Aging in Ethical and Christian Perspectives

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Why are we going to reflect on *Aging in Ethical and Christian Perspective?* Two main reasons. One is substantial: our world, which worships youth, is aging; we need to reaffirm the dignity and rights, the mission and responsibilities of the elderly. The second reason is circumstantial: 1999 has been declared by the United Nations as *The Year of Older Persons.*

We shall reflect, within a *global* perspective, on the following points: first, on the ethics of aging; second, on the human dignity of the elderly; third on the right to life of the elderly; fourth,on finitude, autonomy and active aging; and fifth, on death as the ultimate question of human life.

1. Ethics of Aging

Since the time of the Greek philosophers, in particular Aristotle, human life has been divided into three ages (or stages): the first age is youth; the second, adulthood, and the third, old age. In modern parlance, the three stages of human life have been boxed respectively into education (youth), work (adulthood) and retirement (old age).[1]

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[1] Cf Thomas Cole and Martha Holstein, "V. Old Age," *Encyclopedia of Bioethics,* edited by Warren Thomas Reich, Vol I, New York: MacMillan/Simon & Schooster MacMillan, 1995, pp. 97-100.

Our world is aging rapidly. In developed countries, societies are growing old: the base of their populations is not —like yesterday— the children or youth, but, progressively, the adults and the elderly. In developing countries, the trend will tend in the near future towards the rapid increase of their older population as compared with the younger one. Hence, worldwide, we may speak of a growing "gerification" of the world.

From an "aging society," we are going towards an "aged society." Experts assert that as the 20th century is the century of population explosion, the 21st will be the century of old age. There are at present around 600 million people over 60 years old; by the year 2000, there will be one billion. The main reasons for the "graying" of societies are an ever increasing life expectancy and a sharp decline in fertility rates.

Aging may be defined as "the accumulation of chronological events that render an organism more susceptible to the stresses of life and thereby increase the probability of death."[2] The science which studies aging in its different dimensions —biological, medical, psychological, social, ethical and spiritual— is called *gerontology*. *Geriatrics,* in particular, means the care of the elderly. Although aging means the processes of aging through life, it is principally understood as the aging of the elderly.

Old age is not youth lost, but a new stage of life calling the elderly for a new responsibility: the responsibility, or task, of realizing their humanity and faith as old persons. In old age, we are told, it is easier to discover in a deeper manner the distinction between what is essential and what is accidental in life; between what is important and what is only urgent; between that which is permanent and that which is passing like the grass of the field. In his great book on aging, *De senectute,* Cicero says that the great enterprises are not carried out by the strength, agility, or speed of the body, but by reflection, prestige, judgment; these qualities are not lost in old age, but in old age they grow even more. He also said that men are like wines: old age sours the bad ones and improves the good ones.[3]

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[2] George R. Martin and George T. Baker III, "Theories of Aging and Life Extension," *Encyclopedia of Bioethics*, 1995, *l.c.*, p. 85. See M. Pilar Núñez, "El envejecimiento, un proceso biológico," *Labor Hospitalaria,* No. 245, 1997/3, pp. 205-209.

[3] See José Melgares Raya, "Los valores éticos de la tercera edad," *RS: Cuadernos de Realidades Sociales,* No. 27-28, January 1986, pp. 145-146.

The Christian, in particular, speaks of human life as a journey or, better, as a pilgrimage, that passes quickly. The Fathers of the Church, especially Saint Augustine, the theologians, particularly St Thomas, and the mystics like St Teresa of Avila and St John of the Cross, write frequently of human life as a pilgrimage to God, animated by the virtue of the *homo viator,* that is, hope as loving hope or, better, as hopeful love. They also speak of old age not only as of the final stage of life —a life of declining physical abilities—, but of a path in a supernatural ascent. (Saint Augustine says that the two signs of old age are grey hair and wrinkles. And he adds: while the first —grey hair— symbolizes wisdom, the second —wrinkles—, sin. St Thomas Aquinas affirms that sin makes the sinner old).[4]

The personal and social issues of aging and the aged are the common concern of various disciplines, including psychology, medicine, sociology, economy, law, bioethics and theology. Thus, the adequate approach to study them is an interdisciplinary one. In a world dominated by economy, the economic dimension of aging is often the predominant one, in particular regarding the problem of limited healthcare resources. Moreover, in a world also dominated by technology, the medical dimension of aging is likewise prioritized, principally end-of-life issues and the so-called *medicalization* of aging.

Considering the bio-psycho-social-religious nature of the human person, a wholistic approach is required to study properly the issues connected with aging and the aged. *What is the role of bioethics?*

Bioethics, indeed, has a significant word to say on and to the elderly —a significant word, if not the most significant! In this regard, philosopher Agustin Domingo, assigns to ethics —as ethics of the person and social ethics— a three-fold role:

(1) A role of *mediation* among the different disciplines involved, by facilitating an open dialogue and searching for a common language.

(2) A role of *deductive norm,* by talking authoritatively on the human person and the principles that guide his life, and by offering to

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[4] Cf. Thomas Cole and Martha Holstein, *Encyclopedia of Bioethics, a. c.*, pp. 97-100; Saint Thomas Aquinas, *In Psalmos Davidis Lectura:* 6, 5; John Paul II, *Evangelium Vitae*, no. 80; Fausto B. Gómez, O.P., *A Meditation on the Journey to a Graceful Old Age*, in his book *Promoting Justice, Love, Life,* Manila: UST Publishing House, 1998, pp. 288-294.

the other disciplines a system of moral evaluation; in this role, moral philosophy would direct and orient decisions related to the problems of aging.

(3) The role of *discovering and explicitating bioethics,* by helping all the disciplines involved to discover a common morality and the singular personality —and concrete problems— of the elderly.

Writes Domingo: "The ethics of aging is not a particular case of moral development, nor, consequently, a part of any treatise of general ethics. An ethics of aging is not only the 'test' of the moral quality of an ethics of development, but the proof of resistance to which a general ethics must submit itself."[5]

Hopefully, one day in the near future, we will not need to speak separately of women, of children..., of the elderly: all human beings shall be treated equally and justly. Unfortunately, this is not true today, and some sectors of our societies continue to be partly marginalized: their human dignity and rights are not yet equal to the others. Thus, we have to continue talking of a year of women, a year of children... And a *year of the elderly,* to reaffirm their human dignity and rights —equal to those of children, the young and the adults. Appropriately, the motto of the United Nations' International Year of Older Persons 1999 is: "Towards a Society for All Ages."

The Human Dignity of the Elderly

In the *UN International Plan of Action on Aging,* approved in Vienna in August 1982, the UN member countries solemnly reaffirmed "their belief that the fundamental and inalienable rights enshrined in the Universal Declaration of Human Rights apply fully and undiminishedly to the aging."[6]

Our global village worships the youth and what is young. The mass media, and the public opinion they help shape, adore the young;

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[5] Agustín Domingo Moratalla, *Etica y ancianidad: entre la tutela y el respeto,* in *Etica y Ancianidad,* ed. by Javier Gafo, Madrid: Universidad Ponticia de Comillas, 1996, pp. 69-70.

[6] Cf. World Assembly on Aging, *Vienna International Plan of Action on Aging,* New York: United Nations, 1983, p. 9. See also Fausto B. Gómez, O.P., "Report on United Nations' World Assembly on Aging," *Unitas,* Vol. 55, No. 4, December 1982, pp.695-707.

and not the old, who are often discriminated against. *Ageism* is a kind of discrimination against the elderly, an ideological negative attitude of aging, which is perceived as the loss of independence, and continuing decline in social status. Theologian Lucien Richard has written that "to be old in our society is to be the social equivalent of being terminally ill."[7]

In our world, "the elderly are more protected than respected, more directed than guided, more subjected to our interests than encouraged by our care."[8] A utilitarian ethical approach to old age speaks of the aged as representing a quadruple burden to society, namely, the demographic, financial, political and medical burdens.[9]

Human dignity refers not to something but to someone who has value in himself. It implies equality, freedom, justice. It is *fundamental, or ontological dignity*, equal in all human beings from the moment of conception to natural end. Philosopher José Luis Barco writes: "No man is deprived of dignity. All human existence on earth —applauded or cursed, triumphant or beaten, happy or unhappy, generous or greedy— represents the entrance in history of a radical newness, the presence of the excellence of a being superior to the one of any other observable being."[10] Hence, not even the moral indignity of doing evil, of abusing freedom removes the equal ontological dignity of all humans.[11]

Among humans, the *weak,* in particular, ought to be respected, even more, and by all human beings: "The inalienable dignity of man is shown above all when there is in man his humanity only. When there is no youth, neither beauty, power, intelligence, wealth, nor any other characteristic by which the person may give us a favor, appear graceful

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[7] Lucien Richard, "Towards a Theology of Aging," *Science et Esprit,* XXXIV, 3, 1982, p. 274. The Sacred Scriptures contain a rich doctrine on old age and a generally very positive image of the elderly; cf. Pedro Sánchez, "La imagen bíblica de la ancianidad," *El Rosario,* No. 1.136, September-October, 1986, pp. 4-6.

[8] Agustin Domingo Moratalla, *Etica y ancianidad...., l.c.*, p. 92.

[9] Cf. Andrés Pérez Melero, "La edad avanzada como criterio de exclusión en la asistencia sanitaria," *Etica y ancianidad,* l.c., pp. 95-108.

[10] Cf. Tomás Melendo, "Más sobre la dignidad humana," *Cuadernos de Bioética,* Vol. VIII, No. 32, 4, 1997, p. 1481-1485.

[11] Cf. Juan Castillo Vegas, "La dignidad humana y la eutanasia," *Burgense,* 39 (1998), pp. 195-208.

to us, or possess a motive of attraction. When a person has nothing, but *his condition of a person in suffering;* in that moment, his inalienable dignity is put forward with greater eloquence."[12]

In Christian tradition, to be weak was and is, as Gonzalo Herranz tells us, a sufficient title to be a subject of respect and protection. *Who are the weak today?* Embryos, terminal patients, the disabled, chidren, the marginalized, the elderly. Facing them, the other responsible humans ought to react with great respect for their personal sublime human dignity now threatened. John Paul II, who speaks of the fundamental equality of every human being, that is, "man or woman, child, adult or old person," underlines that the *preferential option —or love— for the poor* includes, like for Paul VI, the elderly."[13]

In bioethical perspective, the *principle of vulnerability* calls us to respect the elderly, too. It may be formulated thus: " In human relations generally, if there are inequalities of power, knowledge, or material means, the obligation is upon the stronger to respect and protect the vulnerability of the other and not to exploit the less advantaged party."[14] The principle of vulnerability is expressed in solidarity with the weak, the poor, the elderly.

The principle of vulnerability guides us towards the respect of human dignity, defined as the possession of rights, of universal human *rights*, with the corresponding *duties* that rights necessarily imply.[15]

Like all other humans, the elderly have their dignity and rights. These fundamental rights, as applied to the elderly, may be broken down into three categories, corresponding to three kinds of needs: *the right to have physical needs fulfilled; the right to have psychological needs fulfilled, and the right to have spiritual needs fulfilled.*[16]

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[12] Rafael Tomás Caldera, quoted by Tomás Melendo, "Más sobre la dignidad humana," l.c., p. 1485.

[13] Cf. J. Paul II, *FC*, 47, and *SRS*, 33; Paul VI, *OA*, 15; Tomás Melendo, *a.c.*, 1488.

[14] Edmund D. Pellegrino and David C. Thomasma, *Helping and Healing.* Washington, D.C.: Georgetown University Press, 1997, p. 55.

[15] Cf. John XXIII, *Pacem in terris,* 30 and 91; José Antonio Marina, *Etica para náufragos*, Barcelona: Ed. Anagrama, 1995, pp. 209-210.

[16] Cf. The Italian Society of Geriatricians, "The Rights of the Sick Elderly," *Dolentium Hominum,* No. 36, 1997, pp. 32-35.

The well-known bioethical principles of nonmaleficence and justice, autonomy and beneficence will also guide us concerning difficult situations in which the elderly and, in particular, elderly patients find themselves. Concerning the elderly, these four general principles are rooted in other two most basic ethical principles, namely: first, the elderly are persons and therefore deserve the same respect as younger persons; second, human life is an equal value for all human beings, regadless of their age. Furthermore, the elderly patients also have the right to a free choice regarding their personal health, rooted in their basic human right to adequate healthcare. More in particular, they possess the right to refuse useless, or excessively burdensome medical/surgical interventions.

Besides, the elderly persons have the right to refuse participation in experimental research. We denounce experimentations with the elderly that are carried out without the informed consent of the capable elderly or of their surrogates acting according to the best interest norm.[17] Concerning medical assistance to the elderly, we do not agree with those who defend unrestricted care and those who promote restricted care; we advocate a partly restricted and partly unrestricted care, that takes into account autonomy, beneficence, justice and solidarity.[18]

The Right to Life of the Elderly

Human dignity, then, is expressed in human rights, beginning with the *right to life*, an inalienable and indivisible human right.

Human life is a primary good, an inestimable and inviolable value,a most beautiful living thing. It is a great *gift* of God, a sign of his wonderful presence in us. It is also a task for all humans: the *task* of administering well (we are all God's stewards), of defending it and promoting it with others. The most authentic *meaning of life* is the

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[17] Cf. Javier Gafo, "Ensayos clínicos en seres humanos," *Miscelánea Comillas,* Vol. 56, No. 108, 1998, pp. 97-98.

[18] Cf. Javier Barbero, "Problemas éticos en la atención al anciano enfermo," *Labor Hospitalaria,* no. 243, 1997/1, p. 59. See also, American Medical Association, Council of Scientific Affairs, "Elder Abuse and Neglect," *JAMA,* 1987; 257:966-971; D. Callahan, *Setting Limits: Medical Goals in an Aging Society,* New York: Simon & Schuster Inc., 1988.

giving of self —of life— in the service of others, and out of love, for "to live is to love" (E. Mounier). Jean Guitton speaks of old age as the *oblative age of love.*

The question on the meaning of life, including suffering and death, is a most radical question for all humans, particularly for the elderly: "That life has a meaning —this is the top priority in the Third Age."[19] As philosopher Nietzsche wrote: "He who has a *why* to live for can bear with almost any *how*."

For a Christian, human life is truly the life of Christ, who is our life (Jn 14:6), who came into the world that we all may have life —and have it to the full (Jn 10:10), who keeps giving us life through the Spirit (Jn 3:5). The life that Christ brought —and keeps bringing— to us is the life of grace, which initiates eternal life on earth: Jesus came down so that everyone "may have eternal life" (Jn 3:16). Thus, human life is a journey of hope to heaven rooted in grace and witnessed in love – love of God, neighbor and poor neighbor, including the elderly.

The ethics of aging is an ethics of curing and caring —an *ethics of care* to be carried out by the State, the Church and the family through the values of justice and solidarity. Medicine's task is not only to *cure* but also to *care*; not only aggressive treatment but also palliative or comfort care. This ethics of care rejects euthanasia and dysthanasia and promotes life and allowing to die.

Euthanasia (active, direct, intentional) is killing: indeed, one of the "infamies" of our time and "a grave violation of the law of God."[20] And God said: "Thou shall not kill" (Ex 20:13). Human life is *sacred*, that is, "precious," "holy," "worthy of reverence." Every human being has the right to life from the moment of conception to its natural end. As human beings and as Christians, we defend and promote a *consistent life-ethics.* Human life is like *a seamless garment* that ought to be respected from its beginning (against abortion) to its end (against euthanasia, and the death penalty). Pope John Paul II writes: "The right

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[19] James Torrens, S.J., "The Third Age (An Alternating Current)," *Human Development*, Vol. 19, No. 2, 1998, pp. 26-27. See Viktor Frankl, *Man's Search for Meaning,* New York: Simon & Schuster, 1984.

[20] John Paul II, EV, 65; cf. Vatican II, GS, 27. See our article "The Terminally Ill: Care, Comfort and Pain Relief," in *Forum in Bioethics, No. 5: Conscience, Cooperation, Compassion,* Manila: UST, Department of Bioethics, 1998, pp. 108-126.

to life means the right to be born and then continue to live until one's natural end."[21]

The right to life, however, is not an absolute right for the person, because he/she is a steward of life. Only God is the author of life and death. As the French bishops have said powerfully: "A human life does not belong to others; neither to the parents, who conceive it; nor to the State; it does not belong even to oneself absolutely. It belongs to God." Objectively, therefore, not only involuntary euthanasia is immoral, but also voluntary euthanasia.

The healthcare professionals, particularly doctors and nurses, are asked by their professions to promote life and health: they are healers! *How may the patients (the whole wounded humanity), in particular the sick elderly, trust their doctors if they practice euthanasia or assist in suicide?*

While the elderly patients —like others— ought not to use biotechnological means irresponsibly and carelessly, society must not make them feel like useless burdens. "How could they not feel guilty for still being here, for costing so much, and for being so useless? That is a market mentality that leads to death."[22]

Moreover, cooperation in euthanasia, in killing a human being, cannot be truly considered *compassion*, but only, as John Paul II has said, misplaced compassion, or false mercy, which is "always gravely immoral." "True compassion leads to sharing another's pain; it does not kill the person whose suffering we cannot bear." "The respect we owe to the elderly compels me once again to raise my voice *against all those practices of shortening life known as euthanasia....*"[23]

When Christians are asked to cooperate in euthanasia, their faith asks them to refuse by making recourse to *conscientious objection*, which is an exercise of religious freedom and freedom of conscience.

How about dysthanasia? Dysthanasia, understood as the undue prolongation of life, usually ends in an "undignified death," which fol-

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[21] John Paul II, *Crossing the Threshold of Hope,* N.Y.: Alfred Knopf, 1994, 205.

[22] Eric Fuchs, "Social Justice and Health Care," *Theology Digest,* Vol. 45, No. 3, Fall 1998, p. 217.

[23] John Paul II, EV, nos. 57, 66 and 64.

lows an abusive use of extraordinary or disproportionate means, provoked by the technological imperative —or the undue fear of a malpractice lawsuit. *When treatment is futile (a medical decision), why give it?*

The doctor is obliged to treat, but not to overtreat patients, including the elderly patients, who are also individual beings and members of society. *Overtreatment* might even be against social justice. When facilities are scarce; when the poor do not have primary helathcare, *may we waste funds and resources by providing futile, excessively burdensome high-tech procedures?* The poet wrote: "For man to want to live when God wants him to die is madness" ("Que querer hombre vivir/cuando Dios quiere que muera/es locura." Jorge Manrique).

Moreover, as Pierre Boitte reminds us, we have to take into consideration the growing understanding of medicine not only as protective of personal health but also of communitarian health. The end of medicine is not merely to postpone death by all available bio-medical means, regardless of their effectivity and impact on the limited resources of society.[24]

Against euthanasia (intrinsically evil), on one extreme, and dysthanasia, on the other, we advocate for *orthothanasia,* or correct dying, or allowing to die.

Allowing to die includes three possibilities. First: when the treatment to prolong life is useless or futile for the patient. Second: when the prolongation of life is excessively burdensome for the patient (or the family, or even society). Third: when the patient needs pain-killers that directly mitigate pain and indirectly might shorten life (application of the principle of double effect).

Physicians are committed to relieve pain and suffering, a commitment that is limited by the prohibition against direct killing. *To prolong or not to prolong the life of the elderly patient? To withhold or to withdraw aggressive treatment?* If depends of the kind of treatment,

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[24] Cf. Pierre Boitte, *Pour une éthique de la sante publique dans une société vieillissante,* Quebec: Fides, 1997, pp. 44-45. Alastair V. Campbell: Forty percent of healthcare expenditure in the United States of America is devoted to the last few weeks of life. Hence, little is left to sustain adequate primary care or adequate long-term care for chronic illness and disability (*Health as Liberation,* Cleveland, Ohio: The Pilgrim Press, 1995, p. 116).

which may be beneficial, useless, or doubtful. If the treatment is *beneficial* (a reasonable attempt to prolong life), then it is mandatory and, therefore, an *ordinary* or *proportionate means.*

If the treatment or therapy is considered *futile* or ineffective (aggressive care prolongs dying and postpones death only), or *unduly burdensome* (excessive pain and suffering to the patient, or excessive financial burden to patient or family, or even society), then it is optional, or an *extraordinary* or *disproportionate* means. This important ethical distinction is applicable to cases involving *withdrawing / withholding* life-support , and Do-Not-Resuscitate (DNR)/Cardio-Pulmonary Resuscitation (CPR) cases. Let us add here that *hydration / nutrition* for comatose patients and patients in a persistent vegetative state (PVS) are to be considered, in general, ordinary means, as they address basic human needs, although a great debate is raging now on this matter. I remember the words of Saint Ambrose: "Give food to the dying, because he who can do it, but does not, kills him." However, as the American bishops write: "Hydration and nutrition are not morally obligatory either when they bring no comfort to a person who is imminently dying or when they cannot be assimilated by a person's body."[25]

What about a doubtful treatment? If the treatment is doubtful or uncertain, the patient's best interest would demand providing treatment, when this may be a potential benefit to the patient: it is ethical to err on the side of life.

Concerning the elderly, therefore, and from an ethical and Christian perspective, we are strongly against euthanasia and also against dysthanasia. John Paul II said in Vienna (1998): "Both the artificial extension of human life and the hastening of death, although they stem from different principles, conceal the same assumption: the conviction that life and death are realities entrusted to human beings to be disposed of at will." Like John Paul II, we are in favor of allowing to die: as all other humans, our elderly have "the right to a worthy life and to a worthy death."[26]

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[25] National Conference of Catholic Bishops, *Ethical and Religious Directives for Health Care Services,* Washington, D.C.: USCC, 1995, no. 54. See Saint Thomas Aquinas, II-II, 3 ad 3.

[26] John Paul II, *FC*, 46 and *EV*, 94; Id., *Message to the Rennweg Hospice of Vienna:* June 21, 1998, in *L'Osservatore Romano,* July 8, 1998, p. 5.

Finitude, Autonomy and Active Aging

It has been said by Agustin Domingo that the ethics of aging ought to reflect on four important problems. These are finitude, work, autonomy and death.[27] In this section, we wish to concentrate on finitude, autonomy —and active aging.

The human person, every human person is finite. *Finitude* belongs to the essence of human life. The elderly, a criterion to evaluate the essential meaning of human life, make us realize that we live in time, that we are pilgrims on an earthly journey that has a beginning and an end. Elizabeth Kubler-Ross wrote: "We are all dying; we all have to face our own finiteness long before we are terminally ill. This is perhaps the greatest lesson we learned from our patients: *Live, so that you do not have to look back and say "God, how I wasted my life."* And she continues: "We can only truly live and enjoy and appreciate life if we realize at all times that we are finite..., that we have only *now*."[28]

The elderly, moreover, remind us authoritatively that our *autonomy*, so valued by North-American Western bioethics, is rather relative, and that, after all, our moral autonomy must be lived in just and loving relationships. Autonomy is not independence and, as taught by respected European philosophers, it is constituted not so much by oneself but by the others. As Romano Guardini said, in line with Martin Buber: "Man acquires conscience of his 'I' when he is called by a 'Thou', above all and primarily by the Divine Thou." Levinas has written powerfully on *the other*, whose face challenges us and defines us – the face of the other that tells us, above all, "You shall not kill." Instead of speaking so much of autonomy, we should talk —Paul Ricoeur tells us— of *auto-heteronomy.* Philosopher Domingo adds: "This constitutive otherness is not a castrating limitation, but a fertile one: it makes us tran-

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[27] Cf. Agustín Domingo Moratalla, *Etica y ancianidad...*, *l.* c., p. 70.

[28] Elizabeth Kubler-Ross, *Death the Final Stage of Growth.* Englewood Cliffs, New Jersey: Prantice-Hall, Inc., 1975, xix, xii. Finitude is personal. As philosopher Unamuno said, it is my finitude, proper to someone who recognices himself as mortal..., but not completely. Personal finitude, Domingo adds, is much more that a principle of vulnerability or fragility; it is a principle of moderate lucidity that takes seriously the reality of my life as history. (Cf. Agustín Domingo Moratalla, *Etica y ancianidad..*, *l.c.*, pp. 71-72.)

scendent. More adult, then, is not one who demonstrates more independence, but one who makes his limitations more fruitful."[29]

Thus aging may become a parable, a powerful symbol of our finitude and dependence. In Christian perspective, there is a theology of dependence and *kenosis,* as self-giving and self-emptying. Dependence is part and parcel of human life in every stage. This dependence is increased in the Third Age: "Dependent aging, if you will, is a sacrament of life, and relatives and friends are its ministers."[30]

As individuals and social beings, we all are relatively autonomous and heteronomous. Thus, we also depend on others, who are called by their humanity —and faith— to be in solidarity with us.

From an ethical and Christian perspective, the elderly patients, many chronically or terminally ill, need not only pain relief, but also empathetic solidarity. In general, healthcaregivers are asked to free the patients from pain, while the significant others —immediate family, friends, and also the members of the healthcare team, especially chaplains, physicians and nurses— provide support, protection, security. That is, "a warm heart" so that our elderly —like other patients— may bear and accept human weakness in solidarity with others. We are asked by our humanity and faith to be at the side of the elderly who are sick in a nonjudgmental, nonpaternalistic, but understanding, respectful and prayerful attitude, as our patients go through different psychological stages, be it denial, or anger, or bargaining, or depression towards final acceptance (to mention the five classical stages of Dr. Elizabeth Kubler-Ross). E. Levinas reminded us that our answer to the suffering of the other is compassion, not explanation.[31]

We have to be in compassionate solidarity with our elderly, who, with their suffering, help us reflect on the meaning of suffering in our lives. In Christian perspective, the sick elderly evangelize those around

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[29] Agustín Domingo Moratalla, *Etica y ancianidad..., l.*.c., p. 74; cf. *Ib.,* pp. 72-75. See Alfondo López Quintas, "Guardini, fecundidad para el momento actual," *Vida Nueva,* No. 2.149, August 8/15, 1998, p. 23.

[30] Drew Chritiansen, "The Elderly and Their Families: The Problem of Dependence," *New Catholic World,* Vol. 223, No. 1335, May-June 1980, p. 102. See Lucien Richard, "Towards a Theology of Aging," l.c., pp. 286-287.

[31] Cf. Stan van Hooft, "The Meaning of Suffering," *The Hastings Center Report,* Vol. 28, No. 5, September-October 1998, p. 14.

them by silently inviting them to be grateful for the gifts of health and relationships, on God, on the finitude and fragility of our lives and our constant need to be united to the passsion, death and resurrection of Christ. "In the midst of limits and suffering, the theology of the cross tries to discern the presence of meaning... A theology of aging must be founded on the Paschal Mystery in all of its dimensions, with the cross as its center – even in a time when we instinctively shy away from the negative aspects of life."[32]

Cicero said once that *senectus ipsa est morbus*: "old age in itself is sickness." This is not really true. Many elderly persons are healthy and able to work and actively engage in being old gracefully and dynamically. They symbolize *active aging*. Aging refers principally to the Third Age and onward, the age of *retirement* from work, but not from living responsibly and creatively. The inflexibility of retirement laws continue closing the door to productive work to many retired and capable elderly. *Is this just?* Already in 1982, the UN World Assembly on Aging "solemnly recognized that the quality of life is no less important than longetivity, and that the aging should therefore, as far as possible, be enabled to enjoy in their own families and communities a life of fulfillment, health, security and contentment, appreciated as an integral part of society." Moreover, "whatever the apparent wisdom of lowering retirement age levels in order to open up employment opportunities for the young, such action can hardly be seen as anything but a short-term and partial solution of one social problem through the creation of another, probably a long-lasting one. More innovative action should be considered at both extremes of the labor force structure."[33]

When possible, retiring from work should not mean stopping working altogether. If it does then Pablo Casals was right when he said that to retire means to begin to die. And the great musician added: "Work helps not to become old. Work and interest for the things that are worthy are the best remedy against aging" —against nonactive aging.

In this aspect, the elderly may also be considered as a paradigm of a full and filling human life. We should not confuse active with pro-

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[32] Lucien Richard, "Towards a Theology of Aging," *l. c.*, p. 278.

[33] World Assembly on Aging, *Vienna International Plan of Action on Aging, l.c.*, pp. 9 and 38.

ductive life. "Do we have to reach old age to discover bitterly that *homo economicus* (the economic man) or even *homo faber* (the working man) are deformed images of the human person as such? More important than the fact of the age of retirement, by which one retires from productive life, are the capabilities through which one continues maintaining an active life."[34]

One of the key concepts of the UN *Vienna International Plan of Action on Aging* was *active aging.* Earlier, an international association of Christian inspiration, Opera Pia International for Active Aging (OPIAA), had been created precisely to spread the concept and implications of active aging. OPIAA wrote then: "Active aging implies participation as opposed to passivity; openness; commitment and solidarity; independence and interdependence." We read in a position paper of the International Federation of Catholic Medical Associations (FIAMC) on the 1999 International Year of Older Persons: "Using their acquired culture, experience and wisdom, as also their unlimited free time, the elderly may prove immensely useful to society, collaborating in many areas, such as volunteers in hospitals and health centers, in the educational system (teaching optional courses —cooking, embroidering, languages, crafts, etc.), in institutions of social solidarity, in founding and managing micro-enterprises of services or production, etc."[35]

Having fulfilled its mission, OPIAA disappeared quietly. At that time, another Christian association, founded in the 60s, was beginning to spread throughout the world: *Vie Montante,* a movement of lay elderly, now an international private association for the benefit of the faithful, and a Pontifical Institute approved by the Pontifical Council for the Laity on March 25, 1996. Vie Montante, or *Vida Ascendente*, or *Ascending Life* began its journey in the Philippines on December 20,

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[34] Agustín Domingo Moratalla, *Etica y ancianidad, l. c.,* p. 73.

[35] Cf. *Decisions,* No. 14, 1998, p. 8. See also Pontifical Council for the Laity, *The Dignity of Older People and Their Mission in the Church and in the World,* Vatican City, 1998. Pedro Martín Hernández, *Vida Ascendente,* Madrid: Apostolado Seglar, 1983. John Paul II: "I remind older people that the Church calls and expects them to continue to exercise their mission in the apostolic and missionary life... You are not to feel yourselves as persons underestimated in the life of the Church or as passive objects on a fast-paced world, but as participants at a time of life which is humanly and spiritually fruitful. You still have a mission to fulfill, a contribution to make" (*Christifideles Laici,* no. 48). See also Second Plenary Council of the Philippines (PCP-II), *Acts and Decrees,* Manila: CBCP, 1992, *Decrees,* Art. 33.

1998, at the Santisimo Rosario Parish, University of Santo Tomas, Manila. Throughout the world, this Christian association of lay elderly persons is committed to proclaim the Good News of Christ to all, particularly to the elderly, from a strong spirituality, rooted in friendship. This is their threefold mission: *friendship*, *spirituality* and *apostolate*. Cardinal Marty, former archbishop of Paris, formulated beautifully the vision of VM: "When one ascends towards God, one does not age; rather, one is always growing and forever being rejuvenated." *Ascending Life* inspires the elderly to ascend together —giving hope and being in solidarity with the sick elderly— as pilgrims, towards total happiness, fulfilment, heaven.

Throughout history many great men and women achieved greatness in their old age. They are forever paradigms of active aging! Aging actively, they are not only an inspiration to the aged, but also to the young and the adults. Socrates began to learn to play a new piece for his flute just a short time before drinking the lethal poison. He was asked, *what for?* His answer: "So that I may know it before I die." Santayana wrote: "The joy I find in old age (I have never been as happy as now) comes from the fact of having learned to live in the present, and therefore in eternity; and this means to reach perpetual youth, because nothing can be as new as every day that dawns upon us." Ponce de Leon became old while still looking for the fountain of eternal youth, that he did not find (he only found Florida, Miami, thus called because he discovered it on Easter Day or *Pascua Florida*). "The secret of his vitality was not the fountain, but the hope —the illusion— of finding it."[36]

The Ultimate Question: Reality and Mystery of Death

Pain and suffering are travelling companions in our journey of life. They appear as veiled or clear warnings of the reality of death. Death is inescapable, inevitable, infallible. It is utterly undeniable: "Man's days are like those of the grass; like a flower of the fields it blossoms; the wind sweeps over him, and his place knows him no more" (Ps 103:15-16).

[36] José Luis Bermejo, "La juventud de un maestro," *Vida Nueva*, No. 2.128, March 7, 1998, pp. 36-37.

Modern man, however, seems to be trying hard to hide the reality of death considered by a materialistic and secular world as taboo. Nevertheless, death is there, and in our own hearts. Death awaits the human being in the street, in the hopital, at home. Certainly, death continues to be one of the most poignant questions of life for all men and women, in particular for the elderly. Unfortunately, current approaches to aging tend to separate the aged from their death by following the technological imperative and using endlessly limited reasources.[37]

The ethics of aging is an ethics of human dignity and rights, an ethics of care and responsibility, an ethics of finitude and active aging. It is, moreover, an ethics on the ultimate question of life, that is, the question of *death*: "Life is inseparable from its final act, for the meaning of the way is always defined by its end. Old age implies necessarily the conscience of the approaching end, inevitably near. Hence, no kind of old age that tries to cover up death or does not prepare for it may be fruitful and hopeful."[38] An elderly Jesuit writes: In this period, the Third Age, "all the mysteries of our lives – aloneness, disability, mental quirks, slowing memory —signal unmistakably: 'The Lord is Near'."[39]

The elderly remind us all of the question of death, a question for all, for it is the question of life. This is the reason why modern philosophers, retaking an important theme of Greek philosophers, who were deeply moved by a beautiful death like Socrates', reflect on death as part of life. Writes theologian Martin Gelabert: "The ultimate question of life is related to death. The question of death is radically the question on the meaning of life. What is the purpose of everything if we are going to die? Precisely by reason of the question on death, death and life are intimately connected. The Christian also thinks that death and life cannot be separated, but he knows by his faith that, in the light of God, they take a new meaning."[40]

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[37] Cf. Javier Barbero, "Problemas éticos...," *l.c.*, pp. 57-58.

[38] Olegario G. de Cardedal, *Raiz de la esperanza,*Salamanca: Ed. Sígueme, 1996, p.429.

[39] James Torrens, "The Third Age...," l. c., p. 27.

[40] Martin Gelabert, O.P., "Una muerte que da vida," *El Rosario,* No. 1.136, September-October 1986, p.9.

Death is understood today in two main ways: as having to die, and as consummated death. Well-known moralist Marciano Vidal explains them.

Death as having to die, as part of life. Dying is an event of life that manifests the finitude of intratemporal human life. It is the last event of an earthly life. It is usually consonant with the basic narrative or story of life. Although a different final fundamental option is possible, generally the basic option of life determines the way of death.

Death as consummated death, or the objectivization of our death, means, "the representation of death for the use of those who have not yet died." The certitude about death is knowledge, but not experience. The closest experience of personal death is the death of a loved one, that becomes a decisive encounter with death. The death of a loved one unveils for us his/her life and love: "Death is an authentic moral epiphany of the other." Furthermore, the death of a loved one implies a lamentation for not having done more for the loved one, and a consequent commitment to do more for the other loved ones and the significant others still living.[41]

Death may be considered as the final end of life, that is, the end of everything, or as its temporal and intermediate end, that is, the passage to eternity. While respecting the different opinions and beliefs on death, I think it is relevant to know the stand of those who speak in favor of euthanasia and assisted suicide, for instance in the case of Dr. Jack Kevorkian, who considers death as the final end of life; after death, he says, "we rot." Julian Marías writes: "If man dies totally and definitely nothing matters, nothing is important —not even God—, because important is what matters."[42] Of course, for us —as for philosopher Marias—, death is not the end of life , and God is He who matters most. The human person, then, is mortal and immortal: his body (mortal) dies and his soul (spirit: immortal) goes to another stage of life. As Horacio said, "non omnis moriar" (not everything dies).

Medically speaking, death is defined today as the total and irreversible cessation either of cardiopulmonary function or of the function

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[41] Cf. Marciano Vidal, *Bioética teológica,* Madrid: PS Editorial, 1991, pp. 472-476.

[42] Julian Marías, *Problemas del Cristianismo,* Madrid: BAC, 1979, p. 28. See. Peter J. Bernardi, "Coming Soon: Your Neighborhood T.S.C.," *America,* Vol. 170, No. 15, April 30, 1994, pp. 6-9; Olegario G. De Cardedal, *La raiz de la esperanza.*

of the entire brain, including the brain stem. However, the meaning of "brain death" is still being debated. Theologically speaking, death like suffering has a *penal* character, due to sin as source of death (cf. Gen 2:15-17; Rom 6:23.); although suffering is not usually a punishment for our sins (the saints seem to suffer most!). Like suffering, death may also become a *redemptive* death, when it is lived as death in God, and linked to Christ's redemptive and victorious death (cf. Rom 6:3-5.)

Christians today have to go back to their rich tradition of *ars moriendi*, and retake its positive points creatively, underlining that the path to a good death is a good life. The elderly may help us —as we try to help them, too— learn the art of dying, by practicing the virtue of aging with dignity. Just before the end of his creative life (he died in July 1998), the great moralist Bernard Haring wrote: "I hope to patiently learn this virtue until its leads to the art of arts, the art of death, or *ars moriendi,* as it was called in the Middle Ages." According to him, the virtue of aging with dignity is "the habit of keeping one's eyes focused on the hour of death and making one's final preparation by exercising all the virtues that are specially suited for the autumn of life. It is the art, so to speak, of daily practicing death." Important elements to acquire the habit are the following: (1) The cultivation of a grateful memory —"memory's most beautiful treasure is gratitude." (2) A sense of humor "is quite becoming of old men and women." (3) Prayer. A 95-year old woman told Haring: "I believe God can still use old folks to pray." (4) In advancing old age, keep practicing the virtue of serenity that helps us give up things, not to complain "too loud or too often." (5) Keeping mentally active: read, write, converse...(6) Trying to listen attentively to other old people, and "not showing annoyance if they complain a bit too much."[43]

Death is part of life, and death and life find genuine meaning in a third word, that is, *love*. John Paul II says in *Evangelium Vitae* that the deepest meaning of life is found in love: in serving others in love. Loving someone means, as Gabriel Marcel said, telling him/her you will never die. And because God loves us, we will never die. Death for those who believe in Christ means never to die (Jn 11:26). For a Christian, then, death is of course important and also traumatic, but a

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[43] B. Haring, *The Virtues of an Authentic Life,* Liguori, MO: Liguori Publ., 1997, pp. 178-181. See Jean Laffitte, "Ars pagana et ars christiana moriendi," *Anthropotes*, Vol. III, No. 2, 1997, pp. 273-295.

nonultimate reality: *we are Easter people*! The ultimate reality is eternal life with God. "Where might the human being seek the answer to dramatic questions such as pain, the suffering of the innocent and death, if not in the light streaming from the mystery of Christ's Passion, Death and Resurrection?"[44] Saint Clement of Alexandria said beautifully: "Through his death and resurrection, Christ turned sunset into sunrise."

Conclusion

After reflecting on *Aging in Ethical and Christian Perspective,* we can say that human and Christian ethics of aging centers —like the ethics of the first and the second ages— on the human person as the radical criterion of morality. Because the aged are often discriminated against in many countries today, we have to defend them from discrimination, from *ageism.* This implies defending their dignity and rights —equal to all other humans—, beginning with the fundamental and inalienable right to life.

Facing an aging world, we —the young and old, men and women— need a new culture of aging, a creative education on aging. We all need, particularly the healthcare providers, a new understanding of medicine, ordered not only to cure, but also to care; not only, and mainly, to promote healing, but also not to postpone the time of death when it comes.

Human and Christian ethics ought to promote what John Paul II calls in *Evangelium Vitae* a "covenant between generations." The Third Age generations have important lessons to teach us. Let us listen to their stories. (What I miss most from my mother is her presence, and from my father, his powerful and creative stories). The aged themselves have to continue trying to age actively and to defend their rights in solidarity with others by the path of justice and shared responsibility. And we all —particularly, the government, the healthcare professions, the Church and volunteers— have to take care of the elderly who are sick and incapacitated, and help their families.

Those among us who are not aged are asked to respect the elderly: our parents, our superiors, our friends, our teachers, the poor...

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[44] John Paul II, *Fides et Ratio,* no. 12.

Let us be just and in solidarity with them. Let us, above all, love them, that is, care for them, particularly for our relatives and those in need, the poor, the sick, the disabled. In Philippine culture and society, our elderly are highly respected. Let us continue revering them as sources of wisdom and witnesses of hope and love.[45]

You all know this story. Let me recall it for all of us. An old man had just lost his wife. His neighbor, a child of four, saw him seated on his chair in his house yard. The old man was crying. The boy went to him, climbed onto his lap and sat there for a while. Later on, the boy's mother asked him: "What did you say to the neighbor?" The little boy answered her: "Nothing. I just helped him cry."[46]

The holy writer advises us: "Do not underrate the talk of old men; after all, they themselves learned it from their fathers; from them you will learn how to think, and the art of the timely answer" (Eccl 8:9). And later on: "If you have gathered nothing in your youth, how can you find anything in your old age?" (Eccl 25:4).

As children of God, as brothers/sisters of Jesus, and in Jesus of one another, we are a new creation, contanstly renewed by the Holy Spirit. I close with some consoling words by Saint Paul: "Though this outer man of ours may be falling into decay, the inner man is renewed day by day" (II Cor 4:16). ❑

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[45] Cf. Social Research Center (ed.), *The Elderly in the Philippines,* Manila: UST/SRC, 1989; *Id., The Elderly of Asia,* Manila: UST/SRC, 1982. See also John Paul II, EV, no.94.

[46] Cf. Jack Canfield and Mark Hansen, *A 3rd Serving of Chicken Soup for the Soul,* Florida, Deerfield Beach: Health Communications, Inc., 1996, p. 12.