or conditions (Caplan 1981). Even if aging does not involve pathological processes, it might still be a suitable object for medical intervention and manipulation (Murphy 1986). Because the biological processes associated with aging are increasingly understood to be different from disease processes, their modification can be an ethically legitimate goal. Indeed, as Peter Singer has argued (1990), slowing the aging process may well provide benefits to presently existing individuals in ways that do not create problems that would question the legitimacy of such interventions. Even if aging is natural and not a disease, the limitations that aging places on meaningful human action, choice, and thought might be sufficient to justify seeking treatments or a “cure” for aging. The important point is that, if aging is amenable to manipulation, bioethics’ acceptance of the structures and normative values associated with the natural life span view is problematic. Even if aging were not capable of direct medical manipulation, historical changes in the material conditions of life have greatly affected the processes of aging and have helped to reshape values that define the stages of life.

Bioethics’ tacit acceptance of the life span concept has meant that its underlying conceptual and value assumptions have not been subject to critical analysis. This is surprising, because changes in the understanding of stages of life, such as childhood and old age, are reasonably well known. For example, scholars have pointed out that childhood, as a distinctive phase of life, was a creation of the modern world (Aries 1965). The understanding of the developmental tasks and purposes of childhood have also undergone significant alteration over time (Zelilzer 1994). Similarly, although retirement, as the defining function of old age, may seem to be natural, it is a twentieth century idea. It addressed a specific set of social and economic problems that old people faced in modern industrialized societies. Retirement defines a package of economic and social benefits designed to ease the burdens of aging for a population that had lost the ability to be engaged in productive employment in an industrialized society. The failure of bioethics to come to terms with this development has meant that bioethics has relied on a rather conventional view of the life span and the normative features of its component stages. This is hardly justified.

Consider retirement. A proper question for bioethical exploration is whether the concept of retirement is at all appropriate for a post-industrialized society in which technical, managerial, and personal competence are more highly valued and more valuable than physical stamina or vigor. As functional life expectancy has increased in the late twentieth century, it became apparent that the “traditional” retirement age of 65 years did represent a justified line of demarcation between the life of work and the life of so-called earned leisure. Quite to the contrary, life expectancy has increased and individuals have maintained levels of capacity continuous with their middle years. The “old” have sought not only the oxymoron “active retirement,” but have pursued second careers or have taken on additional family or social
responsibilities. All of these behaviors are outside the traditional role of retirement. This development differentiates, if not competes with, understandings of the meaning of old age and retirement.

Changes in the understanding of the stages of life thus provide reasons for re-evaluating the idea of the life span and the meaning that aging provides within that frame of reference. The idea that there is a natural life span or life course itself appears to be a quaint “modernist” idea. As Cole (1992) has pointed out, the idea of the life span or life course is the product of an historical and social development beginning in the eighteenth century. As such, its normative and value features reflect historical and social interests that are subject to change. The tacitly accepted concept of a life span fixes the stages of human growth and development within a valuational framework that is itself in need of critical analysis. The life span concept defines a developmental order that is only partly based on empirical evidence and represents normative commitments that are historically determined. The thought that the aging process might be subject to manipulation by human choice through science and technology, however, is an unavoidable arrow aimed at the heart of the so-called “traditional understandings of aging.” If aging and its structures and patterns are not fixed, the values associated with the developmental tasks also lose their privileged position. The life-span concept thus does not provide an adequate framework for delineating the emerging ethical problems associated with aging. Because aging falls within the scope of human freedom and choice, it is subject to a variety of human interests and choices, and does not reflect a natural order of things. Because the processes of aging might be directly alterable, the idea of a fixed human life span or a life span composed of distinctive stages is much harder to sustain. Regardless of whether biological interventions to retard aging prove effective, their prospect places into question the assumptions built into the natural life span concept. If aging can be altered by human intervention, the developmental framework that bioethics has traditionally accepted is questionable.

Aging is better conceived as a concept that is malleable, rather than as a given cultural or natural framework that has a predetermined structure. If this is so, then the traditional framework that negatively values aging may be amenable to modification. Some of the oppressiveness of modern meanings of aging actually gain their cogency by working within the very framework that they so frequently oppose, namely, a framework that regards aging as primarily a process of loss (Gadow 1996). This understanding of aging reflects our culture’s negative attitude toward any existence that is not socially productive or socially capable of economic productive action. When productive action is less likely or possible, existence is negatively valued. In this context, death is regarded as natural, because nature is seen as providing the foundation for what is actually a social construction (Gadow 1987). The idea of the natural life span as it is normatively accepted in bioethics thus reflects a view that prizes instrumental reason and gives primacy to the (re)productive purpose of human life. Since elders have fulfilled their functions of parenting and are no longer economically productive, they become a natural group to nominate for so-called “natural” death. Such a biologized understanding of death
as natural reinforces the cultural belief that other deaths are not acceptable or not natural. Thus, questions about the appropriateness of high cost interventions early in life, for example, neonatal intensive care, surgery for severe congenital anomalies, or organ transplantation, are not readily raised. Ironically, actual changes in life expectancy and capacity have enlarged the population of “elders” who are generally healthy, and socially and economically productive; their existential status belies the very assumptions about aging upon which the natural life span concept rests. Their interest in life and rejection of natural death is a powerful force driving work in the biology of aging.

If aging is subject to direct control by manipulation of biological processes that are distinct from disease, then a new way of thinking about aging and its treatment is required – a way that lies beyond the medical model of disease. Alteration of aging, even if biologically produced, cannot justify the Procrustean analysis of aging in terms of the normative model of medicine (Caplan 1981; Murphy 1986). The association of the treatment of aging with medicine reflects the modern tendency to medicalize life (Illich 1975), but the medicalization explanation may obscure more important processes that are shaping the way bioethics comes to terms with aging. As discussed earlier, certain elements in the “natural” life span are clearly social creations. For example, childhood and its distinctive activities and purposes is a distinctively modern concept that reflect bourgeois attitudes toward the social worth of individuals as well as cultural attitudes about role differentiation among the sexes. Unfortunately, bioethics has not adequately come to terms with the processes that have shaped the meaning and value of aging.

Callahan, for example, does not allow a wide range for human action. He certainly provides a place for responsibility to others, but not a place for truly autonomous choice about aging itself. Indeed, in Callahan’s view, the significant choice involves responsible accommodation to the normative tasks associated with each stage of aging. In old age, acceptance is the dominant ideal. Similarly, Daniels sees the allocation of opportunities across the life span as characterized by pre-given stages or phases, each of which has a distinctive set of tasks and functions. Neither thinker adequately addresses the autonomous actions and choices involved in living one’s life.

Because bioethics tends to see the life span as fixed and as delineating normative tasks appropriate to each stage, it does not appreciate the extent to which it relies on historical, ideological, institutional, political, and social constructs that are themselves undergoing change and development. Neither Callahan nor Daniels offers a view of aging as involving dynamic cultural, economic, institutional, personal, and social processes. Thus, neither thinker seems prepared to explore in depth the idea that aging itself might be altered in ways that change the meaning of aging by elongating certain of its component phases. Such change might alter or augment the scope of human autonomy resulting in the emergence of new patterns of growing old. In the accepted or standard view, interventions designed to retard aging are viewed primarily as the prolongation of the end-of-life phase. Callahan seems to believe that life prolongation is a central goal of medicine. It stretches out
the period of decline or elongates the period of old age, thereby exacerbating the
issue of distribution of resources, particularly health-care resources. However, this is
not the only possibility.

First, the entire life span might be understood in a way that simply extends, but
does not otherwise alter, each life phase, their interrelationships or meanings.
Second, the life span could be extended in a way that provided an increase in vigor.
For example, additional years of maturity might be attained without increasing other
life phases. Third, life might be extended, but mental vigor might be increased,
coupled with bodily decline or, conversely, bodily vigor might be prolonged coupled
with mental decline. Fourth, the length of life might not be extended, but efforts to
retard aging might promote an increase in vigor resulting in better health status and
function throughout the life span. These possibilities represent genuine alternatives
that require ethical analysis and discussion.

The life span concept figures centrally in bioethical reflection on aging. Its
conceptual, cultural, historical, institutional, political, and social features, however,
are insufficiently analyzed. Bioethical treatment of aging tends to be remarkably
selective in addressing negative possibilities associated with significant changes in
patterns of aging. For the most part, bioethics has focused on the allocation of
healthcare resources or ethical concerns at the end-of-life care. These concerns are
driven by the belief that patterns of aging are predetermined and that individual
choice is normatively shaped by each phase of life. There is remarkably little
reflection upon how changes in the dynamic of aging might affect traditional ways
of understanding what constitutes the meaning in each life phase.

SUMMARY

If the structure and meanings of the human life span were changed by medicine, new
questions would emerge that were previously only a matter for imaginative
speculation. The questions concern the nature and purpose of human existence under
conditions not envisioned in the traditional view of the life span. In making this
point, it is important to stress that the life span normalizes the limits for human
action and aspiration. Altering the processes of aging can occur not only through
biological or medical interventions, but through social and psychological change as
well. The traditional life span framework encompasses three distinctive careers of
education, work, and retirement. Changing the process of aging might yield other
formulations of “career.” Some of these changes are already evident, though
insufficiently appreciated by bioethicists.

Increases in the length of life and stability of health status, for example, have
created new opportunities for old individuals that challenge traditional assumptions.
The often-criticized oxymoron “active retirement” represents a lesser contamination
of legitimate retirement by the culture of youth than it does a radical
reconceptualization of the meaning of the final phase of life. A period of active
engagement in projects and activities that realize individualized visions of the “good
life” might replace the traditional understanding of old age as a time for withdrawal
and accommodation to loss. This change is often bemoaned by bioethicists who see the social problems associated with allocation of resources as paramount. The change is better regarded as involving changes in the normative expectations of human life. Rather than involving a set of determinate stages, aging is indeterminate. Aging is certainly more complex and variegated than bioethics seems to appreciate.

Bioethicists have not come to terms with such a mutating concept of aging. They do not take seriously the degree to which the life span is open to alteration. Instead, they see aging as a process involving predefined stages. They do not see that alternatives to the traditional life span view involving different normative structures are possible. Bioethical reflection on aging has thus been remarkably conservative preferring to think in terms of pregiven patterns of aging rather than styles of aging that exhibit creative and individual variation. It has been assumed without serious question that there is one overarching pattern to human development that forms the framework for bioethical analysis. Overcoming this way of thinking is an emerging challenge for the field of bioethics.

George J. Agich, F.J. O’Neill Chair in Clinical Bioethics, Cleveland Clinic Foundation, U.S.A.

NOTES

1 Much of Callahan’s work on aging is framed by concern about the allocation of medical resources at the end of life. Although the allocation of resources and decision-making at the end of life are central themes in Callahan’s work, these issues receive only incidental treatment. Callahan is primarily concerned with the different task of developing a theory of meaningful old age. It is no wonder, then, that he does not provide a clear or compelling account for how his approach would yield significant savings of resources or a justification for his treatment of end-of-life issues, including euthanasia and physician assisted suicide.

Callahan advocates a commitment to the relief of suffering and an improvement in long-term care without addressing the deep ethical problems associated with relief of suffering or the economic problems associated with costs of truly effective long-term care. He presumes that improved programs would not represent increased cost, when, in fact, a palliative approach that maintained quality of life for elders with chronic, debilitating conditions could easily cost more than the current life-prolongation approach of medicine that he finds so problematic. Although cost frames his analysis, it is fair to say that Callahan is interested less in cost containment than he is in providing a philosophical account of the meaning of aging and the normative purposes of medicine. Callahan, in short, longs to develop a philosophical account that can help elders to face the disabilities associated with aging and their inevitable death. In doing so, he thinks he must confront the penchant of contemporary medicine to pursue life-saving aggressively for elders without regard for the economic, moral, or social costs of such a commitment. In pursuit of this deep philosophical goal, Callahan claims, though he does not provide substantiation, that the indiscriminate use of life-saving technology represents a morally faulty commitment to prolong life indefinitely. Even though one might argue that contemporary end-of-life care is less influenced by an absolute commitment to the prolongation of life than it is a fallible and incomplete effort to maintain the quality of life, Callahan assumes that medicine is uncritically committed to life prolongation without regard to outcome. He thus assumes that the paradigm diseases of elders involve a predictable course leading either to a painful death or loss of one’s fundamental sense of self-awareness and purpose. In these circumstances, he rightly thinks that an uncritical commitment to the aggressive pursuit of life prolongation is ethically problematic. There are, however, many clinical conditions that provide
significantly different paradigm for thinking about medical care for elders that Callahan does not use that involve different intuitions. For example, the acute crises of congestive heart failure (CHF) or chronic obstructive pulmonary disease (COPD) might be occasions for acceptance of finitude, but they can also be reversible events that can restore quality life to elders whose social and personal projects remain intact. Even though there is no final success to be gained against death, patients can return to acceptable levels of functioning that can involve the very kinds of personal and social meaning that Callahan so prizes.

Efforts to improve care at the end of life have not had to confront the opposition that Callahan seems to presume, namely, a commitment to extend life irrespective of the quality of life. Quite to the contrary, discussion of palliative and hospice care, and debate over the rights to refuse treatment or to assistance in dying, have prominently featured concerns about maintaining and respecting patient and surrogate autonomy, maintaining levels of comfort and relief of pain and suffering, and making choices that more effectively and efficiently utilize life-sustaining technology than Callahan implies.

1 Productivity is, of course, a modernist measure of worth that is itself in question today.

2 For an exception to this point, see Singer (1990).

REFERENCES


