Authors:
Antonio Guerci, Stefania Consigliere

Corresponding author:
Antonio GUERCI
Dipartimento di Scienze Antropologiche
Università degli Studi di Genova
Via Balbi 4
16126 Genova (Italy)
email: aguerci@nous.unige.it

Title:
Ageing: from bioethics to social ethics

Addresses of other authors:
Stefania CONSIGLIERE
Dipartimento di Scienze Antropologiche
Università degli Studi di Genova
Via Balbi 4
16126 Genova (Italy)
email: stefania@disa.unige.it

Keywords:
ageing, common policies, cultural models, demography, economy, elderly, prevention

1. The «problem» of ageing

When tackling the problem of age and ageing, the Western world seems to sway between two often diverging and even conflicting perspectives, that remain all the same intertwined: the first one is tied to a progressive medicalisation of ageing subjects, and is intrinsic to many aspects of the Western approach to ageing; the second one, linked to the "time of life", is typical of many non-Western cultures, and emerges today as a compelling issue within the heart itself of Western societies.

Of course, ageing only becomes a problem when the greater part of the individuals of a given society have the chance of becoming old. In a sense, then, ageing in itself is not a problem, and the ageing of wide population sectors can be seen as one of the greatest triumphs of social development and public health policies.

Nonetheless, the present clashing of the two above-mentioned perspectives on ageing marks an unresolved knot in the Western approach. Neither of the two views can provide a complete perspective; and their separation makes it almost impossible to draw a complete picture of the phenomenon: while the 'humanism' of traditional approaches is at risk of inefficacy due to lack of means, the 'technical power' of Western bio-medical approaches is at risk of sightlessness, due to lack of ends.

From this stems an apparently simple conclusion: *it is not possible to discuss ageing without discussing the whole of society*.

The reasons of this statement lie not only in the much searched for interdisciplinary approach to ageing, but also in very political grounds. A multi- and inter-disciplinary approach is of course crucial; but the final goal is not merely academic or theoretic: the theme of ageing elicits answers to the extremely crucial questions of what our societies intend to do about themselves in the coming decades.

Approaching the problem from an anthropological point of view implies at least (a) collecting data from the latest demographic, medical and social researches; (b) taking into account the biomedical knowledge on the biological process of growing old and on all those practices promoting a healthy third age, and for coping with age-related health problems; (c) gathering a perspective on how age and age-related problems are perceived in different cultures, and analysing the strategies envisaged for coping and their anthropological «exportability». The goal is (d) to transform something that today is perceived as a problem into a new resource for global wealth, well-being and social integration, and into a social opportunity for all walks of society.

In the paragraphs that follow we will only indicate some possible research lines; the undertaking does not claim to be exhaustive – however, it is important to notice that over and over again the anthropological approach to ageing comes to directly question social and cultural policies.

2. Demographic data

2.1. The biological / biographical threshold

The debate over the age that should be considered as the biographic and biological threshold to old age is still open. While up until a few decades ago the age of retirement provided a useful watershed, recent social changes have made it impossible to point out a single event that can serve as a meaningful old age threshold for broad sections of the population. The general tendency of demographers is towards a raising of the general

threshold from 60 to 65 years. However, the greater part of the demographic analyses are still based on the 60-year threshold. Where no other specification is made, we mean by «older people» or «elderly» those aged 60 or over; by «oldest old» those aged 80 or over; and by «children» those aged below 15.

2.2. Ageing in the world

In developed countries population ageing tends to increase in parallel to the general social and economic development; however, different situations are to be found in developing countries, where many of those reaching old age face a longer life of economic deprivation without social support.

First of all, a demographic myth must be exploded: it is not true that most older people live in developed countries. While it *is* true that developed countries have a higher life expectancy, and therefore a higher rate of aged people with respect to the total number of citizens, the greatest absolute number of aged people actually live in under-developed or developing countries: they are currently 354 million (over 60% of the total).

The general ageing process can be easily evaluated looking at the increase in the number of older persons. The estimate projection for the world for 2050 reveals that, for the first time in the history of humanity, the number of older people will be greater than that of children (such a situation is already taking place in the most highly industrialised areas of the world). The number of old people will increase from 580 million in 1998 to 1,970 million in 2050. This increase will be less dramatic in more developed areas of the world (from 226 million in 1998 to 376 million in 2050), and much faster in developing countries, where the aged population will grow from 354 million in 1998 to 1,594 million in 2050. This means, also, that developing countries will not have sufficient time for an efficient adaptation of social policies to the new demographic scenario (United Nations, 1998; 2001).

The oldest–old population is also rapidly increasing: in 1998, 66 million people in the world (1.1% of the world population) were aged 80 or over; this number will increase almost 6-fold to reach 370 million people in 2050, making it the fastest growing population segment.

2.3. The European situation

With respect to ageing, Europe can be seen as a true world workshop: the process of population ageing having begun earlier here than in the rest of the world, general tendencies for the present century can already be outlined: Europe is now, and is projected to remain, the major area of the world most involved in the ageing issue.

The proportion of oldest-old was 3.9% in northern Europe in 1998, 3.7% in Western Europe and 3.2% in Southern Europe. Projections inform us that the proportion of children, that was 18% in 1998, will decline to 14% in 2050; the proportion of older people, on the contrary, will increase from 20% in 1998 to 35% in 2050. The median age will increase from 37.1 years in 1998 to 47.4 in 2050: this means that the number of older people in 2050 will be two-and-a-half times the number of children.

The perception of the social status of aged people is changing therefater, and a number of new challenges will have to be addressed in the near future. The ageing process and the role of older people will have to be re-thought and re-interpreted; at the same time social and economic policies will have to be implemented, taking into

account a demographic situation that is soon going to be deeply different from any one known in the past or in the present.

3. Biology and biomedicine: from therapies to prevention

3.1. On normality

The so-called «weak» population brackets – amongst which older people are often included – are not to be considered exceptional areas in societies which are otherwise «strong»; in fact they more realistically represent a demographic area where problems that are shared by the population as a whole, tend to emerge as a consequence of specific circumstances. Considering older people (or ill people, children, women, etc.) as intrinsically weak is tantamount to accepting a precise, invisible and powerful measure of what is to be considered normal and what not. Statistics itself proves that perfect normality is the most rare condition one can find. The surreptitious transfer from normality to normativity is a semantic abuse, besides being a social error.

3.2. Causes of death and biological indicators

The main causes of death in old age, both in the developed and in the developing world, are ischaemic diseases, followed by neoplastic diseases, and then by respiratory diseases (WHO-OMS, 1999). However, there are significant differences: in developing countries, infectious and parasitic diseases are still a significant cause of death among the aged, while cerebrovascular diseases are more important than ischaemic heart disease, and injuries have much more dangerous consequences than in the developed areas. The prevalence of the causes of death, then, is not only biological.

In the oldest-old neoplastic diseases are much rarer than in the old; and very often death is not caused in the oldest by any single specific pathology, but by the prevalence of multiple pathology. In any case, it often happens that the last years of life of the very old are marked by increasing disabilities and various forms of illness: the mere longevity data are not sufficient to take into account the personal and social burden of chronic disease.

The idea that older people are generically «frail», and therefore need constant medical care, must be addressed with caution: most older people remain physically fit well into later life, and not merely in the reductive sense that they are able to carry out the routine tasks of everyday life. In medical terms, most older people maintain high «functional capacity».

In order to plan future policies and social strategies, health status in old age must be measured with accuracy, especially in relation to biological indicators of ageing. This is urgent both for setting service priorities, and for improving the potential of a healthy old age, maintaining personal independence as far as possible, even in the case of permanent disabilities.

3.3. Towards a new paradigm

Care of ill and frail old people must be associated to the effective planning of health promotion intervention for all ageing and aged people. Enormous relevance should be attached to rehabilitation and prevention procedures, not merely in a bio-medical sense, but aimed at a general increase in the material quality of life of older people, and at the cutting down of pathologies and risk factors.

In Western cultures the practice of self-therapy is on the increase, as might be inferred from the sales of over-the-counter medicines, along with a growing attention and interest for medical pluralism. In such a situation, patient information and education takes on an enormous medical and social relevance, functional to the patient's increasing responsibility for his/her own health (Assal et al., 2001).

Tackling the problems related to old age may prove difficult because of the budgetary pressures on health and social services systems; but in this case, also, a number of current ideas need to be revised. During the last few decades, health policies have often pressed old people to seek for frequent medical care and assistance, even when there was no real need. This has artificially raised the costs for medical care to aged people, causing the latter to be commonly discussed as a primary problem in itself.

Along with the present paradigm shift in the care of the elderly (Heikkinen, 2002), the challenge to be faced is a two-fold one: alongside empowerment of existing structures, new ones need to be organised able to lower costs without cutting down on the quality of services, at the same time developing new professional roles functional to new professional contents.

4. Ageing in the world: changing models

4.1. On variability

What it means to grow old; what is considered healthy for older people; what their social role must be: all these concepts greatly vary throughout the world. Even within the same culture, their perception is dissimilar among different social and economic groups, different age-classes, and different genders (Loriaux et al., 1999, Singleton, 2002). Another commonplace that must be abandoned is the idea that old people are all alike: people grow old in a variety of ways, depending on social status, education, biographic history, cultural background, disease experiences, etc.; and, what is even more surprising, speaking from a strictly biological point of view, individual variations among the aged are often greater than those found in young people.

From this stems a general consideration: it is impossible to address older people as a homogeneous group, and to establish upon this view a common policy for «the aged». Ideally, specific and individual variables should be taken into account; and at a practical level, assessments should be made via specific typological aggregations, and policies then established according to precise, well-defined objectives.

4.2. relationships

Demographic changes, economic transitions, migration and emigrations all contribute to the rapid reshaping of relationships between generations, cultures and genders (Predazzi et al., 2000).

It is commonly thought that traditional relationships among generations are still strong in the great majority of developing countries: this is not the case. It is the poorer countries, where social and economic inequalities build a widening gap between generations, that at present suffer more from this inter-generational disruption (WHO-OMS, 1999), with the younger generations lacking even the minimal material resources required to offer any significant support to the older generation.

A topic that closely binds geo-political issues to affective and material needs in the elderly is that of immigration. Two examples are sufficient to carry us a long way:

that of immigrants acting as companions to older people, and that of the position - as yet scantly investigated - of older immigrants (Van der Geest, 2002).

Some aspects of the ageing process that are deeply bound to the gender dimension are very often neglected. First of all, women live longer than men. The great majority of old and oldest-old people are female: the women: men ratio is higher throughout the whole of old age, and becomes a stunning 4 (females) to 1 (male) among centenarians. Female life expectancy at birth ranges from over 50 years in the least developed countries, to over 80 in many developed countries. The female advantage in life expectancy ranges from five to eight years: this data, however, is counterbalanced by the fact that women are affected by a higher ratio of disabling diseases versus males of the same age bracket. Part of this advantage may be biological, although in many places it is counteracted by cultural practices averse to female babies and children, and to women. It is therefore important that world policies for the aged take into account this fact, considering also that policies for women's health and empowerment will cause a further increase in women's life expectancy.

The theme of gender, however, does not merely pertain to biology. Gender is always culture as well: the way the image of ageing women takes shape, along with her role and self-perception, is a culturally variable element. Specularly to the young female body stereotypes, those concerning the ageing counterpart are no less sensational, in the negative. The representation of the aged female body as entrapped in a prison of rigidity acts powerfully upon the collective imagination; the symbolic phase *par excellence* being the menopause (Diasio, 2002).

The common stereotype describes the older person as excluded from sexual activities because infertile and no longer attractive. Conversely, and fortunately, old age is not void of sexual desire seen as the completion of an affective tie. Often, however, a sense of "taboo" accompanies this "second" sexuality, probably also because of religious and cultural constraints.

4.3. From traditional images to new models

The social and individual image of age and ageing is extremely variable. In popular traditions are present widely differing and multivalent images of old people; in literature, philosophy, the arts, old age and ageing have always stimulated meditation: while educated thought in the Western world has constantly stressed its undesirable aspects, varied models of ageing have emerged in the course of time, linked to social situations, to the role of the elderly, to the 'zeitgeist' (Von Engelhardt, 2002).

Both within and without the Western world are to be found diverse models of ageing, often proposing brilliant re-inventions of the very role of older people, which deserve to be approached and studied without prejudice or generalisations. The idea that societies with a prevalence of the elderly component are more static than those with a prevalent young component is surely false: the attitude towards innovation does not depend on the demographic pyramid, but rather on precise cultural values.

As against the commercialisation and levelling propounded by the media and the negative stereotypes underlying most social communication on old age and the self-perception of older people themselves, a very different image of old age emerges from arts and literature and whenever older people can tell their own stories.

The ideal image the western culture has of a serene old age, is that of the wise old man who still plays his role as head of the family; an image often represented by the figure of the village sage, who dispenses advice, gives his authoritative opinion in

disputes and acts as an intermediary between the natural and the supernatural worlds. If in «non-western» populations the old often detain power, this shouldn't be either generalised or idealised: in some cases, it is the group that detains religious and economic power who succeeds in growing old, while other elderly people are more easily marginalised because of their poverty or non-autonomy.

4.4. The western elderly and globalisation

The idea of «modernisation» usually implies a static view of Western culture, seen as a set group of practices, notions, techniques and lifestyles, equally shared among all citizens, and upon which there is general consent. The real situation, however, is different: within the boundaries of the Western world are to be found a number of premodern instances; different ways of living modernity; and a variety of practices and notions that are already largely projected towards a further horizon (the "postmodern" one, maybe). This fragmentation is especially visible among the elderly. From biomedicine to nutrition, from everyday technology to public decision making, solutions for the problems of the third age are continuously rediscovered or invented, both among «old» practices and on the front line of modernity. We can exemplify by focusing on two experiential areas of contemporary Western world: nutrition and technology.

Nutrition is closely connected to health, in the sense of prevention to a number of disorders. Variety and quality of food are not only important aspects of everyday wellbeing, but also an effective guarantee for health. Nutritional choices, however, are influenced by a number of factors (Barberger-Gateau, 2002). Food is part of culture: the national cuisine can influence the undertaking of dietary habits. People who live alone seldom devote time and attention to nutrition, the situation being made worse if physical or psychological disorders are present. A higher level of education and a higher income can direct older persons towards more careful and mindful dietary choices.

Technological developments are especially necessary in the field of transport (so as to diminish social differences and promote the same opportunities for all), of means of communication, of services, and of interior house planning and decorating. However, they present a two-fold aspect: they can in fact either facilitate or hinder everyday-living activities (Mollenkopf, 1996). In the search for practical solutions aimed at maintaining and/or improving the quality of life in older people’s daily living, the aids provided by technology in a variety of previously unthought-of devices, are often an extremely functional answer to authentic problems. This precious contribution, however, also brings to the fore the lack of integrated guidelines when approaching the complexity of old age, and can actually become instrumental to exclusion. Varying cognitive and psychological skills, personal tastes, preferences and wishes need to be taken into consideration in a multidisciplinary approach.

The most advanced medical research itself – if not supported by an awareness of the anthropological value of old age, and by less superficial political/strategic decisions – will not be in a position to provide practical answers leading to enhanced dignity, and quality of life pervading also the affective and psychological spheres in the elderly (Good, 2002).

5. Common policies and social opportunities

While on the one hand the increase of older people poses problems that must necessarily and effectively be addressed without further delay, the view of ageing as a crisis – personal and social – cannot be accepted as such. The ageing process spans over decades, not just years or months: there is time enough to think up and implement appropriate policies and programmes on the grounds of available data and projections regarding the future. And though there are personal aspects, in the experience of ageing, that may be related to "crisis", these are mainly caused by the social situation and the quality of life of the elderly, and not by the ageing process itself.

As we have already stressed, all aspects of health and wellbeing in the aged population are inextricably tied to the social, economic and cultural situation in which they live. It is possible, however, to identify common objectives that apply both to developing and to developed countries.

5.1. Economic evolutions

The view that old people have nothing more to contribute to their societies, and that they are an economic burden for younger generations is based upon another western commonplace: the idea that contributions to society are only made by those individuals that are structured within the macroeconomic system (i.e., those that can be counted as rentable labour force). This view implies that cultural, social and economic evolutions can only go through paid occupation; and since labour force declines with age, the aged have nothing more to contribute.

All the most recent economic and social developments testify that this view is wrong (Loriaux, 2002). In the first place, paid occupation only accounts for a part of all improvements, the others depending on jobs and activities that are usually not paid, and that have only lately found proper social (if not always economic) acknowledgement. Older people often make substantial contributions in these unpaid jobs: in agriculture, in the informal sector, or in voluntary roles. There are national economies that, to a large extent, are dependent upon these activities. Very few of these contributions, however, are included in the assessment prospectuses of national economic activities, the great majority being left unnoticed and undervalued.

In the second place, even when reasoning in terms of paid jobs, declining functional capacity does not mean inability to work; recent technological advances allow even severely disabled people to be fully economically productive, and physical fatigue is now required in but a few jobs (potentially, at least).

Finally, it often happens that older people are left out of paid jobs because of lack in education and training, rather than because of old age itself; to this situation also contribute, of course, a number of short-sighted social and economic policies (WHO-OMS, 1999).

5.2. Continuing education

In this frame, continuing education acquires new relevance, not only in the sense it has had in recent years, namely as a mere «pastime» for those who had time to spare. The contemporary social and working context is shifting from a model based upon the three stages of life (learning – work – retirement) to a model where the distinction between paid time and study time has no longer reason to exist. In such a context, continuing education of workers becomes at one time continuing education of individuals, irrespective of age and social class. The continuing education of older

people, therefore, should be seen as an opportunity and a time for development, for reflection, for re-orientation.

Equally important is the ongoing education/training of those who work with older people, both as professionals and as family members/caregivers of non-autonomous older persons. A diffuse need is also felt for the creation of new professional figures, linked to the new contents of gerontology and caring, not seen so much as substitutes for family or formal carers, but rather as intermediaries between institutions, local authorities and citizens' needs.

5.3. Networks

A common socialising modality is the grouping of peers in clubs, correlated to the creation of commercial targets: young people consort with young people, adults with adults and older people amongst themselves. Space and time opportunities for interaction and sharing are lacking in all walks of life: the separateness between generations is a symptom of the more generalised separateness of individuals from one another.

Loneliness is a problem the world over, not only in the peripheries of western metropolis; but again, it is not so much an age-linked problem as a function of the social situation in which many elderly are forced to live. Depressive syndromes and abuse of psychoactive drugs among the elderly have recently emerged in the shape of actual emergencies; and older members of the population are also the ones presenting the highest rates of suicide, but they only seldom make the news.

But the possibility of creating networks of citizens, irrespective of age or memberships, appears to be an opportunity for the building up of a social structure fit and welcoming for everyone. In this context, older people are in a privileged position: if, on the one hand, their category is at the highest risk of social and individual isolation, on the other they have the greatest means (in terms of free time) to be able to create new relationships – which might act as a propellant for a number of novel forms of public and social participation (Thill et al., 2001).

5.4. Common policies

Following the indications of the World Health Organisation (WHO-OMS, 1999), some general policies can be defined for the aged and ageing population:

1. Quality of life: general health promotion; minimisation of dependency; prevention of disease (especially of non-communicable ones); guarantee of access to a balanced diet; promotion of physical activity; promotion of self-responsibility in the elderly for all that concerns health; ensured access to health care and rehabilitation services for all older people.

2. Active ageing : promoting social inclusion at all levels; promotion of participation in family and community life; recognition of older people's roles in economic and social development; promoting and supporting the participation of older people in voluntary activities

3. Equal access to resources: promoting an equal distribution of work (both paid and unpaid) and leisure activities between men and women; promoting permanent education and easy, lifelong access to learning; providing economic protection; providing free health care and assistance for all aged people

Between the lines there emerges the most interesting aspect of the guidelines outlined above: none of the interventions mentioned is *specific* for older people; and this

is just what older people need so as to be able to lead a full and dignified life – this is also what the whole of society needs.

Acknowledgements

The Authors wish to express a heartily thankfulness to Marie V. Gianelli for her help with the English translation; to all participants to the *3rd International Conference on Anthropology and the History of Health and Disease* (Genoa, Italy, March 13-16, 2002), dedicated to the theme «Living and 'curing' old age in the world»; and to the group of people who have written the Technical Report of the *Conference*.

References

Assal, J.P., Golay, A., 2001, Patient education in Switzerland: from diabetes to chronic diseases. Patient education and counselling 44, 1, 65-69.

Barberger-Gateau, P., 2002, Comportements alimentaires et état de santé des personnes âgées: introduction. In Living and "curing" old age in the world, edited by A. Guerci and S. Consigliere (Genova: Erga) Cd-rom.

Diasio, N., 2002, L'inverno delle donne. La costruzione del concetto di menopausa tra scienza e metafisica. In Living and "curing" old age in the world, edited by A. Guerci and S. Consigliere (Genova: Erga) Cd-rom.

Good, B.J., 2002, Cultural and Moral Dimensions of the Experience of Illness and Aging in a World of Cyborg Medicine and Technoscientific Soteriologies. In Living and "curing" old age in the world, edited by A. Guerci and S. Consigliere (Genova: Erga) Cd-rom.

Guerci, A., and Consigliere, S., (edied by), 2002, Living and "curing" old age in the world. Proceedings of the 3rd International Conference on Anthropology and the History of Health and Disease and of the 3rd Course in Medical Anthropology. Genova (Italy) March, 11-16, 2002. (Genova: Erga Edizioni) Cd-rom.

Heikkinen, E., 2002, From disease to functionalism: a paradigm shift in the care of elderly people. In Living and "curing" old age in the world, edited by A. Guerci and S. Consigliere (Genova: Erga) Cd-rom.

Loriaux, M., Remy, D., and Vilquin, E., (edited by), 1999, Populations âgées et révolution grise, Chaire Quetelet 1986, Institut de Démographie-UCL, (Louvain-la-Neuve, Ciaco).

Mollenkopf, H., (edited by), 1996, Elderly People in Industrialised Societies. (Berlin: Editions Sigma).

Predazzi, M., Vercauteren, R., and Loriaux, M., 2000, La cultura dell'incontro generazionale per il superamento delle discriminazioni sociali ed etniche (Gallarate: Il Melo).

Singleton, M., 2002, Du culte des ancêtres à la rentabilité des seniors : pour une anthropologique réaliste des (r)apports du troisième âge. In Living and "curing" old age in the world, edited by A. Guerci and S. Consigliere (Genova: Erga) Cd-rom.

Thill, G., and Brochard A., 2001, Le dialogue des savoirs. Les réseaux associatifs, outils de croisements entre la science et la vie, (Paris: Éditions Charles Léopold Mayer / Bruxelles: Éditions Luc Pire).

United Nations - Department of Economic and Social Affairs – Population Division, 1998. *1998 Revision of the World Population Estimates and Projections*. <http://www.undp.org/popin/wdtrends/pop1998/>

United Nations - Department of Economic and Social Affairs – Population Division, 2001. *World Population Ageing: 1950-2050. Executive Summary*. New York, 2001: United Nations.

Van der Geest S., 2002. Migration and hired care for the elderly: problems and options in a cross-country perspective. In Living and "curing" old age in the world, edited by A. Guerci and S. Consigliere (Genova: Erga) Cd-rom.

Von Engelhardt, 2002. Altern und Alter in der Literatur und den Künsten. In Living and "curing" old age in the world, edited by A. Guerci and S. Consigliere (Genova: Erga) Cd-rom.

WHO-OMS, 1999. *Ageing. Exploding the myths.* http://www.who.int/archives/whday/en/documents1999/WHD99_E_all.pdf