

## Bioethics: Care of the elderly with Parkinson

## Bioética: Cuidado del adulto mayor con Parkinson

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### Abstract:

Over time, older adults become more vulnerable and undergo physical and mental changes that make them much more fragile. Diseases such as arthritis, osteoporosis, diabetes, eating imbalances, heart ailments, hearing, visual and nervous system problems appear that affect their quality of life, as well as their family environment. In this context, for doctors and the family, the task of caring for a patient with Parkinson's is not easy, it implies medication, as well as the need to involve values, principles and ethical beliefs when caring for them. In this sense, it is necessary to reflect on professional and non-professional care in patients with Parkinson's in a care that must be based on respect, tolerance, patience and solidarity. Therefore, it is bioethics that promotes these attitudes of compassion and empathy towards older adults in the medical and family spheres with the aim that they can live this stage of their life with greater optimism and hope.

### Keywords:

*Aging, Ethics, Care, Illness, Medicine, Family*

### Resumen:

Con el paso del tiempo, los adultos mayores se vuelven más vulnerables y experimentan cambios físicos y mentales que los vuelve mucho más frágiles. Aparecen enfermedades como la artritis, la osteoporosis, la diabetes, desequilibrios alimentarios, padecimientos del corazón, problemas auditivos, visuales y del sistema nervioso que afectan su calidad de vida, así como a su entorno familiar. En este contexto, para los médicos y la familia, la labor de cuidar a un paciente con Parkinson no es sencilla, implica medicación, así como la necesidad de involucrar valores, principios y creencias éticas a la hora de atenderlos. En este sentido, es necesario reflexionar acerca de los cuidados profesionales y no profesionales en el paciente con Parkinson en un cuidado que debe basarse en el respeto, la tolerancia, la paciencia y la solidaridad. Por lo tanto, es la bioética quien habrá de promover en los ámbitos médico y familiar estas actitudes de compasión y empatía hacia los adultos mayores con el objetivo de que puedan vivir con mayor optimismo y esperanza esta etapa de su vida.

### Palabras Clave:

*Envejecimiento, Ética, Cuidado, Enfermedad, Medicina, Familia*

### INTRODUCTION

Older adults present changes associated with aging, which is the consequence of the accumulation of physical, mental and emotional damage that diminishes their capacities and increases the possibility of death. Now, these changes are not even, as there are septuagenarians who enjoy good health, while others are fragile and require greater attention and care, as a result of suffering from chronic degenerative diseases (World Health Organization [WHO], 2018). Diseases that occur in older adults such as arterial hypertension, depression, diabetes mellitus, rheumatoid arthritis, cerebrovascular problems, anemia, vision

problems, hearing system discomfort and nervous system ailments such as Alzheimer's and Parkinson's, can increase or decrease at different levels, causing medical and family dependence in order to meet their daily life needs (Romero, 2011).

Parkinson's disease (PD) is a progressive disease of the nervous system and primarily affects movement; symptoms are usually gradual and may be barely noticeable, others may cause muscle stiffness, alterations in posture and balance, as well as changes in speech and writing, which diminishes the physical and emotional capacity of the patient who will need support at all times.

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In this sense, physicians, nurses, social workers and the family will be responsible for caring for the elderly considering values, principles and a series of bioethical attributes that provide a better quality of life for patients.

Bioethics has been incorporated into medical science in recent decades and has focused on the study of morality and human behavior as an instrument that provides protection and care for human life.

Care as a moral value allows the physician and the family of patients with PD to care for them with respect and dignity, with affective and effective dedication. In 1949 the first international code of medical ethics was born, a document that laid the foundations for the professional behavior of physicians in the world (Reconde et al., 2020). The standards of this code focused on four fundamental aspects.

1. General duties of doctors: This section establishes the obligations of the doctor, with the purpose of being competent, respectful and trustworthy in his treatment and handling of the patient.
2. Duties of the doctors to the patient: It establishes the responsibility that the doctor acquires towards the patient regardless of the severity of the disease, the use of resources and knowledge, the obligation of professional secrecy and the provision of emergency services as a humanitarian measure.
3. Duties of doctors to each other: This point refers to the respectful behavior that doctors should have towards other colleagues.
4. Finally, it includes a series of rules that emphasize patient's welfare and respect for other colleagues who are teachers (World Medical Association, 2020).

Thus, medical behavior is supported by a code that establishes values and principles that are recognized by science, impacting patients and their families when medical professionals offer them guidance to care for them, understand them and at the same time generate greater independence that contributes to improving their lives.

### **PARKINSON'S A DEGENERATIVE DISEASE IN OLDER ADULTS**

Parkinson's disease as a degenerative disease not only affects the older adult who suffers from it, but also his family who has the need to make changes from the moment he becomes the direct caregiver of his family member. This pathology is significant when it comes to older adults, since it is in this stage of aging when it affects them the most.

According to the Spanish Parkinson's Federation (2021), April 11th is the date when this disease is celebrated worldwide, whose name is because of the neurologist James Parkinson, who in 1817 described it in his research called "An Essay on the shaking palsy" (An Essay on the shaking palsy).

This institution mentions that this disease affects an average of 160,000 people in Spain and more than 7 million people around the world. It is estimated that by the year 2040, it will be the most common serious condition in existence, and in less than 20 years

it will increase from 7 million to 12 million people with this diagnosis.

Parkinson's disease is a degenerative process of the central nervous system that is progressive and slow to develop. It results from a lesion in the extrapyramidal system and it is characterized by the older adults, who present constant tremor in their body (Mesa et al., 2018).

To this day, it is not considered that there is a single cause for the older adult get sick. It is believed that it is a combination of genetic, environmental and aging factors (Parkinson's Association, 2021).

One of the most important risk factors is the patient's age, as this is directly related to the changes that occur in the nervous system during the aging stage. People manifest the first symptoms of the disease from the age of 60 onwards and when PD appears before the age of 50, it is called early-onset PD.

Ninety percent of cases are not due to a specific genetic alteration, so it is estimated that between 15% and 25% of people who suffer from it have or have had a family member who developed this condition.

Some studies indicate that drinking water well and constant exposure to pesticides or herbicides are two risk factors that can cause PD to manifest itself at the age when the older adult's body degenerates the most (Spanish Parkinson's Federation [FEP], 2021).

The health of the older adult worsens as the disease progresses and symptoms become more pronounced. In this sense, the list of manifestations of PD is briefly presented according to the Hoehn and Yahr Stages (classification to analyze the problems that patients present throughout the evolution of PD):

Stage I. Unilateral involvement: recently diagnosed patients. The physical manifestations are normal facial expression, exact posture, possible tremor in one extremity, fine motor difficulties, decreased walking, slight shuffling.

Stage II. Bilateral involvement, normal balance: for newly diagnosed patients. The symptoms presented by the older adult are alteration of facial expression, decreased blinking, posture with slight flexion, slowness to perform daily activities, depression and side effects with medications.

Stage III. Bilateral involvement with balance disturbance, and Stage IV. Increased degree of dependence, in both cases for moderately affected patients. The main manifestations of the disease can be seen in the difficulty in walking, since the step is shortened and there are problems in turning. In addition, there are problems in balance causing falls and difficulty in standing up, feeling fatigue, pain, difficulty in communicating, fear, insecurity, insomnia, hallucinations and confusional states.

Stage V. Severely affected patient, needs a wheelchair or bed rest: a patient become dependent, he/she is sitting or resting in bed for long periods of time, he/she also has

language disorders, ulceration problems and kidney infection (The Parkinson Association, 2021; Aragonese Institute for Health Sciences, 2021).

This classification allows us to see the degree of physical and motor impairment that the older adult presents as the disease progresses, generating a problem of medical and family dependence for his/her care. In this sense, health personnel need to be sensitive to what happens to the patient and what the family faces once a diagnosis has been made. It is important that doctors, nurses, social workers and the family develop skills and strategies that allow them to carry out actions for better physical and emotional care of the older adult.

On one hand, a very important strategy is that the medical staff has a vast knowledge about Parkinson's disease and this information is transmitted to the family, thus generating relationships of mutual support for the benefit of the patient. On the other hand, the actions implemented from the angle of empathy, provide the elderly with dignified, attentive and understanding treatment in the face of a progressive and debilitating disease.

#### **BIOETHICS IN THE CARE OF THE ELDERLY**

Bioethics has been consolidated as a necessary space for reflection to address complex diseases such as Parkinson's disease, and thus highlight the most human side of medical professionals, through preserving life, reducing pain and increasing the welfare of patients suffering from this pathology. Bioethics is a concept that emerged in the 1970s, it was created by the American oncologist Van Rensselaer Potter, who defined it as "the systematic study of human behavior in the field of biological sciences and health care, recognizing that medicine does not act as a single discipline, but is related to a variety of philosophical, technological and biological aspects, especially with medical values and those of society in general" (Miranda et al., 2004).

According to Hans-Martin Sass (2008), bioethics emphasizes the need to be empathetic, compassionate and helpful as part of the moral and social obligations that humans owe to each other.

Bioethics is a discipline with the following characteristics:

1. **Multidisciplinary:** it discusses the need to give an ethical value to life. Therefore, different areas of knowledge such as biosciences, philosophy (primarily ethics), as well as jurisprudence are involved (Chan et al., 2018).
2. **Plural and secular:** bioethics provides values and promotes an attitude of respect towards social debate and for it not to be contaminated with false or alarmist information (Capdevielle, 2018).
3. **Civil and social:** bioethics allows people to be aware of human existence and through this they can respect life and human rights.
4. **Pre-judicial and meta-judicial:** it ponders the care and preservation of life as a fundamental requirement for law (Medina-Arellano, 2015).

5. **Universal:** it responds to the needs of society in which debates about life and ethics are presented.

These characteristics are essential for medical personnel in the exercise of their profession and with an ethical perspective to become aware of the importance of the attention and care that should be offered to the elderly who was diagnosed with Parkinson's disease. It requires a more humane, understanding and tolerant treatment, based on four fundamental principles of bioethics.

One of the principles of medical ethics is non-maleficence, which refers to the importance of protecting the older adult from any risk, physical or psychological harm, that increases the manifestations of PD (Reconde et.al., 2020).

The principle of beneficence, like the principle of non-maleficence, emphasizes the desire not to cause harm to the patient and also to obtain maximum social, medical, psychological and family benefits for him/her. Thereby reducing the effects of any action that does not benefit him/her (Diaz et al., 2006).

The principle of justice refers to the fact that all older adults should have the same opportunities for medical care at a lower cost, considering that health is a human right and a constitutional right.

Autonomy refers to the fact that the older adult has the capacity to make decisions in relation to PD; therefore, the doctor's role is to provide ample and reliable information about his or her disease, which gives the patient the opportunity to feel recognized as a free person, with his or her own decisions, dignity and respect.

Based on the foregoing, we can say that bioethics is a discipline capable of guiding the medical practice in the accompaniment in all the emotional and mental phases through which the older adult diagnosed with PD goes through. For patients and their families, who become their main caregivers, it is not easy to face this new reality; the ravages of this disease undermine their security as independent and autonomous beings, so the doctor will have the moral responsibility to strengthen the elderly, understand his/her concerns and fears, and encourage him/her to recognize the importance of continuing with his/her lives despite the disease.

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## MEDICAL AND FAMILY CARE IN THE OLDER ADULT DIAGNOSED WITH PARKINSON'S DISEASE

Older adults with Parkinson's disease are not always cared responsibly by medical personnel or their families; however, bioethics generates a vision where the main concern is focused on the patient and his or her emotions, on preventive care and safe care practices that improve the patient's life.

Caring for patients' lives, for their dignity, experiencing respect, loyalty and assistance are some of the objectives to which the doctor aspires the most. Let us not forget that the patient seeks medical guidance that allows him to understand what is happening to him in the first place, what the future holds and the way in which he will have to face his changes and symptoms.

As a consequence, the doctor is responsible for providing accurate information that allows the patient and the family to be informed about the disease, the complications that will arise on a daily basis and how they will have to face them. In this sense, a much closer relationship is created between the doctor, the patient and the family.

As health professionals, they must have the sensitivity to understand that the patient is suffering and needs to be guided in such a way that he can be perceived as an autonomous being, aware of his decisions regarding his treatment and even his care. It should not be forgotten that he comes with the idea that he will be offered medical solutions, but also respect, solidarity and understanding.

Hence the need for doctors, nurses, therapists and social workers offer the older adult confidence and explain to him in a clear, simple and comprehensive manner about the possibility of improvement, as well as, to teach the children how to care for and protect him.

For the family, caring for the older adults is not only a moral responsibility, it is also a feeling of gratitude, love and closeness that creates a close relationship, and it is this affective bond that should give them confidence and a feeling of security in the face of all the physical and emotional complications that may arise.

For this purpose, the family should be informed, have the confidence to ask for medical support when they consider it necessary and organize themselves in order to prevent worry, tension or frustration from affecting only one caregiver.

It is important that all members who act as caregivers recognize the effort and affection that others put into caring for their patient, which is why it is necessary for the family to be psychologically prepared to understand, to love, to respect and to offer support at any stage of the disease, since the dependence of the older adult will increase as Parkinson's disease progresses. In this sense, the doctors, psychologists or social workers play a very important role because they listen to, guide and comfort those who are faced with the care of a person suffering from this degenerative disease.

## CONCLUSIONS

Parkinson's disease is a debilitating disease that affects older adults. It manifests itself with an increase in symptoms, for instance, movements, lack of balance, loss of sleep and memory

impairment, that gradually undermine their physical and emotional capacities to the extent that medical and family dependence arises in order to cope with the disease.

In this sense, bioethics provides to the doctor with the ethical and moral tools to strengthen the patient and his family, but at the same time it gives him the opportunity to practice medicine based on principles and values where respect, solidarity and commitment to the patient are weighted in order to obtain a better quality of life.

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