

Bioethics in the care of senior citizens.

Bioética en el cuidado de las personas mayores

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Abstract:

Aging is inevitable, and all of us will reach this stage of life, so the senior population that is already in it must be treated with the respect they deserve and thus be able to enjoy a quality of life. For this reason, all health professionals must consider bioethical principles to ensure dignified care. The most frequent ethical problems are that the seniors or their more frequent relatives may be forced to remain isolated, administer new drugs without sufficient justifying studies, be negligent in their care, abuse their state of mental incapacity, generating marginalization, abuse, discrimination, and abandonment. Therefore, this article seeks to raise awareness about the main concepts of bioethics and how to apply them to senior citizen's care and well-being.

Keywords:

Senior citizens, bioethics, aging, quality of life, moral principles, vulnerability.

Resumen:

El envejecimiento es inevitable, todos llegamos a esta etapa de la vida, por lo que la población que ya se encuentra en esta etapa debe ser tratada con el respeto que merece, y así poder gozar de una calidad de vida. Para ello todos los profesionales de la salud debemos tomar en cuenta los principios bioéticos para asegurar una atención digna. Los problemas éticos que puede presentar la persona mayor o sus familiares más frecuentes son obligar al adulto mayor a permanecer aislado, a administrarle nuevos fármacos sin estudios suficientes justificatorios, ser negligente en su cuidado, abusar de su estado de incapacidad mental, generado marginación, maltrato, discriminación y abandono, por lo que este artículo busca concientizar sobre los principales conceptos de bioética y como aplicarlos en el cuidado y bienestar del adulto mayor.

Palabras Clave:

Adultos mayores, bioética, envejecimiento, calidad de vida, principios morales, vulnerabilidad.

INTRODUCTION

Senior citizens are a significant population group, and in some cultures, they are assured a place of respect and care. In other scenarios, they are invisible, reaching a state of negligence and neglect, becoming a vulnerable population due to the

indifference not only of the family but also of society and the health system ¹. Nonetheless, aging is a natural process of every living being, and despite the fears and uncertainty associated with it, it is a stage of life that every human being will reach in the future. ²

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The quality of life in this age group is limited by several conditioning factors, such as developing chronic pathologies, economic situation, social participation, nutritional status, family perception, and adequate health care.³

All health professionals must ensure that they are prepared to provide the best care, not only clinically but also, in many cases such as emotional and moral support, so bioethical principles must be taken into account to ensure dignified and quality care.

DEFINITIONS AND PRINCIPLES.

To know how bioethics influences the attention and care of seniors, we must start with the definition of this term. Hincapié, et al. propose the following definition: “the systematic study of human behavior in the field of life sciences and health care, examined in the light of values and moral principles”. Rotondo defines it in practice as a “branch of applied ethics, which in the field of medicine will help especially at the time of decision making, in which not only clinical considerations will be taken into account, but also value judgments of the person or patient and the health care team”.

In both definitions, the priority is the life and health of human beings based on clinical values and considerations, all to ensure the integrity of the patient, and it includes age, experience, and one's desire to choose a treatment or intervention.⁴ Health professionals must use bioethics principles as a guide to a particular approach to solving a problem. The principles are general rules that order the arguments and make it possible to resolve various ethical situations or dilemmas.

Figure 1 shows the graphic presentation of the four principles of bioethics based on a first bioethical triangle and in a non-maleficence framework; however, within it, other triangles are developed with the same basis but different heights, which would define aspects of beneficence.

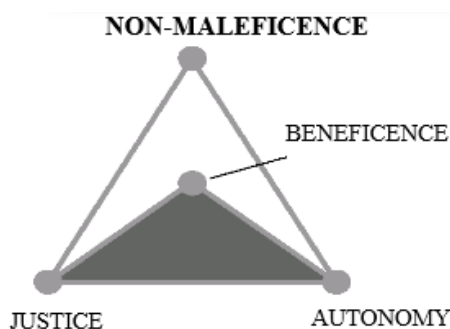


Figure 1. Bioethical triangle

These fundamental principles can be conceptualized as follows:

1. **Autonomy Principle:** it implies the assumption of the right of moral subjects to decide based on their values and beliefs about any intervention to be performed on their person. This principle is the basis for a new patient-health professional relationship since the patient is treated as a responsible adult with the capacity and the right to decide among the present options in a given clinical situation. In our society, we suppose that seniors lose this capacity for autonomy and become dependent on others, usually their children, who do not always provide the care they require.
2. **Non-maleficence Principle:** is formulated in negative terms as a prohibition to intentionally or recklessly cause harm to others with a higher level of demand than the obligation to provide a benefit. The health personnel in service to the patient must not harm the patient or a group and be concerned with doing right. Consequently, the health system and the professionals have little empathy in treating senior citizens. There is no sensitivity in the treatment, not only in physical issues but also in mental health aspects that are becoming more and more frequent in the senior population.
3. **Beneficence Principle:** It refers to the obligation to prevent or alleviate harm, to do the right thing, or to grant benefits over private interests, seeking the person's wellbeing. It is the most fundamental core of medical practice, always promoting the provision of a quality service.
4. **Justice Principle:** It is based on the fact that in diverse situations, we act in an equitable manner of dignity and rights. In other words, each patient will receive an adequate care level and the necessary resources to guarantee appropriate health care^{5,6}.

BIOETHICS AND THE SENIOR CITIZENS

Bioethics about seniors considers their inclusion as special people in the legal, social, and ethical field based on human rights, and it raises issues that have impacted the dignified conditions they deserve in the treatment and care of their health and quality of life in aging. The most frequent ethical problems that the senior citizens or their relatives may present are forcing them to remain isolated, administering new drugs without sufficient justification studies, being negligent in their care, mistreatment, and abuse of their state of mental incapacity, among other things⁷.

For this reason, the health area has to accept its limitations as well as those of people in this age group since medicine adapts to the possibilities of aging, and each senior citizen has to be realistic about his situation, so it will help him to realize that the end of life is still life.⁸.

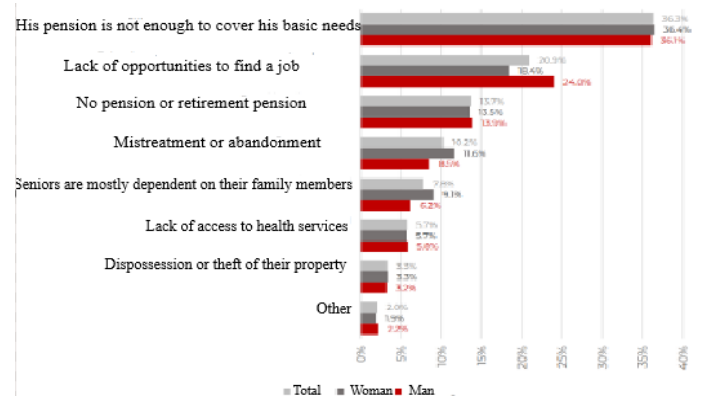
The objective of geriatric patient care must not only focus on correcting acute physiological alterations but also on determining which alternatives will preserve or favor the patient's well-being based on his beliefs, perspectives, and objectives. Hence, any health professional will inform the patient of his rights, diagnoses, and recommended therapeutics, reflecting respect and consideration in his behavior. Moreover, the health professional is obliged to offer him more complete and updated information if he believes that the patient has made an inadequate choice due to a lack of knowledge and information.

Furthermore, he always relies on the preservation of life (beneficence principle), the relieving of suffering (non-maleficence principle), offering the necessary health resources for diagnosis and treatment (justice principle), and the patient is the one who decides to accept or not the medical behavior (autonomy principle).⁹

Another problem that seniors face is the marginalization and vulnerability to social situations arising from the social and economic insecurity they face. As a result, many live in a constant struggle to integrate into society and often their families, suffering discrimination and mistreatment within their family environment.¹⁰

According to the World Health Organization (WHO), one in six seniors worldwide suffers from abuse, and 16% of senior citizens have suffered from neglect, psychological, financial, physical, or sexual abuse. Unfortunately, it is still a taboo subject not discussed in legislative circles, which allows it to continue occurring. The most widespread of all mistreats is psychological abuse, which manifests itself through insults, humiliation, and even restrictions to see their families or their families are the ones who do it. By the year 2050, it is estimated that the number of seniors suffering from abuse will increase exponentially, reaching 320 million victims.¹¹

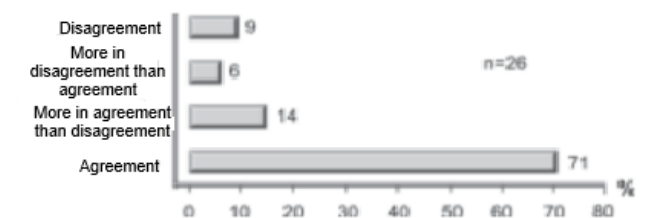
Additionally, the current problems faced by the senior citizens in the country are mainly related to the fact that their pension is not enough to cover their basic needs (36.3%), followed by the lack of opportunities to find a job (20.9%) and the lack of a pension or retirement (13.7%). Women are the ones who suffer the most from abuse or abandonment and economic dependence, as shown in Graph 1.¹²



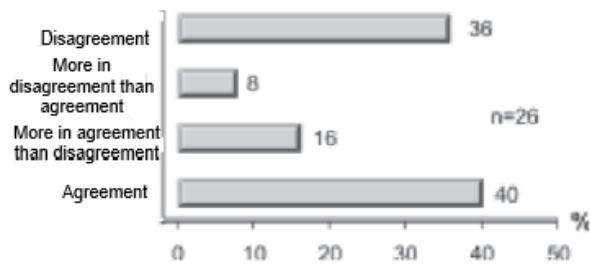
Graph 1. Population aged 60 and over based on the main problems perceived, Mexico 2022 (Percentages)

Facing this demographic panorama of economic, political, social, and cultural consequences, the care of seniors represents relevant challenges, such as long-term care, care at home, nursing homes, or rest homes. The decision to enter a nursing home often depends on family support; 70% of the senior citizens have living children who provide one-third of the informal care. Nevertheless, if a senior citizen has a disability or illnesses typical of aging, resulting in requiring prolonged and complex care, family tiredness arises. It may lead to the search for “nursing homes”, implying, in turn, an extra expense and probably forgetfulness or abandonment for physical, psychological, and even emotional.

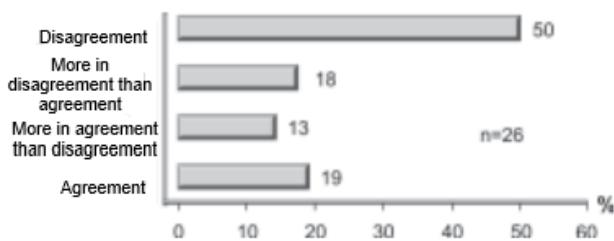
Becerra-Martínez et al. conducted an opinion survey of senior residents of the San Vicente de Paúl nursing home in Tijuana, Baja California, to find out their opinion regarding their stay in a nursing home. 71% agreed that the physical areas and surroundings were comfortable, and 40% agreed that at those times, they felt sad. 19% reported that they were frequently invaded by the fear of loneliness and possible abandonment by family members. Finally, when asked if they were included and taken to participate in family activities, such as parties, anniversaries, or celebrations, 52% agreed that they were excluded, and 21% said that they were taken into account on these occasions. These results can be seen in graphs 2 to 5.¹²



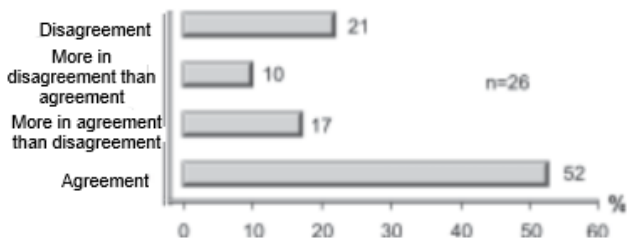
Graph 2: Opinion of the senior citizen in a nursing home regarding “Comfortable stay”.



Graph 3: Opinion of the senior citizen in a nursing home regarding "Daily persistence of sadness".



Graph 4: Opinion of the senior citizen in a nursing home regarding "Feeling of fear of loneliness, abandonment or death".



Graph 5: Opinion of the senior citizen in a nursing home regarding "Exclusion from family activities".

Despite government support to provide comprehensive care for seniors, it has been observed that after the pandemic, various economic problems, along with a shortage of workers, have led to the closure of nursing homes.¹³

Being aware of the specific care needs and fostering and ensuring their full integration into society, contributing to the creation of a culture of respect and dignified treatment, "daycare centers" were created, which are places of coexistence where they will find activities for the physical body, exercises for the mind, various artistic expressions, spaces to spend time with their friends, medical registration, psychological and nutritional support. Everything is in pleasant and safe environments that operate during a regular working day.¹⁴

The design of policies for aging and healthy aging, any discussion on the intergenerational relationship and its foundations nowadays requires an unprecedented conceptual sophistication, with the distribution of resources and the overall welfare of the community, which is why the bioethics of quality of life in aging must be founded and based on simple, modest and achievable expectations.¹⁵

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