Ethics of Care in an Ageing Society

The final pathway of colonisation?

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Reflections On ‘Care’

- A fundamental concept, with ethical bases
  - relationships, social, community, cultural, religious constructs
  - range of intensity and delivery modes
  - less emotional, personal and ephemeral than ‘love’
  - component of avoiding risk

- Often expressed in deeds, easily prosaic
- Annealed with health and welfare services
- Associated language often implies ageism, paternalism, superior benefaction
- Increasingly seen as a core role of governments and external statutory or corporate organisations

- What is the potential for global corporatisation, international and national networks, best practice consensus to be the new neo-colonisation?
Ethics & Motivation to Care

Ethics - a major branch of philosophy, “encompasses right conduct and good living”

- Virtue ethics: practice of virtues, character of the agent, purpose of life, ‘doing good works’, teleological
- Deontological ethics: actions are right or wrong, free and rational human being, rights, duties, justice
- Consequentialism: the outcome justifies the means, valuation of consequences depend on viewpoint
- Care ethics: relationships rather than life purpose or actions, normative theory, community derived aims or universal standards, interests of those close to us are valued above those of strangers
The Corporatisation Of Care

John Ralston Saul commented on our society:

- Only superficially based on the individual and democracy
- Increasingly conformist and corporatist
- Legitimacy lies with specialist or interest groups
- Decisions are made through negotiations between these groups rather than with the individual
- Language use obscures this reality and denies the individual the enlightenment of knowledge, which is a ‘power’ acquisition
- Need to re-establish the equilibrium between the individual and these influences

- Strong themes shared with Foucault and Chomsky
Foucault: 1926-84

French philosopher, sociologist and historian

- From exclusion of those outside the social order to science and reason; yet still controlling with imposed subjective inadequacy and judgement (*Madness and Civilisation* 1961)

- Rise of medical professionalism and ‘gaze’ (*The Birth of the Clinic* 1963)

- All periods of history have ‘epistemes’ or ‘conditions of truth’ which underpin discourse but may change suddenly (*The Order of Things* 1966)

- The meaning and truth of language statements depends on the context within a network of rules and formations (*The Archaeology of Knowledge* 1969)

- Move from monarchical to modern disciplinary punishment by way of professionals’ power and population collaboration (*Discipline and Punish* 1975)
Foucaultian Concepts Relevant To:

‘Colonisation’ ‘Global connectivity’ ‘Connected innovation’
‘Human ecosystem’ ‘Social inclusion’ ‘Person centrality’

- **Panopticism**: Visibility leads not always to transparency but to tracking, surveillance, and control of separated individuals through *power-knowledge* that may self perpetuate and be reflected in environmental design.

- **Biopower**: political technology, the practice of modern states which allows control of populations/bodies; regulates customs, health and well being; justified by protection of life/nation; can be used to defend the wellbeing of the population at large from threat groups (*The History of Sexuality Vol.1* 1998).

- **Apparatus of society**: anything that has the capacity to influence the beliefs, behaviours and discourses of human beings, ‘isms’.

- **Heterotopias**: spaces within but without; mirror metaphor; separated from but influencing; can house those who are outside the norm.

- **Governmentality**: the development of the art of government including, not only bio-power for populations, but self-governance through the acquisition of knowledge; neo-liberal concepts of personal responsibility, using experts for guidance, an ethical self; praise and shame drive towards norms aligned with political goals; risk of expert groups assuming power on our behalf.
Risks For Individual Colonisation

[Social, biomedical, lifestyle, functional, psychological]

- Relationship stress
- Insecure networks or cultural infrastructure
- Functional thresholds threatened
- Frailty
- Vulnerable self-determinism
- Too many choices or information burden
- Fear of ageing
- Dementia

- Neo-colonisation examples:
  - *scientific colonisation*: subjects used for raw data collection for experts who may have foreign and variant interpretation biases
  - ‘*cocacolonisation*’: cultural/sociological imperialism
Dementia: the ‘elephant in the room’

‘Taking Care’: Ethical Care Giving in Our Ageing Society.
(The President’s Council on Bioethics Washington D.C.2005)

- a focus on rising dementia prevalence; care capacity impact on ethical practice
- covers tensions between ethics of equality v utility v quality v autonomy (U.S. aspect)
- inadequacies of advance directives and living wills: not informed consent; prior wishes v current welfare; critical interests v experiential interests
- advocates for advanced care planning and proxy directives; which also endorse and strengthen our living networks

- always seek to serve (benefit) ‘the life the patient has’ (in the current)
  - ‘never seek death as a primary means of relieving suffering’
  - ‘not obliged to elect life saving treatments’
    - ‘when these impose undue additional burdens on the life that is’ or
    - ‘interfere with the comfortable death of a person proximately irretrievably dying’
  - dilemmas around extending a burdensome life, where the life extending treatment is not burdensome

In hard cases formal ethical advice may be influenced by the prevalent religious ethical framework which in multicultural societies may not be shared.
Impact Of A Maori Perspective
On Population Ageing In N.Z. Society

Professor Mason Durie  N.Z.A.G. 2007 (derived)

- Perspectives on ageing: ‘elders’ not retirement
- Measuring impact: contribution not cost, societal benefits
- Societal assets:
  - Carriers of culture and standing
  - Guardians of the landscape and environment
  - Anchors for families
  - Models for lifestyle and risk adjustment
  - Bridges to the future for health and balance
  - Bulwarks for industry in knowledge retention, workforce, networks
  - Leaders of communities and nations: advocacy, reconciliation, nurture, spiritual and cultural leadership

- Valuing older people: distinctive elements, enrich quality for all, consequential gains for the whole country
Processes For System Change

- **Strategies/Policies:** person centred, agreement, enlightenment, participation *(Presidential Memorandum – Hospital Visitation U.S. April 2010)*

- **New paradigms:** information flows; resource people for access and optimal use; ‘need to strive’; goals; know the person not just their health record; support interdependence not dependence

- **Goal setting:** internal representations of desired states; input disparity; process(s) and outcome(s); phased hierarchy

- **Concordance:** on perceptions of values, priorities and health beliefs; service delivery not just medications

- **Greater elasticity:** between personal and societal ethical frameworks - especially religious; influence of new multi-cultural societies

- **Normative:** restorative; recuperative; sustain; roles > functions; interdependent self-management
Rebalancing
‘The Corporatisation Of Care’

- Clarify what we mean by self determination, individualism and democracy
- Gain consensus about proxy care for the ‘life that is’
- Make these realities central to our lives and society
- Identify ideologies in order to control them and re-direct benefit
- Reconnect language to reality
- Shared information between originator and subject
- Respect for the ‘trappings’ of self-identity
- Changes to support frameworks with ‘follow the money follow the power’ insights (personal budgets, resource pools, NGOs)
- “If social care services are to transform people’s lives, they must be based on a deeper understanding of the nature of duty and obligation inherent within them”. “The invisible glue in services and support” JRF 2008
How will we recognise progress?

Societal support characteristics

- Purpose of service is ‘to serve’
- The user is both the focus and the source
- Consultation and concordance not adherence
- ‘Ageing in place’ means their place
- Shared information and reportage systems
- Not paternalistic or patronising
- No politically or health service correct ‘speak’ or ‘grouping’
- Operational process of organisations may focus on workforce
- Individual needs, goal setting/assessment and caring by agents of the individual within the community
- The ‘voice’ of the group is incorporated within all contact entities
Thank you
for listening and giving thought

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