



ETHICAL DIMENSIONS

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Aging Population

There has been a steady decline in mortality between 1900 to the mid 1960s. At this point it appeared to plateau and policy makers assumed that we had reached some genetically determined limit of life expectancy. But then it began again to decline to a marked degree. For example, from 1960 to 1988 life expectancy for U.S. women increased by 17.7% at age sixty-five, 33.8% at age eighty five, but only 6.9% at birth. Since 1966 old age mortality has declined steadily and will continue to do so into the next century. Among babies born fifty years ago, only 30% would have survived to their sixty-fifth birthday, while almost 80% of babies born today will live past their sixty-fifth birthday. But until more progress is made in understanding the causes and potential prevention of the disabilities of old age, increasing longevity will bring greater years of disability. The successful treatment of fatal diseases has transformed them into chronic diseases. The financial implications are formidable. Current costs for patients with moderate to severe dementia are estimated to be \$35.5 billion per year. Conservative projections of five million cases of dementia in 2010 would result in costs of at least \$80 billion (in 1985 dollars).

This case can be considered from the perspectives of individual ethics, institutional ethics and societal ethics. Please answer the following questions in these areas using this scale:

1 strongly agree 2 agree 3 not sure 4 disagree 5 strongly disagree

Individual Issues

1. Each of us should set limits to what we expect from the health care system.

1 2 3 4 5

2. Filling out a durable power of attorney would take care of many problems concerning care of the elderly.

1 2 3 4 5

3. Once I have lived a full life I have a duty to make way for future generations.

1 2 3 4 5

4. I have a right to the state of the art health care procedures.

1 2 3 4 5

5. If I become severely demented I want all life-sustaining care to stop.

1 2 3 4 5

Institutional Issues

1. Churches should develop positions on care of the demented.

1 2 3 4 5

2. Churches should recognize that respect for life does not exclude setting reasonable limits to care of the elderly.

1 2 3 4 5

3. Churches should lobby for more funds to be allocated for long-term care.

1 2 3 4 5

4. Acute care institutions should set limits to their demands so that more resources are available for growing chronic care needs.

1 2 3 4 5

5. Insurance companies would be justified in limiting payments for treatment of the severely demented elderly.

1 2 3 4 5

Societal Issues

1. If we deal with abuse, greed, and useless treatment we have the resources to provide care for everyone.

1 2 3 4 5

2. Our laws should allow us to end the lives of the severely demented if that was their wish when they were competent.

1 2 3 4 5

3. Public policy should recognize that severe dementia can be worse than death.

1 2 3 4 5

4. Spending \$80 billion for the care of those with dementia is an appropriate use of health care resources.

1 2 3 4 5

5. Only an integrated national system of health care can resolve such questions.

1 2 3 4 5



**OPINIONS AND FEELINGS ARE FREQUENTLY A PERSONAL TRIUMPH OVER GOOD THINKING
YOU DEFINE REALITY BY WHAT YOU KNOW, WHAT YOU BELIEVE, AND WHAT YOU DO ABOUT IT.**