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In the main, society assigns its moral obligations toward the aged to the health care system. This is in large part due to personal and cultural repugnancy manifested by society toward the aged. It is easier to burden others with the obligations we all should perform. But medical care of the aged is also due to other factors, such as the technological success of medicine which leads to an ever-increasing bulge in the aging population, the mechanistic and materialistic view of health which leads to a view of aging as a biological function of time rather than a social condition,[1] and the availability of health care which results in 25% of health care use by 10% of the population which is over 65 years of age.

In view of these factors, it seems a worthwhile task to examine the moral and professional obligations of the healing profession toward the aged. Such an examination is particularly important given the anti-aging attitudes and values which press upon members of the healing profession, especially in their educational training. [2]

My thesis shall be that professional and moral obligations toward the aged stem from human need. To support this thesis I will offer three considerations: first, that aging is a social process of greater and greater dependency; secondly, that justice requires attention to the need created by such dependency, particularly since a large part of the dependency is either created by or encouraged by the health care system; and finally, that human need provides the moral basis of our ethical obligations toward the aged.

The Social Process of Aging

One of the most remarkable of human characteristics is an inability to see what is obvious. Nowhere is this characteristic more evident than in attitudes toward aging. In part this inability arises from fear of death. To open-mindedly approach aging is to open-mindedly face our own death. Fear, therefore, blurs what is obvious about aging.

Social attitudes, too, contribute to this blurring. They push us

toward repugnancy of aging from a variety of claims which appear clear. Is it not clear that the non-productive should yield to those younger members of society who are productive? That competition for scarce resources should lead to less care for the non-productive? That the survival of the species should depend on those who can reproduce, not those who cannot? That the physical and psychological problems of the aged are best addressed by institutional care? That this care should be less personal because it would cost less?

These attitudes which profess clarity are, in fact, obscurantist. For they rest on yet another or third contributing factor to a misperception about aging. This factor is the technological encapsulation of aging as a pathology. Aging is seen as the incurable disease of living, and the aged as the living dead. Thus, the inability of the health care professional to cure this "pathology" leads to a profound distress in society and an existential *Angst* in the midst of personal growth.

Taken together, these three factors, fear of our own death, social attitudes, and the rupture of medical objectives seeking to "cure" aging all lead to a misperception about aging. This misperception, in turn, skews both social obligations and personal care for the aged. Geriatrics is not seen in its proper light, as the discipline which contributes to the mark of a compassionate society by steadfastly clinging to respect for persons. Instead, geriatrics is viewed as an aberrant dumping ground of do-gooders who refuse to recognize economic, social, and cultural realities.

But what is so obvious about aging, and what can it contribute to a discussion of professional and ethical obligations? It is simply this: *all growth is a social process of dependency* in which biological deterioration is only one factor.

We are accustomed to view growth and development as a steadily increasing independence. Aging, therefore, seems to be a decline. But in reality, growth and development take place in an expanding system of obligations and dependencies. As toddlers, we trade the dependency of being carried for a greater network of dependency on adults to warn us of new dangers, like crossing the street. As youths, we trade dependency on family for the new obligations and dependencies of raising our own families and contributing to our society. As senior citizens we trade our dependencies on the rigamarole of work for new obligations to grandchildren, dependencies on the stock market, social security, and economic welfare. In short, what we think are freedoms — for example, the freedom to work — are really larger networks of dependency. That is why retirement is so difficult. As we are cut off from the network of dependencies, new-found freedoms frequently feel like isolation.

What is obvious, therefore, is that only death is the great liberator from systems of dependency. Growth, development and aging are all part of a social reality which requires increased obligations for our

freedoms. And these obligations create dependencies.

In this view, therefore, aging is but one of many stages in life in which we move through one system of dependency to another. The objective of geriatrics should consequently aid this natural process, not inhibit it. While curing disease and healing the person are objectives of the healing profession throughout the lifespan of a patient, caring for the whole person should predominate in the later years when cure is futile. Of course, care for the whole person is too broad a requirement to be specific to health care. All persons share this obligation throughout the life of those in our charge. Précising an understanding of specific health care obligations toward the aged will be the task of the following two sections.

In sum, the reason why society should care for the aged is based upon the natural process of growth and development of all persons. This process is a synthesis of freedoms, obligations and dependencies. Arguments about scarce resources, survival of the species and the like, neglect this extremely important network.

Justice and Need

The system of dependency, described above, requires justice. Each person ought to be treated fairly, that is, provided the basic minimums to lead a reasonably independent and responsible life.[3] This has been called the moral principle of respect for persons. Some philosophers argue that this principle is the fundamental moral principle of human life.[4] However, as human need increases, a different rule of justice obtains. St. Augustine expressed it as "to each according to his need." Those who need more, or are disenfranchised in some way by greater dependency, should receive even greater attention and care. This observation about justice will inform the rest of the discussion in this section: the greater the need, the greater the obligation to meet it.

The National Commission for the Protection of Human Subjects recently issued a summary report on the moral principles guiding its recommendations to HEW. It is called the Belmont Report.[5] In it, the National Commission does a superb job of articulating three moral principles which can certainly be applied to the obligations of the healing profession: the dictum against harming, the principle of benevolence, and the matter of justice. I shall briefly examine each.

First of all, all health professionals share in the famous Hippocratic dictum against harming patients. The Belmont Report derives this prescription from respect for persons. But I would suggest that its immediate derivation stems from the value professed by the health profession: healing. It is clearly contradictory for those who profess to heal to cause harm. A singleminded attempt to cure the aged of specific diseases actually may not benefit the larger view of their life and goals. Providing basic nutritional support and care may, in fact,

better meet the goal of healing than repeated hospitalizations for a downhill course.

The principle of benevolence directly addresses the needs of the aged, a moral obligation to care for persons who cannot care for themselves. But this principle, too, can be reached in a consideration of healing. If, in fact, health care aims at healing, then the dependencies which characterize the aged, especially with regard to health, must be addressed.

Put another way, in a system of dependency, patients *need* the knowledge and skill which the profession possesses. They are laypersons in an imbalanced relation to the expert. With respect to the aged, many must rely upon health care professionals to meet even their ordinary needs.

Thus a health care professional, in order to approach the value of healing, must not only attend to the needs of the patient, but also to the *imbalanced relationship* between expert and layperson. Attention to the imbalanced relationship only intensifies one's professional obligations when the relationship covers more than clinical indicators, but a vast range of human needs to be provided for.[6]

Finally, the principle of justice follows from the previous remarks. Creating equity between those with expertise and those without, between the providers and those who depend on provisions to meet fundamental human needs, is a task of justice infused with compassion. Persons in need are disenfranchised with respect to that need. If healing is to occur, even without cure of some diseases, the healing profession must right the displacement, the physical dependency and emotional anguish, by re-establishing the personhood of the aged.

It is important to consider how the health care system, so provident to the young and middle-aged, has actually contributed by its success to the sometimes woeful condition of the aged. By its success, too, we are wont to consider health as almost a moral obligation and those who fail to achieve it in old age, dismal moral failures. There is a matter of justice here. The wrong done to the aged can be righted by helping them adjust to the presence of their own life. Provide the fullest independence possible within the limitations of the patient's abilities.

Ethical Obligations

So far, I have sketched how aging is a process of greater and greater dependency, and how the needs created by this dependency provide the grounds for health *professional* obligations toward the aged. In this final section, I will develop the *ethical* obligation required of us.

The distinction between professional and ethical obligations is somewhat artificial. There are, of course, distinctions which can be drawn between professional obligations found in the AMA code and ethical obligations of the nature discussed in the previous section.

Thus the basis of the distinction lies in the fact that not all professional obligations are ethical and not all ethical obligations are professional. The purpose of drawing the distinction at this point is twofold. First, we must illustrate how ethical analysis of issues in the care of the aged cannot rest on a professional code alone, but is required by the commitment to care for the aged. Secondly, the obligations mentioned in the previous section are explicitly shown to stem not only from general ethical norms such as respect for persons, but also from the added commitments of the profession itself. Hence, if the following discussion has merit, the health professional's obligations toward the aged are general ethical obligations intensified by the profession to heal. Not only do the obligations rest on general norms, but also on specific norms of the profession itself.

1) Ethical Analysis as Obligation

Ethics is not a court of last appeal, or even a body of do's and don'ts. Instead, it is a discipline of rational discussion about value conflicts. Thus, following the codes of professions does not automatically yield an ethical decision. Codes provide for certain minimal obligations of a profession, and a degree of self-regulation. They do not necessarily provide for a process of rational discussion about values.

What does acting ethically mean then? Simply put, it means that one has analyzed one's decisions in light of standards of the right and the good.

The decisions to be made about the care of the aged involve one in a vast array of value questions and conflicts, not only with individual and personal crises, but also with the design and function of systems of care. All of these decisions are laced with values and all demand the highest order of moral reasoning.

Ethics for the healing profession is therefore not optional. If a professional can be described as one possessing the requisite knowledge and skill to care for others, then the knowledge and skill of a health professional concerns making right decisions about human beings.[7] As the health status of the patient constantly changes, so too must the decisions.

If making right decisions about human beings is the task of a health professional, then one must ask what is a "right" decision. It can mean either a "correct" decision or a "good" decision. A correct decision would conform to the scientific and practical canons of correctness which the profession espouses. A good decision would embrace these canons and other more normative factors.[8] It is these other factors which require ethical analysis by the health professional. Making good decisions for the aging patient is difficult because it requires analysis of a value conflict and reasons in support of one or another value.

If a lonely 88 year old woman in a nursing home decides she wants to die by refusing to eat, values immediately come into conflict. Is she senile? Is she in fact very sane? Can health professionals not force her to eat and participate in her suicide? Is her action really suicidal? In order to resolve this and many similar cases, one must identify values, such as the right to make independent decisions about our bodies, the value of life itself, what is an ordinary and what is an extraordinary treatment in this instance, and so on. These values must then be ranked and a decision made. Is the woman's right to independent decision-making more valuable than the general value of life? Identifying, ranking, and prioritizing values in a decision are all hallmarks of ethical analysis. [9]

2) Professional Obligations as Specific Ethical Ones

If, indeed, one cannot be a health practitioner without a requirement for ethical analysis, then upon what basis does the requirement rest? In the previous section I suggested that it flows from the value of healing professed by the health professional and the human need for that value possessed by the aged. It remains to develop the normative basis for specific ethical obligations toward the aged required of health professionals.

All persons possess obligations of justice toward those in need, among whom are the aged. These obligations rest on general moral principles such as respect for persons, natural law, or principles of utility, the three moral theories most often appealed to by moral thinkers. Health professionals, however, profess the value of healing and consequently obtain an additional obligation which follows from this profession. As the health needs of an aged person increase beyond the capacity of families and others to care for them, the intensified health professional obligations come into play to meet those needs.

In the previous section I enumerated three norms of professional ethics which help direct the health professional. These are clearly needed. One of the most obvious characteristics of general moral principles and arguments about their validity is that they remain too abstract for immediate application without some additional guidelines or norms. Thus one could, equally well, argue from respect for persons that the aged women mentioned above should be allowed to die or should not.[10] It is for this reason that Jonsen and Hellegers argue for the need for analysis of obligations of justice in medical ethics,[11] and Arthur Dyck cites the need for what he calls "moral policy," in addition to the usual analyses of moral principles and their justification.[12] Without the development of what Mill calls "intermediate principles," general norms fail to be action-guiding.[13]

Add to the abstract nature of general norms the concrete value clashes of specific situations surrounding care for the aged, and physicians often find themselves in a difficult moral quandary. Since the

value of healing they profess may clash with institutional requirements and family values, caring for the aged requires remarkable astuteness about what truly heals in this situation and what does not.

The norms or "intermediate principles," suggested in the second section of the paper, serve to guide physicians with respect to all their patients, not just the aged. They are enjoined by their profession to heal, not to harm patients, to respect the dependency of patients on their knowledge and skill, and to treat each patient as a class instance of the human race.[14] How are these norms made even more specific with respect to the aged?

Because of the greater dependency of the aged on others as well as the knowledge and skill of the health professional, even greater attention than normal must be paid to not harming the patient. Extensive treatment of a urinary tract infection in an extremely old patient might, in fact, cure the infection but "harm" the patient in a very damaging way, depending on his values. He may wish to end his life while relatively independent. To cure the infection may mean yet another trip back to a stifling environment. With respect to the second norm, the physician must treat the aged with an explicit attention to removing the patient's dependency on physicians for their care. This action stems not from economic considerations *per se*, but from healing obligations. Even a minimum independence from the health care system, no matter how slight it may appear to us, can provide some possibility for the aged to pursue self-directed personal activities.

Finally, the third norm of treating each person as a class instance of the human race has at least two sequelae specific to the aged. First, physicians must address the often shameful treatment of the aged poor in situations brought to their attention. Concern for improving the health care system for the aged can result from this norm. Second, and more concretely, physicians must take care that individuals suffering chronic brain syndrome and advanced aging processes secondary to social causes like poverty and its consequent poor nutrition, or personal causes like alcoholism or smoking, are given the same standard of care and compassion as others without these causes. To treat each person as a singular human being is not an obligation of charity as it well might be for the general population. Instead, it stems from the profession to heal and is one of the great moral guidelines in the proud history of medicine.

In sum, then, I have argued that following professional codes does not automatically lead to ethical decision-making. Because members of the healing profession make a commitment to care for human beings, and these persons are in a state of need which only expert advice and care can rectify, a professional decision demands ethical analysis of values. Such an analysis engages professionals in a process of self reflection and critique of action, something a code of ethics does not provide.

Furthermore, care for the aged requires a commitment to healing which, at the very least, attempts to reduce some of the physical dependency on the experts by providing the maximum level of independent action and decision permitted by the condition of the patient. This requirement does not stem, as I have argued, from external standards of society. In fact, it seems often to be at odds with the commonly accepted attitudes toward the aged. Instead, the requirement to heal is given its moral force by the profession of its value. Healing is a fundamental human need, and therefore, a fundamental human value.

Acting on the needs of the aged is not so much an intellectual acknowledgement of the moral principle of respect for persons. Instead it puts this principle into action in day-to-day decisions. Meeting the requirements of the aged is not so much a cultural need as it is an act of compassion urged on us by the very nature of the healing profession.

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