

The vulnerability of the elderly

Volume 6 Issue 6 - 2022

Mini Review

The contemporary world has been characterized, among other things, by the uninterrupted generation of technological advances, continuous innovations that have contributed to making human life easier, and that, in parallel, have contributed to increasing the production of consumer goods, according to the demand of a population immersed in a globalized context.

This same scenario has made it possible to increase the life expectancy of the human race with the creation and evolution of various drugs, as well as the implementation of different treatment schemes, for the approach of complex diseases that until a few decades ago were considered incurable.

However, despite these tangible advances in the daily life of societies and in the very evolution of medicine, it is unthinkable to build a paradigm separated from the reality of every individual: the presence of a progressive aging process, which will imminently end with the culmination of his life.

In this sense, it is possible to conceptualize old age as a stage of the biological cycle of the human being. It is the period characterized by the degeneration of the cellular processes of the human organism, which in turn lead to losses in the basic functions of the individual such as muscle strength, sensory perception, proper walking, or even the decrease in mental functions. such as memory and concentration, that is, the human being acquires characteristics that are not suitable for carrying out activities, according to the context described in the first lines of this article, a limitation that allows us to classify him as a vulnerable subject.

Talking about vulnerability refers to the susceptibility that every individual has, to be affected by all those factors that are beyond their own control, thus being a characteristic of the human being that is accompanied by the awareness that one has towards the finiteness of life.¹

That same finitude marks its constant presence, inviting the individual to internalize the complexity of living in the face of the impossibility of suffering any harm or being violated by external agents, such as natural disasters, pandemics, accidents or chronic degenerative diseases to which humans are more susceptible. with the natural evolution of time.

It is relevant to highlight that vulnerability is an inherent characteristic of human beings from the first years of life, in which they are totally dependent on other human beings to fulfill functions that guarantee their survival. Among them, it is possible to cite examples such as food and hydration throughout a prolonged childhood, since, as Kottow cites, given the little awareness that people have of the finiteness and fragility of life, they will depend on other human beings to avoid conditions, product of the constant danger that it faces every day, achieving an adequate biological and social development.¹

The difference between the first and last stages of human development lies in the inevitability of the elderly to perceive their own vulnerability, since, together with the visible predisposition that

emerges from the beginning of adulthood to suffer sudden deaths, the older person feels the temporality and finiteness of their days as a consequence of a life traveled and temporarily reduced, generating in the elderly a persistent awareness of the fragility of human life, living and coexisting with mortality and disease from their various interpretations.

With respect to illness, as Laín Entralgo mentions, it is possible to understand it from two approaches: one somatic and the other psychic.

Under the first approach, the capacities with which the elderly were born are considered, and they have decreased or been affected by the different chronic degenerative diseases, conditioned by hereditary factors, or failing that, by the lifestyles assumed by the elderly subject.

On the other hand, in the second approach, the psychic aspect is involved, perceiving the disease as a synonym of disability, discomfort, risk of deterioration, loneliness and the break of the person with their daily life that existed before the appearance of the same disease, which that promotes the imprisonment of the individual in a body with a tendency to deteriorate, that despite their efforts (specifically the elderly to free themselves from their suffering), will remain imprisoned in a corporeal unit that will prevent them from carrying out their daily activities, from the procurement from their personal cleanliness to their mobilization to comply with social demands to guarantee their subsistence (work performance), promoting social isolation by being stigmatized as a socially dysfunctional human being.

As a consequence of this set of changes generated in people's lives and that are progressively exacerbated, vulnerability is accentuated as an undeniable property of the individual, emerging at this point and from the framework of Bioethics, the duty assumed by third parties to procure the care of the vulnerable individual, that person who, due to external factors, finds his autonomy threatened and with it the sense of dignity that he keeps as an individual,² people who in the last stage of their life and as a consequence of illnesses or affections in any of their mental spheres, they become totally or partially dependent both physically and economically.

From this perspective, it is possible to identify the existence of multiple factors that cause a set of events in older people that hinder the realization of projects envisioned for the last stage of their lives.

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Received: November 10, 2022 | **Published:** November 23, 2022

This does not mean that this age group should be encouraged to visualize their last years of life based on a path permeated by uncertainty, in which the elderly cease to be recognized as a person, to be visualized as an entity whose destiny is defined, by a misty horizon waiting for the end of his days.

To dissuade this distorted vision, every human being as a social entity that develops in an environment of recognition towards the other, has the duty to consider the elderly as a population with an inevitable predisposition to suffer some type of harm, but in the same sense, it should avoid fostering the overprotection of the elderly, since this would encourage the development of paternalistic actions, reducing their chances of access to a life that allows them to identify themselves as a functional individual inherent to a society.

In order to achieve this objective, it is essential to fight for respect for the autonomy of the individual, in order to avoid the creation of stereotypes towards the elderly. This principle, based on the principalist theories of Beauchamp and Childress, focuses on respect for the ability of people to make those decisions that govern the course of their lives, thus maintaining a series of objectives that allow them to consolidate a value in themselves.

Older people are part of a population surrounded by chronic degenerative diseases that sooner or later will lead them to seek the necessary health care that gives them access to an adequate quality of life. It is then that, from the moment he enters the health units, the health professional must recognize them as a person with a life story, ideals and projects that they wish to fulfill.

However, it is necessary to recognize the presence of those cases, in which the very complexity of a pathology constitutes a limitation for the culmination of projects conceived by the elderly. However, this limitation does not lead to the deprivation of their autonomy, since said autonomy is stratified, and in this sense, even those patients who lack control over their disease have the power to freely decide to start or reject a therapeutic alternative formulated by his handler.

Thus, in the field of health, medical personnel must evaluate whether decision-making by the elderly has been consciously assumed, based on the transmission of clear information, which has allowed the patient to understand their disease, the proposed treatment options, as well as the benefits that are intended to be achieved and the risks involved in making a decision, and even exploring the possible causes that have influenced the resolution of the patient.

This position, internalized by the doctor, will encourage the older adult to assume himself as an active subject and participate in decision-making, which at a certain moment will demarcate the course of his life by partially controlling that intrinsic vulnerability of his person. Otherwise, his autonomy would be violated, fostering a sense of imprisonment in the body in which he inhabits.

In addition to this, it is imminent that progressively and as a consequence of the natural deterioration of the body, the vulnerability of the elderly will become more clearly evident, depending on third parties in the face of their marked physical and mental deterioration, vanishing their awareness of themselves and the environment that surrounds them.

That is why the health professional, aware of the marked vulnerability of the elderly patient, should not use it as an opportunity to exercise decision-making, without visualizing the patient's plans, desires and projects.

Specifically, in the cases in which advanced stages of deterioration of the mental functions of the elderly are evident, it is essential to

consider that them as individual who had autonomy (which, from a Kantian thought, continues to give them an intrinsic value that nobody can subtract), and this should be fostered through guidance processes in early decisions.

In these sessions, the possible scenarios that the patient will face in his health-disease process must be clearly explained, allowing the patient himself to present the care he wishes to receive, as well as the scope of the treatments that will prolong his life, demanding both the staff as well as their relatives and primary caregivers, respect their will and consequently their autonomy.

It should be mentioned that both autonomy and vulnerability are categories that do not exclusively involve the elderly, since vulnerability is specifically evident in other social groups in which age is not a determining factor.

That is why the need arises to establish a set of principles that guarantee a treatment permeated by empathy and respect towards the elderly, materialized in actions that allow them to recognize themselves as a person endowed with extensive experience and wisdom, acquired over time, throughout its life history.

In addition, it should be emphasized that both the respect and the empathy involved in the dignified treatment of the older adult to whom allusion has been made, should not be conditioned by an ideal of reciprocity, that is, it should constitute a genuine procedure not conditioned by the interest in receiving the same treatment when reaching the last stage of life, since, otherwise, feelings of anger and frustration will be generated, for not having received what was expected.

Conversely, if every act or attention is reinforced from the sense of empathy towards older adults from the conscience as individuals, recognizing an imminent fragility in the face of vulnerability, what Lydia Feito conceives as a moral norm that requires education in the request and responsibility before the other, and that leads us to the promotion of care,² because, starting to carry out good actions without an objective such as expecting to be treated with dignity, we will be unconsciously educating future generations to include respect and good treatment of the elderly in their customs, generating a chain of good treatment that will reduce the uncertainty generated by old age, since we will know that even prisoners of our bodies and our old age, there will always be a helping hand that makes us recognize ourselves as an active and functional part of the society in which we will finish developing.

Final thoughts

Any approach directed by health personnel must be adapted to the situation of each older adult, taking into account that each of them will find themselves going through different situations perceived as adverse or painful in the social environment in which they develop, such as death of loved ones, the removal of members from their social circles due to the circumstances in which they find themselves, economic difficulties resulting from job uncertainty that comes with old age, or the interruption of tasks for which they were previously assigned considered essential. In addition to this, it is important to highlight the presence of the pathologies with which they are dealing, which could be chronically degenerative and, therefore, irreversible.

Due to this, health personnel have an important task when providing their services to this age group, since they must be approached from sensitivity to the silent suffering of their patients, or from a need for recognition by another human being from the mirror of vulnerability, where the medical consultation constitutes the place of reflection in

which health personnel face those feelings such as fear and anguish of their patients.

It is in this reflexive scenario, where in addition to technological advances that direct health personnel to develop those treatment options that allow their patients to have a better quality of life in health, the need to bring to the doctor-patient relationship the support and understanding of health service providers prevails, so that they are the ones who can provide assistance, care or advice within the framework of respect and confidentiality, those that allow the elderly to feel that they are in front of another human being, an equal with whom they feel recognized and supported when making a decision about the course that their illness will follow, a doctor-patient relationship that invites people who end their passage through life, to continue attending the consultation of that member of the health sector who is distinguished both by his clinical work and constant updating, as well as by a broad sense of prudence and care towards vulnerable populations.

Starting from this thread of ideas, emphasis is placed on how strict the reflection of society in general, and health personnel must be towards the vulnerability and autonomy of the elderly, taking care that the balance in the doctor-patient relationship never is inclined towards paternalism, since, although the elderly are people who need assistance or care to a greater or lesser degree, they are not humans who have just arrived in this world, which is why the requirement to sit in front of the elderly, recognizing him as an equal whose autonomy, although diminished, is still present to assert himself and to fulfill those life projects that still have to be carried out for that human being who is in the last stage of his life, thus understanding that although his pace of life has slowed down and the idea of the inevitable outcome that awaits every person is present in their mind, there is still a human being worthy of respect, who must be maintained until that person is no longer in this world.

This will be achieved by perceiving the elderly patient from the framework of respect for autonomy as a person worthy of respect whose decisions inherent to their existence must be respected and even motivated, with the pertinent information from the health professional.

The concept of vulnerability in older adults should not remain in a distant theory, to which no greater application is seen than a series of reflections, which will be forgotten as soon as a new distraction appears on the road. On the contrary, it must constitute a constant memory that underlines in each member of society, that possibility of suffering with illness, pain, limitation, finiteness and death.

These limiting diseases for the body are expected to appear in the last years of an individual's life, but as the human species is immersed in a world that is constantly changing, the uncertainty of recognizing our own vulnerability will remain with us until the last moment of our days.

Said vulnerability, although it is irrefutable, is not immutable, since elderly individuals will be vulnerable to a greater or lesser extent when the necessary care and considerations are intervened by their primary caregivers, the health personnel who is in charge of their medical attention, and the society with which they are living, with the aim of changing the course of their last years of life, prevailing in the need to create preventive, curative, economic or social actions that allow minimizing those conditions that generate a certain degree of damage to this population.

To end the reflection, it should be noted that old age, although it paints an unfavorable panorama for human beings where all those circumstances, limitations and diseases come together in a single body

with a life expectancy that it wants to fulfill, it must also be visualized as that stage of the biological cycle of life, where time stops to fill the individual with ample spaces for reflection that he will have to engage in dialogue with himself, those spaces that allow him to remember those stories lived in the ecstasy of his youth, or those mistakes that made you grow as a person, but now serve as memories that will keep them on their feet.

Even old age must be observed, as the moment in which life understands that the human being has already offered it, its effort to go according to the times that it sets itself, develop and produce improvements that promote technological and social development, It is then that she will give the older adult permission to manipulate time in their own way, to achieve those plans or dreams that remain to be fulfilled in this last stage, or to live that life that they always wanted to build, but due to the lack of time, could not specify.

And as technological advances and the limited scope they have to prevent aging are currently glimpsed, it is well known that old age will be related to death, since these are two events that will happen to all that individual who manages to complete the adulthood, but this last stage should not be expected from fear, on the contrary, it should be appreciated that until the present time we have the happiness of being ephemeral beings.

That is the characteristic of the human being that allows him to enjoy all that experience, history, social interaction or perception of the environment in which he finds himself, knowing that one day he will no longer do so.³⁻⁹

Acknowledgments

None.

Conflicts of interest

The author declares there is no conflict of interest.

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