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The Church and the Elderly

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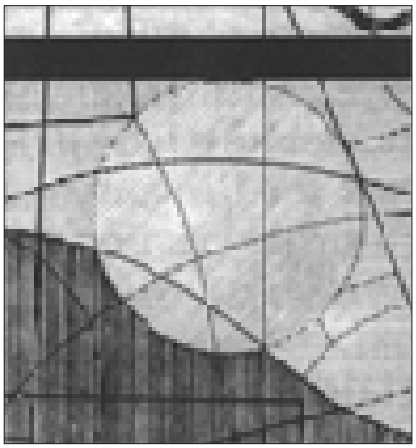

Editorial and Business Offices: VATICAN CITY; Tel. 6988-3138, 6988-4720, 6988-4799,
Fax: 6988-3139. E-MAIL: opersanit@hlthwork.va

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ROUND TABLE:
STRATEGIES FOR SOCIOCULTURAL CHANGE IN CONNECTION WITH THE ELDERLY

“In Old Age They Will Still Bear Fruit”

(Psalm 92, 15)

ARCHBISHOP JAVIER LOZANO BARRAGÁN'S GREETING

Most Blessed Father,

ten years ago Your Holiness addressed this Pontifical Council for Pastoral Assistance to Health Care Workers in order to illuminate us on the question of *longevity and quality of life*. Amongst other things, you described how the change in mentality which had taken place in contemporary society - that is to say the rejection of the patriarchal family model - had marginalised the elderly person, and you exhorted us to *involve the whole of the social body* in the maturation of a new sensitivity and awareness towards the problem of the elderly. Your Holiness told us that to place oneself at the service of the elderly person means to become benevolent towards the life of everybody because it means making *the full expression of the potentiality of man* possible. You exhorted us to make the words of the Psalm ever truer: "They still bring forth fruit in old age, they are ever full of sap and green, to show that the Lord is upright"(91/92: 14-15).

Following the guidelines laid down by Your Holiness, we have dedicated our thirteenth international conference to the subject of "The Church and the Elderly", and we have employed as its subtitle the phrase from the Psalm mentioned by Your Holiness: "They still bring forth fruit in old age." We will strive to make the entire social body aware of the great importance of the elderly person in today's secularised society.

We will begin our conference by reflecting on the Word of God on the elderly person, and with its light, as Your Holiness has recently taught us in the magnificent encyclical "Fides et Ratio", we will illuminte the scientific and philosophical study of the reality which is today experienced by the elderly person – both in its demographic aspects and in terms of its cultural, economic and political features, without, however, neglecting the needs and role of medical doctors, biologists, psychologists and health care workers. The whole of this reality will then be examined from a theological-pastoral point of view as it occurs within the ecclesial community, with reference being made in particular to the family, the institutions which provide care, elderly priests and members of religious orders, the values of this community and its approach to death itself. We will seek to broaden the ecclesiological side of the question by reflecting upon the contributions which the world's great religions make to the subject – Judaism, Islam, Buddhism and Hinduism. Lastly, we will dwell upon pastoral lines of action based upon the social doctrine of the Church and we will call for a cultural change which involves the whole of the social body and which lays especial emphasis on the family, ecclesial, educational, school, health, economic, political and mass media aspects of the whole question.

Holy Father, our heartfelt gratitude for having received us, and with devotion we prepare ourselves to listen to Your Words so that they may guide and illuminate us to the full with regard to this crucial stage in life, namely old age, which is becoming ever more prominent in our world.

His Excellency Mons. JAVIER LOZANO BARRAGÁN
Archbishop-Bishop Emeritus of Zacatecas,
President of the Pontifical Council for Pastoral
Assistance to Health Care Workers,
the Holy See.

ADDRESS BY THE HOLY FATHER

No Authority Can Justify Euthanasia

Your Eminences,

Venerable Brothers in the Episcopate and the Priesthood,

Distinguished ladies and gentlemen,

1. It is a pleasure to welcome all of you who are attending the international conference organized by the Pontifical Council for Pastoral Assistance to Health Care Workers on a theme that is one of the traditional aspects of the Church's pastoral concern. I express my gratitude to those of you who dedicate your work to the complex problems facing the elderly, who are becoming ever more numerous in every society of the world.

I thank Archbishop Javier Lozano Barragán for his noble words expressing the sentiments you share. Your conference has wanted to address the problem with that respect for the elderly which shines brightly in Sacred Scripture when it shows us Abraham and Sara (cf. Gn 17:15-22), when it describes the welcome that Simeon and Anna gave Jesus (cf. Lk 2:23-38), when it calls priests elders (cf. Acts 14:23; 1 Tm 4:14; 5:17, 19; Tt 1:5; 12 Pt 5:1), when it sums up the homage of all creation in the adoration o f the 24 elders (Rv 4:4), and finally when it describes God himself as "the Ancient One" (Dn 7:9-22).

2. Your studies emphasize how great and precious is human life, which retains its value in every age and every condition. They reaffirm with authority that Gospel of life which the Church, in faithfully contemplating the mystery of Redemption, acknowledges with ever renewed wonder and feels called to proclaim to the people of all times (cf. *Evangelium Vitae*, n. 2).

Scripture promises long life to those who fulfil God's law

The conference did not only deal with the demographic and medical-psychological aspects of the elderly, but also sought to examine the matter more closely by focusing its attention on what Revelation presents in this regard and comparing it with the reality that we experience. The Church's work over the centuries has also been emphasized in a historical-dynamic way, with useful and fitting suggestions for updating every charitable initiative, in responsible collaboration with the civil authorities.

3. Old age is *the third season of life:* life that is born, life that grows, life that comes to an end are the three stages in the mystery of existence, of that human life which "comes from God, is his gift, his image and imprint, a sharing in his breath of life" (*Evangelium Vitae*, n. 39).

The Old Testament promises long life to human beings as the reward for fulfilling the law of God: "The fear of the Lord prolongs life" (Prov 10:27). It was the common belief that the prolonging of physical life until "good old age" (Gn 25:8), when a man could die "full of years" (Gn 25:8), should be considered a proof of particular goodwill on God's part. This value must also be given renewed attention in a society that very often seems to speak of old age as a problem.

To devote attention to the complexity of the problems affecting the world of the elderly means, for the Church, to discern a "sign of the time" and to interpret it in the light of the Gospel. Thus, in a way suitable to each generation, she responds to the perennial human questions about the meaning of present and future life and their mutual relationship (cf. *Gaudium et Spes*, n. 4).

4. Our times are marked by *the fact that people are living longer,* which, together with the decline in fertility, has led to a considerable ageing of the world population.

For the first time in human history, society is faced with a profound upheaval in the population structure, forcing it to modify its charitable strategies, with repercussions at all levels. It is a question of new social planning and of reviewing soci-

ety's economic structure, as well as one's vision of the life-cycle and the interaction between generations. It is a real challenge to society, whose justice is revealed by the extent to which it responds to the charitable needs of all its members: its degree of civilization is measured by the protection given to the weakest members of the social fabric.

5. Although often regarded as only the recipients of charitable aid, the elderly must also be called to participate in this work; over the years the elderly population can attain a greater maturity in the form of intelligence, balance and wisdom. For this reason Sirach advises: "Stand in the assembly of the elders. Who is wise? Cleave to him" (Sir 6:34); and again: "Do not disregard the discourse of the aged, for they themselves learned from their fathers; because from them you will gain understanding and learn how to give an answer in time of need" (Sir 8:9). It is clear that the elderly should not be considered merely an object of concern, closeness and service. They too have a valuable contribution to make to life. Thanks to the wealth of experience they have acquired over the years, they can and must be sources of wisdom, witnesses of hope and love (cf. *Evangelium Vitae*, n. 94).

The family-elderly relationship must be seen as a relationship of giving and receiving. The elderly also give: their years of experience cannot be ignored. If this experience, as can happen, is not in harmony with the changing times, their whole life can still become a source of so much guidance for their relatives, representing a continuation of the group spirit, of traditions, of professional choices, of religious beliefs, etc. We are all aware of the special relationship that exists between the elderly and children. Adults too, if they know how to create an atmosphere of esteem and affection around the elderly, can draw from their wisdom and discernment to make prudent decisions.

6. It is in this perspective that society must have a renewed awareness of *solidarity between generations:* a renewed awareness of the sense and meaning of old age in a culture heavily dominated by the myth of productivity and physical capacity. We must allow the elderly to live with security and dignity, and their families must be helped, even economically, in order to continue to be the natural place for intergenerational relations.

Further observations must also be made regarding social health care and rehabilitation, which often can be necessary. Advances in health care technology prolong life, but do not necessarily improve its quality. It is necessary to develop charitable strategies that put a priority on the dignity of the elderly and that help them, as far as possible, to maintain a sense of self-esteem lest, feeling they are a useless burden, they eventually desire and ask for death (cf. *Evangelium Vitae*, n. 94).

Life is God's gift and must always be protected

7. Called to prophetic deeds in society, the Church defends life from its dawn to its conclusion in death. It is especially for this final stage, which often lasts for months and years and creates many serious problems, that I appeal today to the sensitivity of families, asking them to accompany their loved ones to the end of their earthly pilgrimage. How can we not recall the tender words of Scripture: "O son, help your father in his old age, and do not grieve him as long as he lives; even if his is lacking in understanding, show forbearance; in all your strength do not despise him. For kindness to a father will not be forgotten and … in the day of affliction it will be remembered in your favour" (Sir 3:12-15).

8. The respect that we owe the elderly compels me once again to raise my voice *against all those practices of shortening life* known as *euthanasia*.

In the presence of a secularized mentality that does not respect life, especially when it is weak, we must emphasize that it is a gift of God which we are all obliged to protect. This duty particularly concerns health-care workers, whose specific mission is to become "ministers of life" in all its stages, especially in those marked by weakness and illness.

"The temptation … of euthanasia" appears as "one of the more alarming symptoms of the 'culture of death' which is advancing above all in prosperous societies" (cf. *Evangelium Vitae*, n. 94).

Euthanasia is an attack on life that no human authority can justify, because the life of an innocent person is an indispensable good.

9. Turning now to all the elderly of the world, I wish to say to them: dear brothers and sisters, do not lose heart: life does not end here on earth, but instead only starts here. We must be witnesses to the resurrection! Joy must be a characteristic of the elderly; a serene joy, because the time is coming and the reward that the Lord Jesus has prepared for his faithful servants is approaching. How can we not think of the touching words of the Apostle Paul? "I have fought the good fight, I have finished the race, I have kept the faith. Henceforth there is laid up for me the crown of righteousness, which the Lord, the righteous judge, will award to me on that day, and not only to me but also to all who have loved his appearing" (2 Tm 4:7-8).

With these sentiments I impart an affectionate Blessing to you, to your loved ones, and especially to the elderly.

The Church and the Elderly

"In Old Age They Will Still Bear Fruit"
Psalm 92, 15

JAVIER LOZANO BARRAGÁN

Greeting and Introduction

Ten years ago, in the early days of the month of November 1988, the Pontifical Council for Pastoral Assistance to Health Workers organised a very important international conference on the subject of "longevity and the quality of life". At that conference subjects were discussed which were very similar to those which will be dealt with by this thirteenth international conference which addresses itself to the subject of "the Church and the elderly". This meeting seeks to link up with its predecessor and yet at the same time strives to take a few steps further foward. In his message to those who took part in the international conference held in 1988, the Holy Father complained that after the abandonment of the patriarchal model of the family the elderly person had become relegated to a position which was not suitable or appropriate. The Pope went on to suggest a series of measures to restore quality of life to this stage of human existence. We now wish to follow these observations and to ensure that in contemporary society, which at the end of this millennium is in a state of great change, elderly people are given the positions which are due to them.

One path which helps us to find the position and role which should be given to the elderly person in contemporary society is that which is to be found in the spirituality of the third age. In its context of rationalistic "effectiveism", globalised society is tired by an emptiness of meaning and strives by a whole host of paths to escape the state of subjection to which it has been reduced by an exaggerated adherence to technology. For this reason, there is a search everywhere for spirituality as an overall life-project, the fruit of solid beliefs and aspirations. Here we encounter the idea of the elderly person as a practical realisation and fulfillment of a real and authentic overall life-project. But this is not merely a project, it is also an achievement – the elderly person has already written a large part of the project of his life and he is now bringing it to a close. From this fullness the elderly person has a major contribution to make to contemporary society – a contribution which is full of energy and meaning.

We need to retrieve wisdom – that comprehensive knowledge which is the fruit of other forms of knowledge and which, beginning with revelation and experience and moving through all the stages of the achievement of knowledge, then returns to the experience of life and provides it with a profound sense of meaning.

The wise words of the elderly person and his contribution to contemporary society are valuable in expressing the way in which true spirituality is achieved and in describing the means by which one can escape materialist subjection in order to breathe anew in an authentic existence. This is a joyous chapter which concludes a life, and where hope strongly overcomes memories of the past and there is a self-opening which acts as a luminous horizon for the whole of mankind, not only in the mere systematic sense of a doctrine but in the whole complexity of a life which has reached its peak.

The United Nations will dedicate 1999 to the elderly person. We are anticipating that fact by illuminating the elderly person in the light of revelation. We are in the year of the Holy Spirit who enlightens us and unites us in his Church. Thanks to this light we begin our journey and place our studies on the elderly person within ecclesial communion. In this approach the answer given to today's world is to be found in how we offer to others the spirituality of the elderly person. In this way, beginning with the Spirit, the elderly person's project and the overall achievement of his life are outlined. In this way in this stage of life, which gathers together the whole of existence, what is life emerges to the full, and to today's man new horizons are provided by which to give sense and unity to the process of globalisation in which we are immersed.

For this reason our international conference will be divided into four parts. In the first we will examine the model of the elderly person according to the plan revealed to us by God. In the second we will compare and contrast in scientific and philosophical terms the actual reality of the elderly person in our world society with this model. In the third part an attempt will be made to examine this reality and to explore it in the light of the spirit and revelation in order to understand with wisdom what the elderly person is and represents. Lastly, we will outline certain pastoral lines of action which could work to integrate the elderly person more closely and more successfully into ecclesial communion.

The methods employed will vary in character. In fundamental terms we will follow three lines of approach – there will be a series of papers which analyse the various aspects of the whole question; a number of round table discussions; and finally free contributions by those

who are present in the hall of the conference.

Our Pontifical Council was brought into being by John Paul II in order to express the care and concern of the Church for sick people and to adapt the apostolate of mercy of health care workers to the new needs which arise and which are in a constant state of flux. We hope that we will be enlightened by our international conference and that we will be able to adjust the apostolate of mercy of health care workers to the mission that they must carry out towards this privileged stage of life, namely old age.

It only remains to me to thank you very much for your presence at this conference. I would like in particular to thank the speakers and chairmen who, with so much generosity and evident professional expertise, have agreed to discuss and perform the various subjects and tasks which have been entrusted to them.

I would now like hand over to Cardinal Fiorenzo Angelini, Emeritus President of this Ministry, who will make an address of greeting to those who are present and thereby begin this thirteenth international conference dedicated to the subject of the Church and the elderly.

His Excellency
JAVIER LOZANO BARRAGÁN
Emeritus Archbishop-Bishop of Zacatecas,
President of the Pontifical Council for
Pastoral Assistance
to Health Care Workers,
the Holy See.

FIORENZO ANGELINI

The Elderly: Experience and Wisdom

In his speech to conclude the third international conference which was held in 1988 on the subject of "longevity and quality of life," the Holy Father John Paul II observed that "the close relationship which is rightly perceived between longevity and quality of life confirms that a percentage increase in life expectancy cannot be seen as an authentic advance if the quality of life does not rise correspondingly."[1]

In religious and non-religious writing down the ages – from the sublime maxims of the Bible on the elderly to Cicero's *Cato Maior De Senectute*, from Paolo Mantegazza's *Elogio della Vecchiaia*[2] to the *Conquest of Happiness* by Bertrand Russell (1872-1970)[3] and on to the very recent work on the subject written by the Nobel prize winner Rita Levi Montalcini[4] – the number of works which praise a serene and active old age are limitless.

In discussing the elderly, emphasis is commonly placed upon the virtues of wisdom and prudence, the integrating power of family units, the guarantee that is offered of greater balance in the life of the social community, and the importance of example and experience.

However, there is also a widespread opinion and feeling which Simone Beauvoir describes with the following words in her work *La Terza Età*: "The vast majority of men accept old age with sadness or with rebellion; it provokes more repugnance than death itself."[5] And Norberto Bobbio has recently written: "The time of the old person... is the time of the past. Whereas the world of the future is open to the imagination, and no longer belongs to you, the world of the past is the time where you take refuge in yourself through remembering...The elderly person lives through memories of memories..."[6]

What Giacomo Leopardi describes as the "hated threshold" is such for most human beings not only because it is near to the reality of the end of earthly existence and to the mystery of life beyond this earth, but also because in parallel with the quantitative expansion of the "third age" there is also the phenomenon of the expanding dimensions of the marginalisation of the elderly person.

During this conference eminent speakers will give papers about the teaching and the practice of the Church in relation to old age during the course of her history.

Veneration for, and the prestige of, the elderly person have always coincided in the experience of the Church with the taking on of the highest and heaviest responsibilities in conformity with the biblical statement that "the life of man is like the light of the dawn which becomes clearer until the fullness of day."

However, two phenomena, it seems to me, characterise our times in a powerful way. At a subjective and individual level, the crisis of values, and above all else of a vital and consistent faith and of the very high value of the family, has made the feeling of loneliness and of abandonment experienced by elderly people more painful. At a social level, the replacement of the age-old work of care carried out by the Church by government structures of assistance has condemned increasing masses of elderly people to marginalisation and abandonment. Reference has been made, quite rightly, to "the euthanasia of abandonment"[7] and we all know about so-called nursing homes which in reality are nothing else but a kind of antecamera to an imminent death.

Within this context is to be located the singular tendency to see elderly people – who in Italy, for example, are near to constituting a section of the population which is larger in numerical terms than their working counterparts – as a generically homogenous category wrongly defined as being a "non-active" social group.

The Mind does not Grow Old

It is thought that the human species alone is aware of death, or rather of the inescapable end of existence.

During our times anxiety at the need to face up to the negative aspects of old age has replaced this ancestral awareness.

I think that I can fully support the observation made by Rita Levi Montalcini when she argues that the real antidote to a negative vision of old age is an awareness of our formidable mental capacities. Their use does not wear them out but in contrary fashion acts to strengthen them and to bring out qualities which were not expressed during the whirlwind activism of the various stages of previous living.[8]

The Aristotelian and Thomistic idea that the transmission of, and the participation in, the intellectual and spiritual patrimony in our possession does not deprive us of it or reduce it but enriches it further, has an incontestable scientific basis because it has been demonstrated that the activity of our brain lasts and is prolonged in a way which corresponds to the intensity of its use.

This fundamental first principle, however, is neither sufficient to explain the reason for the very many extraordinary advances in the fields of thought, art, social and humanitarian initiative achieved by people who are well on in years, nor to provide those who are living this stage of their lives with the impetus to achieve a positive evaluation of it in their approach to themselves and to other people.

I would like to repeat the point: it is not sufficient, but it is indispensable; and this is even more the case when one comes to consider that the various kinds of resources which people of an advanced age have available always have great value when found in those individuals who, because of their special condition or because of old age itself, suffer from physical infirmity.

I have always argued in favour of, and I have always sought to express, the idea at the level of general awareness that in pastoral assistance in the health care field the relationship between science and faith do not only meet but also fuse, and this is perhaps more the case here than in any other field.

In pastoral work few aspects have the rational and scientific supports and connections which are to be found in pastoral assistance in the health care field.

This is why – given that science assures us of the opportunities we have to greatly appreciate and utilise our cerebral capacities during old age – that it is the task of pastoral assistance in the health care field to respond to the question of meaning which arises from this need with suitable answers involving the evangelisation both of ourselves and of other people. I use the term "evangelisation" including in its meaning all human and spiritual values.

The Holy Father lays great stress on the need for, and the urgency of, a new evangelisation – new, obviously enough, not in its contents, but in its method, its forcefulness and its expressions.

Pastoral assistance in the health care field has its fundamental code in the celebration of the Gospel of life, and in doing this such assistance must look to life from its conception to its natural end.

It is therefore necessary and urgent for us to see the increasing number of elderly people as a field which is in especial need of remedial action and to rediscover strong motivations which can make elderly people be present in social life and the life of the ecclesial community, as indeed is set out in an important but perhaps rather forgotten document of the Italian Episcopal Conference: "Evangelisation and the Culture of Human Life". In this document, in fact, we read the following telling words: "Let us rediscover and appreciate positively first of all the potential of the human and spiritual wisdom, of the experience and of the sensitivity, which the elderly person bears with him. How marvellous it would be if the elderly person himself recognised before other people, and communicated to other people, the gifts which have matured within him during the course of his long life and if society and the Church herself could draw renewed strength in a better way from the many contributions – at an active level as well – which so many elderly people can make!"[9]

We all know that it is often the case that experience is none other than the memory of errors which have been committed, and it is for this reason that the Bible calls on everybody to cross the threshold of the home of an elderly person so often that it begins to wear out.[10]

A neglect of a positive approach to this patrimony or a policy of merely consulting it with reference to the few people who have entrusted it to their writings involves widening the gap between the generations and increasing the sense of loss of the young generations.

It is certainly the case that the older generation has a strong debt towards the young generations – that of guaranteeing to them the inheritance of that patrimony which is indispensable to the forward march of civilisation. Yet if society and the Church must render this transmission possible, at the same time it is up to people of an advanced age to be aware of the wealth that they possess and to ensure that they hand it on to the builders of the future.

The Ambiguity of the Concept of Assistance

The tendency of both public structures and at times Church structures to look at the category of elderly people solely with reference to the infirm and to those who can no longer look after themselves, has led people to forget that the number of elderly people whose active and operative abilities must be rediscovered and suitably taken account of is in reality much higher.

Too often the end of a job because a person has reached the age limit becomes the end of every form of work. But in reality to each age there corresponds a specific function which the forms of experience and the wisdom which have been acquired enable to be performed in the best way possible.

In my judgement there prevails, however, a concept of assistance which is often ambiguous both because it is reductive in character and because it is the result of the common view that old age, because it is the last stage in life, is to be seen merely as something which is soon to terminate. And this, it may be pointed out, at a time when in reality old age is becoming the

longest phase of life.

Chronological facts, therefore, are not sufficient for a qualitative definition of the age of a man. Age must be seen in a distinct way both from a biological point of view, and in psychological, mental and social terms.

Apart from the fact that everybody, in one form or another, needs assistance, I believe that the time has come when elderly people who have good health and who are able to engage in intense and fruitful work should be the spokesmen for their age group, for those elderly people who need qualified assistance because they are afflicted by serious pathologies which mean that they cannot manage on their own.

It is to be expected that in the near future there will be a gradual attenuation of many of the psycophysical factors which in the case of the elderly accentuate the clash with the younger stages of life.

In essential terms, all the features of the first, second and third ages make up a single projection of many needs, each of which cannot be considered without reference to the overall framework of life as a whole. This is because they all three are interconnected and conditioned by each other.

As a result, elderly people need the assistance of individuals and society as a whole in a special way because they find themselves experiencing many situations which belong to the first and second ages of life as well. Every human being is in potential terms destined to reach old age and the progress of science cannot on the one hand lead to an increase in human life expectancy being seen as an advance and an achievement, and then, on the other, see the increase in the number of elderly people as constituting a threat.

Furthermore, the interconnections between the different stages of life naturally raise a number of problems which cannot have rapid or total solutions but which require a comparative evaluation based upon the priorities of co-ordinated and progressive action.

In other words, an increasing number of elderly people are now called upon to be protagonists at all levels of social life. I would like to stress at all levels because the taking into account of a few even at very high levels seems now to be a necessary and taken for granted exception which in actual fact neglects the very many who have things to say and who have tasks which they can perform very well.

When fully effective elderly people were very few in number old age was considered a condition of privilege because it was unusual.

Today this is a privilege offered to the whole of the social community. This is why the idea of assistance, too, must involve all its component parts in order to be fully realised and implemented at a practical level.

Without a full appreciation of active and operative elderly people there will be no suitable assistance for those who need a great deal of care and who are afflicted by pathologies which condemn them to marginalisation.

The Church – above all through the bodies and many instruments of pastoral assistance in the health care field (which is pastoral assistance within health care and in favour of health and not merely pastoral assistance solely for the infirm) – is today called to intensify her presence in the world of the elderly by expanding the concept of assistance to all those forms of solidarity which in order to be authentic expressions of charity must solve the primary problem of justice.

John Glenn:
in Space at 77

1. In all that has been said and written about the fact that John Glenn, 36 years after his space mission (1962), asked, and was able, to return to space, two elements strike one which in my opinion are in opposition:

a) the first is the insistence on the publicity side of the initiative which leads to a neglect of the risks run by this elderly astronaut in this undertaking;

b) the second is the emphasis with which it has been stressed that John Glenn's choice is of an all American character and something which it difficult to reconcile with the image of a tranquil, wise, prudent and serene old age.

2. It seems to me that two elements have been neglected or only referred to in passing – the basic difference which exists between courage and foolhardiness on the one hand, and the fact that in essential terms John Glenn's decision is a hymn to life on the other.

3. Foolhardiness amounts to a failure to appreciate risks and dangers. Real courage, on the other hand, involves a responsible and balanced approach to risk and danger.

John Glenn's decision is a hymn to life, and life in old age is something which must maximise all its resources. This has been shown to be the case in many contexts and in many different areas of research, science, art and literature. The Bible says the same and applies to those who have really fulfilled themselves in life the following maxim: "But the path of the righteous is like the light of dawn which shines brighter andd brighter until full day" (*Proverbs* 4: 18).

4. John Glenn's action is a hymn to life because it will become transformed into a great contribution to science, especially with regard to investigation into our knowledge about the third age which has now become the longest of the ages which we live, and which when lived to the full in reality is ageless. From this point of view, I think I can fully agree with the conclusion offered by Rita Levi Montalcini in her recent book on old age where she argues that the true antidote to a negative vision of old age is an awareness of our formidable cerebral capacities whose use does not wear them out but strengthens them and well brings out qualities which were not expressed in the forceful activism of the previous stages of living (Rita Levi Montalcini, *L'Asso nella Manica a Brandelli*, Milan, Baldini and Castoldi, 1998, p. 150).

5. It is also striking that it is precisely in advanced societies that euthanasia is proposed, that the rights of elderly people are often neglected, that submerged euthanasia is practised in many nursing homes, and that appeals are made to a pseudo-humanitarianism to protest against the risks which John Glenn is supposed to run in space. The risk involved cannot be separated from human actions, and the more such actions are noble the more risks they involve.

And what can be said about the rash and fatal risks encouraged by the mentality which now prevails and which leads many young people and not so young people to risk their lives every day to no purpose or for reasons which are completely futile and empty?

6. I would like to make a further observation. In a time like ours when so little space is given to amazement, wonder and admiration towards the things which really matter, John Glenn's action has all the appeal of great undertakings. This astronaut has certainly taken into account the fact that this action could cost him his life (something which he also did in 1962). If his motives are really those I have referred to, he will encounter life.

Amongst the first astronauts in space there was someone who declared that he had not met God in the ethers. God is not be met in space if he is first not encountered on the earth. John Glenn will not need to look for God – it will be God, the giver of every life, who will come to meet him.

His Eminence Cardinal
FIORENZO ANGELINI,
Emeritus President of the Pontifical Council for Pastoral Assistance to Health Care Workers, the Holy See

Notes

[1] "The close relationship rightly perceived between *longevity* and *quality of life* means that a percentage increase in life expectancy would have to be seen as an inadequate advance if the quality of existence does not rise correspondingly". Third International Conference (Rome, 8-10 November, 1988), in *Dolentium Hominum. Chiesa e Salute nel Mondo*, 4(1989), p. 8.

[2] PAOLO MANTEGAZZA, *Elogio della Vecchiaia* (Milan, Treves, 1895).

[3] BERTRAND RUSSELL, *La Conquistà della Felicità* (Italian edition, Milan, Longanesi, 1947).

[4] RITA LEVI MONTALCINI, *L'Asso nella Manica a Brandelli* (Milan, Baldini e Castoldi, 1998).

[5] SIMONE DI BEAUVOIR, *La Terza Età* (Italian edition, Turin, Einaudi, 1970), p. 494.

[6] NORBERTO BOBBIO, *De Senectute e Altri Scritti Autobiografici* (Turin, Einaudi), p. 41.

[7] VARIOUS AUTHORS, 'Eutanasia da Abbandono' in *Quaderni di Promozione Sociale*, edited by Mario Torello, (Turin, 1988).

[8] "The awareness of death which goes back hundreds of thousands of years has been followed in recent periods by anxiety at having to face up to the negative aspects of old age. The contemporary social system tends to exalt profit, production and effectiveness, and those people, such as the elderly, who are not able to *produce* automatically become superfluous, useless, even a burden for the rest of society. It is the man of this civilisation who has created old age. An antidote exists to this negative creation – to become aware of the formidable cerebral capacities which we possess. The constant use of these capacities – differently from what happens with the other organs of the body – does not lead to their wear and tear. Paradoxically, it strengthens them and well brings out qualities which were not expressed during the whirlwind activity of the previous stages of living", *op. cit.* p. 150.

[9] CONFERENZA EPISCOPALE ITALIANA, "Evangelizzazione e Cultura della Vita Umana, Documento Pastorale (8 December, 1989)", in *L'Osservatore Romano*, 24 January 1990, supplemento, pp. I-XII.

[10] *Sirach* 6:34-36: "Stand in the assembly of elders. Who is wise? Cleave to him...If you see an intelligent man, visit him early; let your foot wear out his footstep".

OPENING ADDRESS

PAUL POUPARD

The Elderly Person in the Word of God

"Honour the face of an old man, and you shall fear your God: I am the Lord" (Lev 19:32)

In the Church's reflection on the Old and New Testaments the elderly person is the bearer of a rich inheritance of experience which is acquired down the years. This patrinomy enables the elderly person "to be the provider of wisdom, a witness to hope and charity", to employ the words chosen by John Paul II in his encyclical *Evangelium Vitae* (n. 94). This paper is organised around three principal subjects which are indicated by the sub-headings.

1. The Elderly Person, Rich in Wisdom and Experience, Witness to his own Faith

In glaring contrast to our post-modern culture which has a quite contrary view, *Holy Scripture presents the elderly person in a very specific way*: the longevity of old age is seen as a sign of divine blessing, as a treasure not only for the person concerned but also – when example and witness enable that elderly person to hand on the wisdom of God – as a gift for other people.

a) *Long life is a sign of divine blessing*. Holy Scripture certainly lays down the temporal limits which cannot be overcome: "The years of our life are threescore and ten, or even by reason of strength fourscore" (Psalm 90:10). The sage Ben Sirach is rather more generous and offers an additional breathing space for the length of life: "What is man?...The number of a man's days is great if he reaches a hundrend years" (Sir 18:8-9). Side by side with these human calculations, God himself establishes the limit to the human lifespan, a limit which will never be overcome: "The Lord said...his days shall be a hundred and twenty years" (Gen 6:3).

There are, however, some exceptions to this rule. Before the Flood the lifespans of the patriarchs were at the level of legend – Mathusalemme was said to have lived for 969 years. After the Flood, within the compass that is to say of actual historical time, Abraham lived for 175 years, Sarah his wife lived for 127, Moses lived for 120 – the perfect number according to divine declaration – Aaron for 123 and Job for 140. To tell the truth, the only historically verified data that we have available for ancient Israel indicates a lifespan for the kings of Israel of about sixty years of age, with David reaching the record of 70. One king in two died before the age of 50, and after the exile of the Israelites lifespans settled down to about 60 (cf Lev 27:1-8). Old age is seen as a *blessing* and this is especially the case if it is *happy*. God limits this grace to, and explicitly bestows it upon, three people: Abraham, who "will be buried in a good old age" (Gen 15:15), Gideon, who "died in good old age" (Deut 8:22) and David who "died in a good old age, full of days, riches and honour" (1 Chron 29:28). On these three occasions we encounter the same idea of happy old age.

But does old age bring with it only benefits and advantages? Those who do not grow weak are few in number, such as the courageous Moses whose "eye was not dim, nor his natural force abated" (Deut 34:7), or Caleb who was able to declare: "I am still as strong to this day as I was in the day Moses sent me; my strength now is as my strength was then, for war, and for going and coming" (Josh 14:10-11). Apart from these exceptions, physical and at times mental debility accompanied by illness seem to be the common destiny of people. Isaac was blind: "old and his eyes were dim so that he could not see" (Gen 27:1) and Jacob's "eyes... were dim with age, so that he could not see" (Gen 48:10). David was confined to bed: "old and advanced in years; and although they covered him with clothes, he could not get warm" (1 Kings 1:1). Jacob was afraid that he would not be able to survive the death of Benjamin and had to lean "on the end of his staff" (Deut 11:21). Barzilai was no longer able to discern "what is pleasant and what is not" and his hearing was impaired because he could no longer listen to "the voice of singing men and singing women" (2 Sam 19:36).

The biblical sage thus distinguishes between two kinds of death. On the one hand there is the death of the happy man who seems to fear death: "O death, how bitter is the reminder of you to one who lives at peace among his possessions, to a man without distractions, who is prosperous in everything, and who still has the vigour to enjoy his food!". On the other there is the death of the tired old man who actually wishes to die: "O death, how welcome is your sentence to one who is in need and is failing in strength, very old and distracted over everything, to one who is contrary and has lost his patience" (Sir 41 1:2). Happy long

life, however, has its pre-conditions – how, then, can we prevent an unhappy old age and pave the way for old days of happiness and good fortune?

A large number of biblical passages link long life, which is seen as a blessing, with the performance of loyalty to divine commandments and precepts: "you shall keep his commandments which I command you this day, that it may go well with you, and with your children after you" (Deut 4:40). And the Father warns the son: "My son, do not forget my teaching, but let your heart keep my commandments; for length of days and years of life and abundant welfare will they give you" (Prov 3:1-2). Furthermore, the promise made to Solomon is categorical: "And if you will walk in my ways, keeping my statutes and my commandments, as your father David walked, then I will lengthen your days" (1 Kings 3:14).

Lastly, the long life described in the prophecy of the times of the Messiah is not without a secret nostalgia for the first days of paradise: "No more shall there be in it an infant that lives but a few days, or an old man who does not fill out his days, for the child shall die a hundred years old, and the sinner a hundred years old shall be accursed" (Is 65:19-20; cf Zac 8:4-5).

Old age is a blessing when it has involved loyalty to divine advice and teachings, and is a treasure house of knowledge, a capital of experience, and a reserve of lived-out observations and acquired wisdom. In essence, it unites common sense with an acute discernment which has become natural and spontaneous, a capacity for prudence, and a sense of moderation. "Wisdom is with the aged", declared Job, "and understanding in length of days" (Job 12:12). The whole of the Bible is full of praise for the elderly who are rich in years and wisdom. "How attractive is the wisdom of the aged and understanding and counsel in honourable men! Rich experience is the crown of the aged, and their boast is the fear of the Lord" (Sir 25:5-6). The acquisition of wisdom, the prerogative of old age, is only possible when there is fear of God – the blessing of old age corresponds to loyalty to divine law.

b) Long life blessed by God, which is very far from a policy of shutting oneself up in a narcissistic autonomy, is a *gift to other people* through the *transmission of wisdom*. This is especially evident in the literary genre which involves "the bequeathing of a testament by an ancestor". The three great patriarchs engage in such activity. Abraham makes his old servant swear that he will find a wife within his own kindred for his son Isaac in order to ensure that his issue will not be subjected to any admixture of Canaanite blood (Gen 24:1). Isaac gives his blessing to Jacob and not to Esau (Gen 27:1). Jacob makes Joseph promise him that he will bury him with his fathers (Gen 47:29-31) before going on to bless Ephraim and Manasseh (Gen 49). Joshua calls for complete loyalty towards the Lord (Josh 23) and David (1 Kings 2:2) urges Salomon – the sage *per excellence* – to embrace the virtue of perseverance.

Once again *it is not old age* in itself which makes people wise but *loyalty* to the Word of God: "I understand more than the aged for I keep thy precepts" (Psalm 118:100). God can confer wisdom upon a child, as happens in the epsiode where Susanna is acquitted and saved by the young Daniel whom the elders ask to sit amongst them because "God has given you that right" (Dan 13:50). In this way the death of a just man full of wisdom becomes the same as long life and this is because: "the righteous man, though he die early, will be at rest. For old age is not honoured for length of time nor measured by number of years; but understanding is in grey hair for men and a blameless life is ripe old age" (Wis 4:7-9). Wisdom comes from exemplary experience both at a religious and at a moral level, something which is the opposite of false wisdom – the wisdom of the flesh as it was called by the Fathers of the Church. For the disciples of Jesus the elderly person occupied a special position. Thus it is that the Apocalypse portrays the Son of Man surrounded by twenty-four elders dressed in white (4:4) – similar in character to the elders to be found in Daniel (7:9-10) – and lays down that "the hair on his head was like wool snow-white" (1:14). On the day of his eightieth birthday Pope John XXIII referred to the words of St.Leo the Great: "*Aetas largitur ut devotioni proficiat* – the gift of old age must lead to piety".

We *need to prepare for* old age in line with the injunctions of the biblical sage: "You have gathered nothing in your youth; how then can you find anything in your old age? What an attractive thing is judgement in grey-haired men, and for the aged to possess good counsel!" (Sir 25:3-6) In contrary fashion, there is nothing more hateful that an old person who is without good sense (Sir 25:2).

c) *The example* which is set is meaningful and determining! Such is the judgement of the Word of God in relation to two elderly people who are liars and lascivious and who figure in the episode about Susanna: "Iniquity came forth from Babylon, from elders who were judges, who were supposed to govern the people" (Dan 13:5). They abandoned good sense and neglected to turn their gaze towards heaven, forgetting thereby its wise judgements. Eli of Shiloh, aged 98, is one of those elderly people who are not chosen as models to be followed by the Old Testament – he fails to punish his sons who have gained from sacrifices, even though it is true that "his eyes were set so that he could not see" (1 Sam 4:15-18). In the Gospel of mercy Jesus wants to pardon and save the adulterous woman who would later become St. Mary Magdalene whereas the elderly people present want to stone her (Jn 8:9) – their hearts have become arid and without mercy, and thus we could say that they are old in age but not in humanity.

In contrary fashion, the good example set by elderly people achieves an effective and forceful transmission of the Word of God. The psalmist bears this point out with eloquence: "our fathers have told us" (Psalm 44). One of the finest examples of an old age which inspires the generations is that of Eleazar who, at the age of 90, preferred martydom rather than having to perform a fictitious act contrary to his faith which in turn would have run the risk of diminishing that faith amongst the young gener-

ations. The holy places were profaned, the temple was dedicated to Jove, the parvis was used for orgies, and impure animals – pigs in particular – were sacrificed on the altars. The religious practice handed down and followed by the Fathers had disappeared and many Jews had gone over to the religious practices of the invaders. In order to break the spirit of this old man the enemies of God came up with a hurtful solution – to make him pretend to eat pork which at the last moment would be secretly replaced by mutton. In this way Eleazar would have saved his life and publicly met the requirements of the king but at the price of a small lie. False spirits, it may be observed, are always accomodating.

In opposite fashion, Holy Scripture describes Eleazar in the following terms: "worthy of his years and the dignity his old age and the grey hairs which he had reached with distinction and his excellent life even from childhood, and moreover according to the holy God-given law". He replied immediately by asking the Romans to consign him to the hands of death: "Such pretence is not worthy of our time of life...lest many of the young should suppose that Eleazar in his ninetieth year has gone over to an alien religion and through my pretence for the sake of living a brief moment longer, they should be led astray because of me, while I defile and disgrace my old age" (2 Mac 6). Thus it was that Eleazar "died, leaving in his death an example of nobility and a memorial of courage, not only to the young but to the great body of his nation" (2 Mac 6:31). Eleazar's old age, his prestige and his constant and unswerving obedience to the law of God makes him a model to be followed which is especially significant for our times. When faced with a value which gives meaning to life the number of days which are left no longer matters. One no longer has before one a cruel or premature death: "It is clear to the Lord in his holy knowledge that, though I might have been saved from death, I am enduring terrible sufferings in my body under this beating, but in my soul I am glad to suffer these things because I fear him" (2 Mac 6:30).

In the language used by the Bible, fear of God is synonymous with love of God, and this latter is something which is demonstrated by listening to his Word and putting it into practice: "And now, Israel, what does the Lord your God require of you, but to fear the Lord your God with all your heart and with all your soul, and to keep the commandments and statutes of the Lord, which I command you this day for your good" (Deut 10:12). "For your good": "Man cannot live without love. He remains a being that is incomprehensible for himself, his life is senseless, if love is not revealed to him, if he does not encounter love, if he does not experience it and make it his own, if he does not participate intimately in it" (John Paul II, *Redemptor Hominis*, n. 10). All Christians, and in a particular way elderly people, are witnesses to, and evangelisers of, this truth – glad tidings indeed, always glad and always tidings on this threshold of the third millennium.

Witnesses to a past which is rich in faith and in experiences which are truly human, elderly people maintain the richness of spirit which does not decline in the same way as physical strength does: "They still bring forth fruit in old age, they are ever full of sap and green, to show that the Lord is upright; he is my rock and there is no unrighteousness in him" (Psalm 92: 14-15).

This task of the elderly is matched by *the duty of the young* to listen to them: "do not disregard the discourse of the aged" (Sir 8:9); "ask your father, and he will show you; your elders and they will tell you" (Deut 32:7); and by the duty to help them: "O son help your father in his old age, and do not grieve him as long as he lives; even if he is lacking in understanding, show forbearance; in all your strength do not despise him" (Sir 3:12-13). In addition, there is the fourth commandment: "honour your father and your mother". "After God they are your first benefactors. If God alone is good, indeed is good itself, parents participate in a special way in this supreme good of God. And thus: honour your parents! Here we encounter a certain analogy with the worship due to God", observes John Paul II in his *Letter to Families* (n.15). The fourth commandment is closely connected to the commandment of love. Between "honour" and "love" a very close bond exists. In essential terms, honour is connected to the virtue of justice but this in turn cannot be exercised to the full with reference to love – love for God and one's neighbour. The family is the expression and the source of love. Through the family passes the principal line of strength of the civilisation of love which finds in the family its social foundations (*ibid*., n.15).

The apostolic travels of John Paul II have given the Holy Father frequent opportunities to meet groups of elderly people. He has spoken to them with affection: "he bows with respect in front of their age and invites all men to do the same" (cf John Paul II, speech to the elderly people of Valenza, 8 November 1982). And his predecessor Paul VI observed: "the value of a civilisation is to be measured in terms of the attention it pays to these riches [human values] and as a result to the guarantees which it is able to offer to elderly people". The example set by these Popes is an encouragement to us to demonstrate our grateful affection towards elderly people.

2. The Elderly Person: Witness to, and Builder of, Charity

St. Paul provides his own summary of the *virtues* of elderly people in his letter to Titus (2:2): "sober, decent, orderly, soundly established in faith, in charity, in patience". The authentic positive features of old age are to be found in *great self-government* in a variety of fields: the pleasures of the table are damaged in the old person who can no longer distinguish between what is good to eat and what is not (2 Sam 19:35), and the same can be said of the pleasures of the flesh (cf Gen 18:12). This self-government is acquired after long experience: "Wisdom is with the aged, and understanding in length of days" (Job 12:12). This wisdom is made up of moderation and reflection, maturity and modesty, in a word – self-fulfilment and dominion over the slavery of the devil, the flesh, and this

world. Wisdom confers a detachment which allows a man to rise above the possessions of this world without despising them and to see the eyes and heart of God (John Paul II, address to the elderly citizens of Munich, 19 November 1980). The perfection of wisdom rests upon three pillars which St. Paul describes – faith, love and patience. The elderly person must be robust, upright and decisive in his faith. He acquires patience through the difficulties of this life, strong in his faith in God "to whom nothing is impossible". As for the charity which is characteristic of elderly people, does not the illuminated gaze of grandparents towards their grandchildren constitute an example of exactly such a feature? "In the eyes of the young there is fire. But in the eyes of the old person there is light" (Victor Hugo).

In Holy Scripture there are many fine examples of this. *Nicodemus* is an elderly person and a member of the Sanhedrim. He goes to Jesus anxious to know and to examine in detail his doctrine. "How is it possible that a man should be born when he is already old? Can he enter a second time into his mother's womb, and so come to birth?" (Jn 3:4). Jesus then explained the new life of the Holy Spirit to him and Nicodemus later remembered this teaching and testified with courage in favour of Jesus in front of the Pharisees (Jn 7:52).

Peter accepts the words of Jesus with enthusiasm and allows himself to be inundated by the strength of Christ which he receives without any reserve whatsoever. He knows how to ask forgiveness for his weaknesses – differently to Judas – and for Peter old age becomes a privileged period of sacrifice: "as a young man, thou wouldst gird thyself and walk where thou hadst the will to go, but when thy hast grown old, another shall gird thee, and carry thee where thou goest, not of thy own will" (Jn 21:18).

Enthusiasm and a readiness to leave everything behind one, including earthly existence, in order to follow Jesus; and a humble and grateful welcoming of divine forgiveness – such are the admirable qualities of elderly people. "Your unique experience enables you to have a clear grasp of the relative value of mere earthly things, it draws you near to the Lord through prayer and reflection, and it confirms you in your faith – these are riches which never pass away", declared Paul VI in his speech to elderly people in Sydney, 2 December 1970. Location of the truth, *veritatis splendor*; faith in Christ and trust in the capacities of reason, *fides et ratio*; filial self-placing in the hands of God which are nothing else but compassion; a welcoming of his forgiveness and a longing for heaven, *sursum corda* – these are the values which, when experienced and upheld by elderly people, go on to echo in the hearts, the souls and the spirits of the younger generations.

3. The Elderly Person as a Witness to Hope

The elderly person is a witness to hope. We are reminded of this truth by the example of Simeon and Anna (Lk 2:22-38). Let us turn our eyes to these two figures who welcome the Emmanuel in the temple of Jerusalem. They had waited for him for the whole of their lives and experienced the great joy of seeing him during the last days of their life on earth. Simeon was an upright and wise man who was waiting for the consolation of Israel, and the Holy Spirit was upon him. "He went to the temple moved by the Spirit". He allows himself to be guided by the Spirit, imbued with the Spirit, and shaped by the Spirit, and his reward does not fail to materialise: "and when the child Jesus was brought in by his parents, to perform the custom which the law enjoined concerning him, Simeon too was able to take him in his arms". To take the child Jesus in his arms. What a great grace that was! The liturgy makes this same observation with reference to St. Joseph: "many prophets and kings who have longed to see what you see, and never saw it, to hear what you hear, and never heard it" (Lk 10:24).

The words spoken by Simeon, who loves to say the late evening prayers every late evening, are very eloquent: "Ruler of all, now dost thou let they servant go in peace, according to thy word; for my own eyes have seen that saving power of thine which thou hast prepared in the sight of all nations. This is the light which shall give revelation to the Gentiles, this is the glory of thy people Israel" (LK 2:29-32). Of all the words spoken about Christ these are ones which are especially meaningful. They are inspired by the faith of a great expectation which is nourished by deep wisdom. In the same way Anna, who in the gospel is also called a "prophetess", "abode continually in the temple night and day serving God with fasting and prayer" (Lk 2:37) despite her eight-four years of age. Prayer and repentence are the basis of the Gospel – pray and repent! The presence of an elderly man and an elderly woman to welcome Jesus is highly symbolic – they seem to take the place of our ancestors Adam and Eve because the Saviour has by now come to his people to give his people knowledge about salvation through the remission of its sins (Lk 1:77).

The Apocalypse is a book of hope which shows the Church as being the victim of every kind of persecution down the ages, but she is always victorious and is born again thanks to divine help. The elderly people in the Apocalypse confirm the primary importance of praise, trust in, and love for the truth. This final book of the inspired Word of God is shining with such elements, and I love to ob-

serve scenes from that book in the wonderful mosaics of my cardinal's basilica of "Santa Prassede": "Round it were twenty-four seats, and on these sat twenty-four elders, clothed in white garments, with crowns of gold on their heads" (Ap 4:4). These elders are next to *thrones*. Beside the throne of God – symbol of providence, the impact of God on history and salvific action through the Church, Jesus Christ *diffused and communicated* as Bossuet would say – they symbolise the special influence of these collaborators of God on the history of mankind. The number twenty-four, which is twice twelve, refers to the twelve apostles and the twelve tribes of Israel, something which unites the Old and New Testaments in the sole people of God. They are *seated*, that is to say their function is stable and full of respect. Their clothes are *white*, the sign of a mysterious participation in the glorious resurrection of Jesus Christ. These elders take part in the resurrection – their function is written into the vitality proper to those who have risen again. The *crown of gold* shows that they have already gone through their life on earth – which is the crown – with the virtue of the strength which has enabled them to be victorious. The gold emphasises the value involved because it is a great thing to have overcome oneself and driven out Satan from his rule over this world.

Because of the benefits which mankind has acquired through Christ, through his incarnation, passion, resurrection and ascension, "the twenty-four elders fall down in worship before him who sat on the throne, who lives for ever and ever" (4:10) and in praise of him "threw down their crowns before the throne, crying out" in order to express their gratitude and homage towards God for the great design of salvation. God is not only celebrated for what He is but also for what He does, namely the Creation: "Thou, our Lord God, claimest as thy due glory and honour and power; by thee all things were created; nothing ever was, nothing was ever created, but in obedience to thy will" (4:11). They wish for every glory because of the infinite goodness of God, every honour because of his wisdom, every power because God is all-powerful: goodness, wisdom, omnipotence all give rise to his forgiveness.

The old man has experienced the life-giving presence of Jesus Christ is history – our Lord alone can open the book in which man will read his own history (5:5). This revelation consoles the apostle who is desolate at not having found anyone worthy of opening the book and breaking the seals which contain the secrets and the mysteries of the history of salvation. The elderly person plays an important role in providing consolation in our anxious and disorientated world.

The elders are closely connected to the Lamb (5:6) because it is he who gives meaning and value to their actions. The elders worship him with *harps* (5:6), the instruments of the earthly liturgy, and with *golden bowls*: "each bore a harp, and they had golden bowls full of incense, the prayers of the saints". The harp is made of wood and strings – the wood symbolises the redemptive cross and the strings are the saints of the Church who are united in her communion. Each elder has his own harp because each one takes part in an irreplaceable way in the cross of the Saviour. The link between the prayer of the saints and divine transcendence takes place through the elders – the bowls become filled with the answer of God who destroys evil. The

possession of the scroll by the lamb is matched by a *doxology* sung by the elders, by the host of angels, and lastly by all creatures. The meaning is clear – in order to reach the fullness of the joy of heaven it is necessary to pass through numerous trials and tribulations and keep in vital contact with the lamb, that is to say with the risen Christ.

Their final appearance is characteristic – the joy of the triumphant hallelujah of good over evil leads on to the final "amen" which fills the future with hope.

The whole of the *Church* is in a state of *eschatological* tension. None of the goods of the earth can satisfy man – he is made for heaven. The vision of paradise is the hope of our eternal future. "One can think legitimately that the future of mankind is in the hands of those who are able to transmit reasons for life and hope to tomorrow's generations" (*Gaudium et Spes*, n. 31). This role is entrusted to all Christians and is the prerogative of the elderly.

Conclusion

The place given to elderly people, and approaches and behaviour towards them, are the true criteria of civilisation. John Paul II emphasises this in his post-synodal exhortation *Familiaris Consortio* (n.27): "there are cultures which demonstrate special veneration and great love for the elderly person... others, on the other hand... lead and continue to lead elderly people to unacceptable forms of marginalisation which are a source at times of acute suffering for elderly people themselves and spiritual impoverishment for very many families... In reality the life of elderly people helps us to illuminate the ladder of human values; reveal the continuity of the generations and in wonderful fashion to demonstrate the interdependence of the people of God. In addition, elderly people have the charism of going beyond the barriers between the generations before such barriers emerge. How many children have found understanding and love in the eyes, in the words, and in the caresses of the elderly! And how many elderly people have willingly subscribed to the inspired

biblical words that "the children of their children are the crown of the elderly (Prov 17:6)."

Long life is a gift of God which we must learn to make bear fruit. It is conceded to us in order to render the work of our lives perfect. "It has a valuable contribution to make to the Gospel of life" (*Evangelium Vitae*, n. 94). Old age must also be active. Perhaps it will not be such in physical terms when there is illness or merely the fragility which comes with age. At an intellectual level, however, elderly people who retain all their faculties know how to transmit or teach the wisdom which has been acquired during their long lives. At a spiritual level activity is not only possible but also absolutely necessary – to love God and our neighbour as ourselves.

Old age can well be a time of trial which is accompanied by suffering, illness and for some by loneliness. "Old age is a shipwreck" wrote General De Gaulle in his memoirs. And this seems to be borne out by the trials of the body and the spirit. But for the Word of God this age, which is a sign of blessing, a treasure of wisdom, and witness to hope and charity, far from being synonymous with shipwreck is a time of drawing near to eternal life.

Joseph Folliet, whom I knew well when he was at the end of his long life, prayed in the following way: "Lord, you have established the seasons of the year and of life, make me a man for all seasons. I do not ask you for happiness, I only ask that my final season is beautiful and thereby bears witness to your beauty". In the Word of God the elderly person bears witness with wisdom to his love which draws him towards eternal life. The first French bishop theologian, Irénée de Lyon, said the same in decisive terms: "*Gloria Dei vivens homo, vita autem hominis visio Dei*" – the glory of God is living man. And the life of man is vision of God. (*Adversus Haereses* IV 20, 7, *Sources Chrétiennes* 100/2, pp. 648-649).

His Eminence Cardinal
PAUL POUPARD,
President of the Pontifical Council for Culture, the Holy See

Round Table

The Reality of Old Age Around the World

FRANC RODÉ

The Flame and the Light

In his book "La Età della Vita" Romano Gaudini asserts that every move from one stage of life to another is marked by an inner crisis. In relation to the extent to which this crisis is overcome, new values appear and a new fullness of life becomes possible.

Between childhood and adolescence there is the crisis of puberty; between adolescence and adulthood there is the crisis of experience; between adulthood and maturity there is an experience of limitations; and between maturity and old age there is the crisis of detachment.

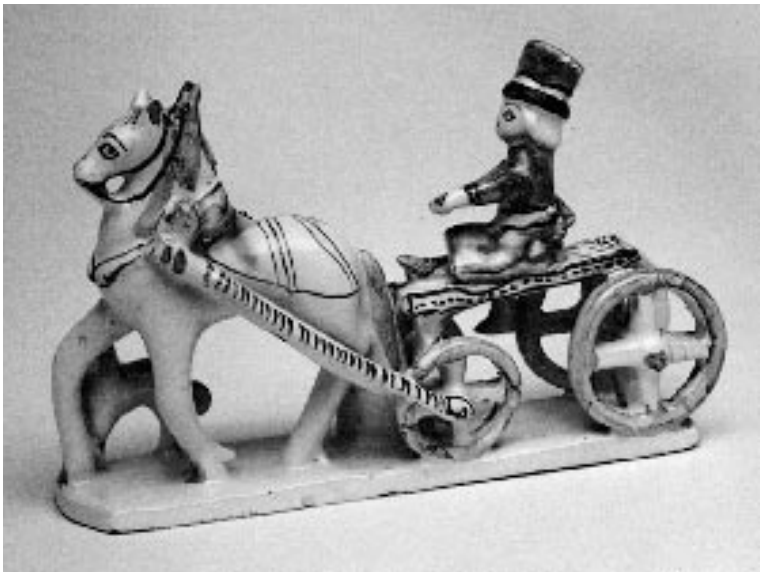
This is bound up with the fact that man grows old. The curve of life descends and man becomes aware of the drawing near of the end. The ephimeral character of things becomes increasingly felt. The days, the weeks, the seasons, and the years pass by in an accelerating fashion. Events lose their importance and fill life less and less.

How can this crisis be overcome? Through an acceptance of the end of life, of the ephimeral character of things, and the decrease in their importance. But this does not happen on its own. It is possible for a man to avert his eyes from the end which draws near and to behave as though he is perennially young – something which is pitiable. "The fact that he confuses the fullness of life with youth is one of the most disturbing phenomena of our epoch", asserts Guardini (*La Età della Vita,* Paris, Cerf, 1957, p. 115).

It can also happen that a man capitulates when confronted with the fact of growing old and attaches himself to the days which remain to him. This attitude is at the root of serious phenomena of a senile materialism which bestows true importance on what can be touched. In order to overcome this crisis successfully the end has to be accepted, without being defeated by it and without despising it with an attitude of indifference and cynicism.

Moral qualities of a high level can then appear – discernment, courage, calm, and a wish to ensure the perennial quality of what has been experienced and the work which has been carried out. Values may affirm themselves which previously could not come forward. From a perception of the fragility of existence there can arise an ever clearer awareness of what does not pass. Furthermore, eternity penetrates existence and inundates it with its light, as Victor Hugo Observed: "We see the flame in the eyes of the young. But in the eyes of the old we see the light".

His Excellency Mons. FRANC RODÉ
Archbishop of Ljubljana,
President of the Episcopal Conference of Slovenia.



MARIA JOSÉ RITTA SAMPAIO

No to the Isolation of the Elderly Person

In biological terms we remain young for a much longer time. In social terms we grow older much earlier. This apparent paradox is one of the most complex and serious social problems which without doubt will go beyond the frontiers of the new millennium.

Traditional policies concerning old age which see elderly people as a stigmatised social class made up of individuals consigned to separation and subject to deprivations are no longer applicable. Elderly people do not make up a separate group and they have not broken the chains of socialibility which they have built up during their lives. They continue to be parents, relatives, aunts and uncles, and grandparents. They continue to be members of their communities and citizens of their countries. Their affections have not been diminished and their hopes have not been lost.

The key to the problem perhaps lies in not approaching "elderly people" or "old age" as though they were synonyms for isolation, poverty or destitution but in restoring to the "third age" the political and civic dignity of adult citizens in the fullest sense and in seeing them as active, valuable, and capable of solidarity.

The future which we want is that of a society of inclusion based upon respect for the rights of man and fundamental freedoms where the generations will know how to share and invest in a spirit of reciprocity and will be able to actually do this, thereby ensuring that everybody will have the role and position that they deserve.

I am certain that this thirteenth international conference will not fail to help to sow this hope of a *life with all the age groups and a community of all the age groups.*

MARIA JOSÉ RITTA SAMPAIO
Wife of the President of Portugal

CHI-SHEAN CHAN

Looking After the Elderly

1. In appreciation of the contributions of the Church to Taiwan

First of all, I, on behalf of my country and my people, would wish to take this opportunity to express our sincere appreciation to the contributions of the Church of Taiwan in past years. You may have heard of the "economic miracle" and the "miracle in democratic reform" in Taiwan in the last decades, and they certainly are outcomes of the joint efforts of the government and the people. However, in the process of growth and development, religious belief has always been in Taiwan a source of social stability, of consolation and of spiritual sanctuary. In the early days of Christianity in Taiwan, the Church was already concerned with social welfare programs such as health and medical care, education, nurseries, and others. In these and other areas, the Church has always played a very significant role. In fact, the Church laid the foundation for modern medicine in Taiwan. The 23 missionary hospitals currently in operation in Taiwan are providing the people, particularly people in the mountain and remote areas, with valuable medical care services.

2. Unselfish Contributions

Many recipients of the annual Medical Contributions Award in Taiwan are foreign Catholic fathers, priests, sisters, and brothers who have left, for the love of Jesus Christ, their far-away homelands for the mountain areas and offshore islands of Taiwan to attend to the needs of our people. To these unfortunate people, they have devoted, and very often, even given, their lives. It is their unselfish contributions that have brought to the sick endless love and hope. This is most touching and respectable.

3. Long-term care of the elderly in Taiwan

Of the 21.8 million population in Taiwan, around 8% or 1.7 million of them are elderly persons above the age of 65 years. Of them, 950 thousand are suffering from all kinds of chronic diseases, they visit hospitals five times every three months. 200 thousand of them live alone; 90 thousand of them cannot attend personally to their daily life, and require long-term care.

Traditionally in Taiwan families have played an important role in the care of the elderly by providing them with services, financial support, and emotional back-up. However, with changes in the social environment, the structure and functions of families, and the increase in double-income families and single-parent families, although three-quarters of the elderly wish to live with their children in their old age, they are often disappointed. The ratio of the elderly living with children has declined year by year; the ratio of the elderly living alone or in institutions, on the other land, has increased. For financial support, more elderly are turning away from their children to pensions or social welfare.

To care for them my government formulated in 1998 a three-year plan for the long-term care of the elderly. The plan intends to consolidate care systems, to strengthen professional assistance, to more effectively utilize the available medical care and social resources, and to establish more diversified care institutions. In the next three years, it is expected that 5.300 more beds will be added to the beds now available in the existing 328 public and private care institutions to serve about 50 thousand elderly persons. To allow the elderly to live at home and in the community under familiar circumstances, home care of the elderly will be promoted, and functions of the family maintained, thus improving their quality of life and protect their dignity.

In the long run, financial needs are a major issue in the care of the elderly. We are, therefore, in the process of planning for a financial system for long-term care by combining welfare, social security, and pensions together to make individuals and the society jointly responsible for the financial burdens of long-term care. In this way, when the government cares for one elderly person, the government is in fact caring at the same time for the family members of the elderly. How to consolidate the available limited health care and social welfare resources to provide the elderly with adequate health care services to meet their physical, psychological, social, and economic demands is a challenge which confronts us.

4. Love and tenderness

Naturally, to face the problem of population ageing as a result of the changes in age structure, governments are required to come up with forward-looking plans involving the

full participation of civic organisations, voluntary institutions, and the public as well. We are pleased that the Holy See, to meet the arrival of the next millennium, has chosen from churches all over the world, 100 social service projects which are essential to the betterment of human life. In the 100 projects selected, Taiwan is fortunate in having two of them: one is the establishment of halfway houses for AIDS patients; the other is the establishment of nursing care institutions for elderly Alzheimer's disease and dementia patients to provide them with a dignified old age. The two projects are ongoing. The Church is most appreciative of this endeavour.

As to the issue of euthanasia, there have been many debates. Traditionally, we, the people of Taiwan, are of the belief, as stated by Mencius, that "The body, even the hair and the skin, comes from the parents and should never be damaged". We believe that life is subject to the will of God, and individuals alone should not decide on the ending of life. Euthanasia, therefore, is not acceptable in Taiwan. The establishment of a sound hospice care system to help patients at the terminal stage face death, to allow them to travel to the end of their journey in peace, without pain, and in dignity, which is our direction and goal.

5. Conclusion

I once again thank the Church for holding this Conference. The Conference has put together the experience and wisdom of scholars, experts, and health care professionals in order to promote development in medical care and to improve the quality of care services. We believe that the standard of medical care will be further improved.

I wish the Conference every success. I wish all of you good health.

Dr. CHI-SHEAN CHAN
Minister of Health, Department of Health, the Republic of China

DEODAT VWAKYANAKAZI MUKOHYA

The Reality of Old Age in the World: Cultural Aspects

Introduction

From a cultural point of view the reality of old age in the world seems to be a field of ambivalence and ambiguity.[1] Ideal and real culture stand out and come together in the context which it covers. In other words, there are two images in relation to old age or the third age. One of these is positive and involves a positive appreciation. The other image is negative and involves a removal of positive perspectives. We are dealing with a watermark in real culture or daily life which presents itself in stark terms to the eyes of elderly people.[2] There is a surprising and embarassing contrast and even a contradiction between these two images, or, to put it differently, between the views of the modern world towards old age as a stage in the cycle of life on the one hand, and the devaluing practice of this world as seen by elderly people themselves on the other.

In this paper attention is paid to a field where the contrasts and the contradictions are most surprising. Reflections are also presented, after this examination, on the life-experience, the integration and the location of elderly people within society as a whole.

1. Old Age: a Field of Contrasts and Contradictions

When we draw near to the subject of old age and the way elderly people really live in today's world, contrasts and contradictions immediately present themselves. This occurs at the level of the research carried out into the condition of elderly people by anthropologists – specialists in the study of cultures; at the level of the definition itself of old age; and at the level of the implementation of the principles contained in the cultural sphere and embraced by the members of ethnic, national and international communities.

a. At the Level of Research into Old Age

We all have already grasped, especially with regard to those peoples which have a civilisation based upon oral tradition, and we agree with the idea, that "elderly people are storehouses or reserves of information"[3] and that "every elderly person who dies is a library which burns."[4] Aware of this fact, researchers – and especially those engaged in ethnography – have often used elderly people as sources of information for the studies that they carry out. Some researchers have confined themselves to recording in writing the theories and the concepts which such sources have supplied them with.[5] But curiously enough, the same elderly sources have themselves been the objects of ethnographic research on a par with elderly people in general.[6] In the same way, age, like gender, has always been recognised by all researchers and by native peoples themselves as a structural principle which is of central importance for social organisation. Researchers, and especially African researchers or researchers who are experts on Africa, have devoted great time and energy to seniority, the right of primogeniture, on the often tense relationships between the first-born and their younger siblings, classes, groups, age levels, and the stages in the cycle of life.

But, once again, the process of growing old and elderly people themselves are not subjects which have been much studied. Clark is right when he emphasises that in the studies which have been carried out there is an ethnographic hole or a kind of monotonous description of unvarying forms of behaviour between the end of the status of being an adult (something which is studied a great deal) and funeral rites (these too have received detailed attention).[7] This absence is especially evident in the case of Francophone researchers. On the other hand, Anglo-Saxon anthropology and ethnogrpahy have tried on more than one occasion to meet the challenge and fill this gap.[8] But scientific work in this field remains a drop in the ocean if compared, for example, with the attention paid to childhood, youth and adulthood, or with the work done by historians or specialists on the literary arts.

There certainly exist centres of research, journals, associations in the field of geriatrics, and the interdisciplinary study of old age, in today's world. But most of this work and of forms of scientific inquiry have an economic, demographic and psycho-health care orientation. Equally, these studies are carried out with reference to those stages of life which occur prior to old age – stages which are deemed to be more worthy of attention. These are not concerned with old age itself and and are not carried out for the benefit of old age.

There are reasons behind this lack of interest on the part of scientists towards old age. One of these reasons is that the modern world is a world based upon production and above all upon great material interests. Elderly people are rightly seen as unproductive even if they were productive when they were young and during their adult lives, and even if they use and create cultural resources within society.[9]

Another reason is connected with the fact that growing old involves a

decline in people's physical, mental and intellectual capacities. This leads elderly people to become dependent upon those sections of society which are still dynamic such as the young and adults. Elderly people are seen as people who ask for things and are perceived as insatiable consumers who do not deserve the goods and the services which are produced by other people. Their situation can perhaps be compared to that of the third world's relationship to the industrialised world. This latter turns its apparently benevolent gaze towards the former solely in order to gain access more easily to its raw materials and to inundate it with its surplus production.

The modern world is increasingly mean and individualist in character and thus cannot fail to marginalise and forget about elderly people.

A final reason behind this state of affairs may be found in the fact that the modern world is widely imbued with a propensity to self-importance and the attainment of personal prestige. This is something which is also to be found amongst scientists themselves. As a result of the increasing dominance of technology and the unchecked expansion of the modern audiovisual media, it is possible to detect even amongst researchers an infatuation and great interest in such news-worthy and exciting subjects as AIDS, markets, terrorism, drugs, sport, globalisation, national, regional and international entities, and so forth. And what can we say in such a context about elderly people whose powers are now on the downward slope and who have been largely forgotten about like old clothes in a chest of drawers or spare parts thrown into a garage – are such people still able to gain the attention of those who love what is new and are thrilled by exciting adventures?

This series of injustices has undeniable consquences for the life-experience, the integration and the location of elderly people in the modern world. Thus do we return to a previous observation.

b. At the Level of the Definition of Old Age

A certain ambivalence is also to be found at the level of the definition of old age. Westerners generally use a chronological definition of what constitutes old age. In many countries a person is considered to be old when he or she reaches the age of sixty-five. This is a chronological measurement of the changes which take place in the life cycle of the individual. But in addition to chronological time there is also social time and historical time. Social time is a succession of roles and forms of status based upon age which take place at different moments in the life cycle. The determination of the moment of retirement is very often connected to this time. Historical time, on the other hand, is made up of a set of economic, political and social events connected to the individual life of the members of a given society.[10] Thus it is said today that a person born at the time of President Kennedy in the United States of America or of De Gaulle in France is an adult whereas a person whose birth took place during the First World War or during the colonial period in black Africa is old. These last two ways of seeing time are functional in character. They lay stress upon the criterion of "performance" and are those which are most used in non-Western societies where it is said that a person has become old when he or she is no longer able to perform his or her duties and discharge his or her responsibilities.[11]

In a different way, in modern urbanised black Africa another idea of old age is now widely accepted. It is not connected with chronological age but takes into consideration the criterion of "performance" or the spirit of initiative. "An old person" is a male person, of any age, who has achieved success during his life so that he has become a point of attraction for his family and has a following of admirers. These "old men" play a very important role in the distribution of resources and in the performance of the duty of solidarity. Here we are dealing with a sociological form of old age.

These ambiguities in how time is considered and in determining the actual age of old age also have consequences for the life-experience of elderly people who live in the modern world.

c. At the Level of the Application of Cultural Principles

Every ethnic, national or international community has an ideal approach to old age. This approach is accepted by its members because it is learnt during the processes of socialisation and is reproduced by the mass media and by official ideological-political declarations. It formulates a variety of presumed ideal cultural principles in order to shape the behaviour of the members of that community. But at all times and within the context of every traditional or modern human society there has always existed a gap between these principles and their actual implementation. The rapid and often unpredictable changes which the modern world has undergone only act to widen this gap, and this is especially the case in post-industrial societies whose new cultural elements were analysed by A.Toffer in his 1970 bestseller "Culture Shock".[12]

One of these cultural principles is, for example, the ideal of filial loyalty. In the modern world, with its worries about production, performance and effectivenes, elderly people are excluded. They are shut up in hospices and in collective residences both in the West and in urbanised Hong Kong.[13] In urbanised black Africa, where the system of hospices and collective residences for elderly people do not exist because of a lack of interest on the part of the public authorities or private charitable institutions, elderly people are largely condemned to having to beg on the streets or to depend on other people. Furthermore, in some cases in families where elderly people live there are conflicts or these families are destabilised because of tense relationships between elderly people and other members of the family unit.

In rural black Africa the myth of the harmonious integration of elderly people by people of other age groups has always been promoted by a tradition which is now disappearing and by a literature which is somewhat nostalgic in character. In reality, elderly people survive in a state of oblivion and of material and psychological dependence. Often they receive only the crumbs which fall from the table of their wage-receiving or farming adult children. In some areas they enjoy only the benefit of a more or less richly organised funeral rite because of the social prestige that such a rite confers on the individuals or family relatives who organise the funeral, or out of a fear that there will be a persecution carried out by the spirits of the dead people.

Another example of such princi-

ples is to be found in the fact that it is the elderly people themselves who most internalise their own culture. They bear the secrets of the traditions of that culture, they can offer guidance as to its various configurations, and they are incontestable examples of conformism. They are the living beings who are closest to the ancestors; they are the upholders of traditions and of morality through custom. They are, so to speak, the accredited agents of the transmission of messages destined for individuals and groups.[14] But the modern world excludes them because they are traditionalists, conservatives, and do not have a spirit of initiative. The cult and the veneration of ancestors, which bestows value upon them, are branded as being idolatrous practices.

A third example of such principles in the ideal approach to old age is to be found in the fact that elderly people are the creators and the historical witnesses of cultural products of the moment or of the national past. In the West they are swiftly sent into retirement in line with laws which are based upon chronological or social assumptions or definitions concerning age. In Africa, Asia or Latin America elderly people can still work. They are able to manage their own affairs and those of their adult children,[15] to take part in social contexts and maintain their own identity,[16] to engage in a little business, and to contribute to the education of children and occupy themselves with religious matters.[17] They can contribute to the life of the community and even themselves create a community.[18] But their contribution is thought to be marginal and is seen merely in terms of the formal and more important sector of social life. Who in reality in the modern world, apart perhaps for anthropologists, tourists and the collectors of curios, still pays attention to the production of straw mats, baskets, clay vases, traditional medicines, magical and religious statuettes, or to small trade carried on at the side of the road or in the home?

The gap between the ideal approach and the actual implementation of its principles as applied to old age is authentically flagrant, and this is something which involves many problems for those who belong to the elderly age band. This paper will now engage in a rapid examination of some of these problems in its second part.

2. Ambiguities, Possibilities and the Third Age

Given these ambiguities, what at the present time are the "possibilities for the third age" and how can we "give new life to old age", to employ two phrases from scientific work which has been carried out into this question?[19]

In economically advanced countries elderly people live and work for a long time. This is the result of scientific and technological progress which has taken place. But they remain culturally marginalised because, as has already been observed, they are seen as people who ask for things and as consumers who do not deserve the goods and the services produced by other people. The periodic welfare cheques which are given to them are seen more as a help than as a duty or as a remuneration for previously rendered services. In third world countries, and especially in black Africa, the value of these cheques approaches the ridiculous.

In poor countries elderly people have short and brief lives. This is because they benefit less than their counterparts in rich countries from the advantages of modern life. Furthermore, they no longer enjoy the prestige which was previously accorded to them by traditional society, a social form which is now disappearing, and more specifically the exercise of authority, presence, a monopoly of knowledge, the holding of the secrets of the traditions of that society, etc.

Elderly people, in this way, do not only live in a marginalised way – they also live in ambivalence and in ambiguity, in a cultural dualism. The historical-cultural past which they have helped to create flees before their eyes. They are excluded from the cultural present and the cultural future, and they live in a state of anxiety. They suffer from the famous illness of "culture shock" which was brilliantly described by A.Toffler.[20] They are obsessed by the spectre of death. While waiting for death and in order to survive they accept the manipulation of stereotypes and the myths created about old age which are advanced by the propagators of the negative image of old age within their societies.

One of these myths is that created by social workers which asserts that old people are poor, sick, lonely or psychotic. Another is that of the political world which says that old people are bad and aggressive. Yet another is that advanced by those in charge of rest homes which states that elderly people lack imagination or a spirit of adventure and do not know where to go.[21] As Virginia Kerns has demonstrated, in the Caribbean elderly women use these stereotypes to impose a demand for goods and services on their grandchildren.[22] But Seizmasko observes that this demand is imposed more on the public social services which have to organise social welfare schemes.[23] S.Vatuk, on the other hand, observes that in India these stereotypes lead to a behaviour based on withdrawal on the part of elderly people.[24]

In a situation such as this the modern world must decide whether it wants to:

– maintain elderly people in their condition of marginalisation, dependence, cultural dualism, and the manipulation of myths and stereotypes in the way that they are seen – something which goes against the elementary rights of man and whose violation is so severely present in the contemporary world;

– or to attempt a reintegration of elderly people into society through the instrument of culture. To begin with anthropologists, ethnographers, and specialists in the study of culture should place elderly people within their areas of study and analysis. Furthermore, it is certainly true that we should not think of basing society and the community on the single criterion of gerontrocracy. It is an undeniable fact that elderly people, as has already been observed, no longer have the physical, mental and intellectual strength to make an effective contribution to the production of material goods. But they can still have a role in the production, distribution and exchange of symbolic goods. Families and ethnic, national and international communities must shoulder the responsibility of reintegrating and relocating elderly people.

Conclusion

In this paper it has been observed that from a cultural angle there are different images of old age in the modern world – a positive image which involves a positive assessment to be found in the approach of cultural ideals, and a negative image which devalues and which is to be found in real culture or in actual be-

haviour and attitudes towards elderly people. The contrasts and the contradictions between these two images lead to elderly people being kept in a state of marginalisation, dependence and cultural dualism. They are thus forced to experience dependence or the manipulation of stereotypes and myths created to their disadvantage by those who spread this negative image which the modern world should thus seek to correct.

This work of correction can only take place through an aware and responsible attempt at the reintegration of elderly people into society through the instrument of culture. Anthropologists and ethnographers must place old age and elderly people within the frameworks of their research. Rising above concern about performance and effectiveness in the production of material goods and commodities, the criterion of age must be re-assessed and elderly people should be more closely connected to, and associated with, the production, distribution and consumption of symbolic goods.

We must remember that elderly people do not make up a homogenous group in the world.[25] Old age, indeed, is defined chronologically, socially and historically. We have before us an invitation to reintegrate and relocate elderly people within society, to search for special original solutions, and to ensure that researchers and the world's nations engage in a sincere and selfless work of co-operation to promote and achieve these solutions.

DR. VWAKYANAKAZI MUKOHYA DEODAT
University of Wisconsin-Madison, the United States of America, Full Professor at the Faculty of Social Sciences and the Faculty of Sociology and Anthropology, the University of Lubumbashi (Katanga), the Democratic Republic of the Congo.

Notes

[1] By the term "culture" is meant here the symbolic dimension through which we understand the order and the predictability of the universe. Human beings use culture actively in their interaction and in interacting with the environment. Cf Christine L.Fry, "Towards an Anthropology of Ageing" in C.L.Fry *et al*. (eds.), *Ageing in Culture and Society* (New York, Paeger, 1980), preface by P.Bohannan, p. 12.

[2] C.L.FRY, *op. cit*., pp. 18-19.

[3] L.D.HOLMES, 'Anthropology and Age: An Assessment', in C.L.FRY *et al*. (eds.), *op. cit*., p. 272.

[4] This quotation is from Hampate Ba, a black African writer.

[5] A typical example of this is M.Griaule who "went to the school" of his old source Dogon Ogotemmeli. Cf M.GRIAULE, *Dieux d'Eau: Entretiens avec Ogotemeli* (Paris, DUF, 1945). Africanist anthropologists such as E.E.E. Van Pritchard (Nuer), Victor Turner (Ndembu), M.Douglas (Lele), J.Middleton (Lugara), and A.W.Southall (Alur) have all used elderly people as their sources of information.

[6] C.L.FRY, *op. cit*., p.1.

[7] M.CLARK, 'Contributions of Cultural Anthropology to the Study of the Aged', in L.Nader and T.Marelzki (eds.), *Cultural Illness and Health: Essays in Human Adaptation* (Washington D.C., American Anthropological Association, 1973), p. 86.

[8] L.D.HOLMES, *op. cit*., p. 12.

[9] C.L.FRY, *op. cit*., p. 12.

[10] L.D.HOLMES, *op. cit*., p. 278.

[11] L.D.HOLMES, *op. cit*., p. 277.

[12] A.TOFFLER, *Future Shock* (New York, Toronto, London, Bantam Books, 1970).

[13] C.IKELS, 'The Coming of Age in Chinese Society: Traditional Patterns and Contemporary Hong Kong' in C.L.FRY *et al*. (eds.), *op. cit*., pp. 80-100.

[14] L.V.THOMAS and R.LUNEAU, *La Terre Africaine et ses Religions. Traditions et Changements* (2nd. edition, Paris, L'Harmattan, 1986), pp. 39-40, 42-43; and C.FRY, *op. cit*., p. 19.

[15] An observation made about the blacks of the Caribbean by V.Kerns, 'Ageing and Mutual Support Relations among Black Caribbeans', in C.L.Fry *et al*. (eds.), *op. cit*., pp. 112-125.

[16] An observation made about elderly people in Corsica by L.Cool, 'Ethnicity and Ageing: Continuity through Change for Elderly Corsicans', in C.L.Fry *et al*. (eds.), *op. cit*., pp. 149-169.

[17] An observation made about elderly people in India by S.Vatuk, 'Withdrawal and Disengagement as a Cultural Response to Ageing in India', in C.L.FRY ET AL. (eds.), *op. cit*., pp. 126-148.

[18] J.KEITH, 'Old Age and Community Creation', in C.L.FRY ET AL. (eds.), *op. cit*., pp. 170-197.

[19] P.VELLAS, *Les Chances su 3e Age* (Paris, Stock, 1974).

[20] A.TOFFLER, *op. cit*., pp. 325-367.

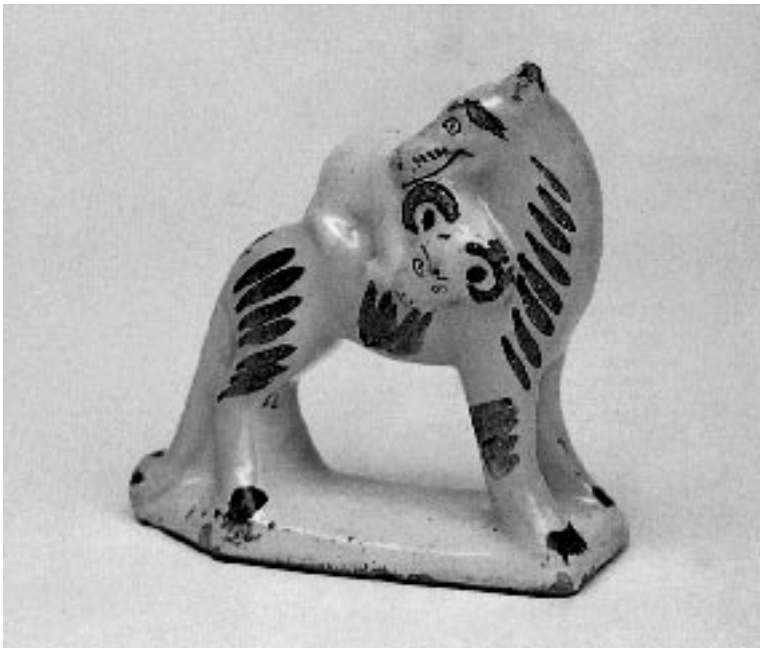
[21] L.D.HOLMES, *op. cit*..

[22] M.SIEZMASKO, *op. cit*..

[23] M.SIEZMASKO, *op. cit*..

[24] S.VATUK, *op. cit*..

[25] L.D.HOLMES, *op. cit*., p. 277; cf A.J.Welford, *Veillissement et Aptitudes Humaines* (Paris, PUF, 1964), (translated from the American by E.R.Hawelka); Kiliba Mwahulwa Mbongopasi, *Etre Vieux à Kinshasa. Mémoire de Graduat en Journalisme* (ISTI, Kishasa, 1982).



CHRISTOPHER P. HOWSON

The Ageing of The World's Populations: Implications for Economics and Health

Introduction

Thank you for the opportunity to participate in this important conference examining the status of the elderly in today's world. As Bert Kruger Smith said, "Everyone has been a child. All can understand through muffled memory how childhood was. But none has been old except those who are that now." What he is saying is that our elders are unique resources – for us, our children, our towns, and our countries – and this opportunity to work with you on their behalves is a special one indeed.

I appreciate, in particular, the invitation to speak before this august group, as I believe the potential of the Pontifical Council for Pastoral Assistance to Health Care Workers to improve the quality of life of our elders is huge. I hope that our discussions over the next three days will help inform you in this important work.

The task I have been given today is to discuss the implications of the ageing of the world's populations on economics and health status. I will focus my comments on the less-developed countries wherever data permit, since their populations as a whole are ageing more rapidly than those of industrialized or more-developed countries and their needs are more acute for reasons that I will outline below. I will conclude my presentation with recommendations on ways that I believe the Pontifical Council can effectively contribute to the health and well being of elders worldwide.

The epidemiologic transition

That we live in an ageing world is now well recognized. Rapidly expanding numbers of older persons represent a social phenomenon without historical precedent. The world's elderly population – defined in this paper as persons age 60 and over – is expected to approach 1.2 billion by the year 2025. As you heard earlier, as a result of declines in fertility and increased life expectancy the elder populations in most countries are growing faster than their respective population as a whole.

To date, population ageing has been a prominent issue largely in the industrialized nations of Europe, Asia, and North America. In at least 50 such countries, 15 percent or more of the entire population is now age 60 or over. Figure 1 shows the world's 25 oldest countries. Coincidentally, our host country, Italy, ranks number one as the country with the largest proportion of older people – just over 22 percent of the total population.

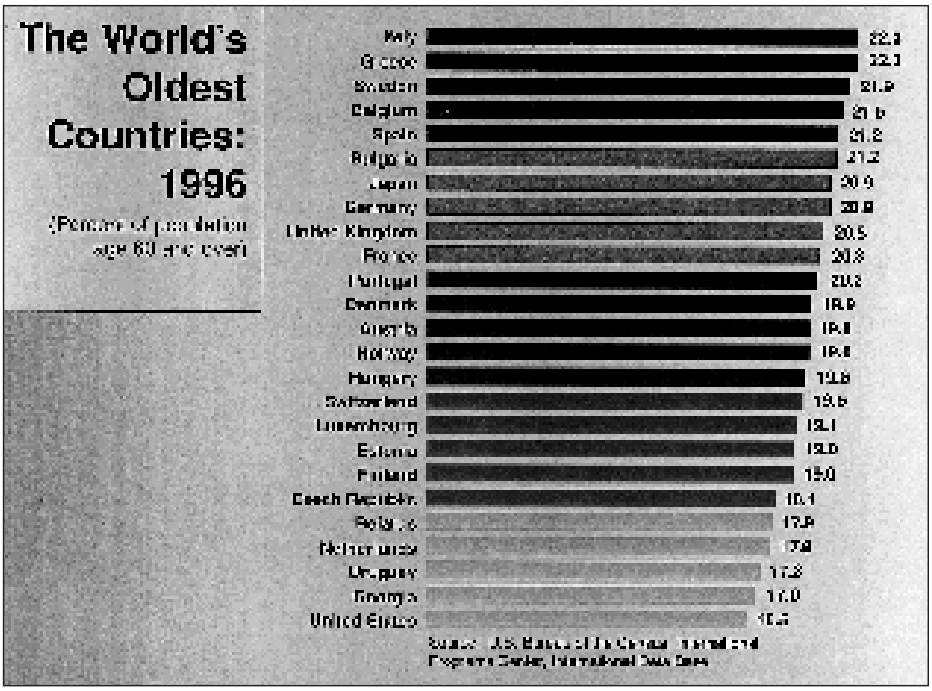


Figure 1

In the industrialized nations generally, the fact of population ageing has engendered intense public debate over issues that are directly linked to the changing age structure of their populations. Issues debated include concerns over the costs of health care, retirement, social security and pension payouts, for example. What is not as widely appreciated is the fact that population ageing is oc-

curring in less-developed countries as well. As Figure 2 demonstrates, older populations in most less-developed countries are growing much more rapidly than those in more-developed nations. In fact, the world's 60-and-over population increased by more than 12 million persons in 1995, with nearly 80 percent of this increase occurring in developing countries.

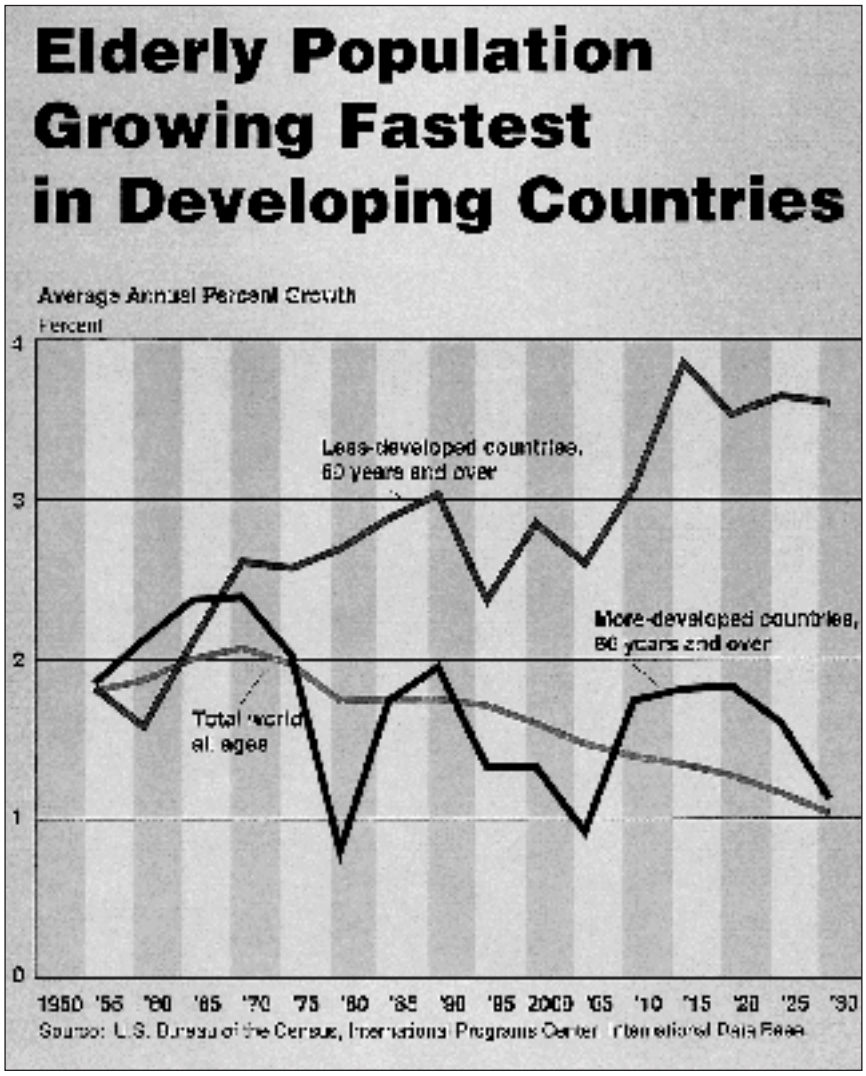


Figure 2

Within populations, different age groups are growing at very different rates. In many countries of the world, the oldest old (those 75 years and older) are the fastest growing portion of the elderly population. In 1996, the oldest old constituted nearly one-quarter of the world's 60-and-over population, 30 percent in more-developed countries and 19 percent in less-developed countries. As Figure 3 shows, a large proportion of the oldest old resides in just four countries: the United States, China, India, and Japan. However, in the less-developed regions of Asia, the Americas, and Africa and the Near East, absolute numbers of the oldest old are also increasing rapidly. This unprecedented increase in the numbers of the oldest old is challenging social planners to seek further information about this group, since the oldest old traditionally consume disproportionate amounts of health and long-term care services. In fact, in the United States, it is estimated that 80 percent of all health care costs are accrued in the last 15 years of life.

Figure 3

IMPLICATIONS OF THE EPIDEMIOLOGIC TRANSITION

Burden of Disease and Disability

What are the implications of the ageing of the world's populations on patterns and trends in the burden of disease and disability?

As populations age, the relative burdens of health problems that predominate among adults – such as depression, heart disease, and cancers – gradually increase, while the burdens of those that predomi-

nate among children gradually decrease. While the industrialized nations experienced this "health transition" earlier this century, it is currently well under way in less-developed countries. Within the next 20 years, therefore, it is expected that dominant health problems of the majority of the world's population will rapidly come to resemble those of the industrialized countries today.

A recent assessment of global health trends worldwide is shown in Table 1. Table 1 suggests that by the year 2020, ischemic heart disease will likely replace respiratory infections as the world's leading cause of ill health, followed by depression and road traffic accidents.

Table 1

Projected Change in the Rank Order of Disease Burden for 15 Leading Causes, Worldwide 1990-2020

1990 Disease or injury	Rank Order	2020 Disease or injury
Lower respiratory infections	1	Ischemic heart disease
Diarrheal diseases	2	Unipolar major depression
Conditions arising during perinatal period	3	Road traffic accidents
Unipolar major depression	4	Cerebrovascular disease
Ischemic heart disease	5	Chronic obstructive pulmonary disease
Cerebrovascular disease	6	Lower respiratory infections
Tuberculosis	7	Tuberculosis
Measles	8	War
Road traffic accidents	9	Diarrheal diseases
Congenital anomalies	10	HIV
Malaria	11	Conditions arising during perinatal period
Chronic obstructive pulmonary disease	12	Violence
Falls	13	Congenital anomalies
Iron-deficiency anemia	14	Self-inflicted injuries
Protein-energy malnutrition	15	Causes of traffic, burn, and homicides

NOTE: Disease burden is measured in disability-adjusted life years (DALYs), a measure that combines the impact on health of years lost due to premature death and years lived with a disability. One DALY is equivalent to one lost year of healthy life.

SOURCE: Murray and Lopez, 1996

Table 2 presents a similar analysis for the developing countries. As you can see, it is estimated that by the year 2020 the types of noncommunicable chronic diseases associated with ageing populations – for example, depression, ischemic heart disease, chronic obstructive pulmonary disease, and cerebrovascular disease – will represent major and substantial causes of disease and disability in the populations of the developing world. The idea that noncommunicable diseases are linked to affluence is thus rapidly losing credibility: the dominant diseases of Latin America or the nations of China and India are increasingly like those of the United States and Western Europe.

Table 2

Projected Change in the Rank Order of Disease Burden for 15 Leading Causes, Demographically Developing Countries 1990-2020

1990 Disease or injury	Rank Order	2020 Disease or injury
Lower respiratory infections	1	Unipolar major depression
Diarrheal diseases	2	Road traffic accidents
Perinatal conditions	3	Ischaemic heart disease
Unipolar major depression	4	Chronic obstructive pulmonary disease
Tuberculosis	5	Cerebrovascular disease
Measles	6	Tuberculosis
Malaria	7	Lower respiratory infections
Ischaemic heart disease	8	War
Congenital abnormalities	9	Diarrheal diseases
Cerebrovascular disease	10	HIV
Road traffic accidents	11	Perinatal conditions
Chronic obstructive pulmonary disease	12	Violence
Falls	13	Congenital abnormalities
Iron-deficiency anaemia	14	Self-inflicted injuries
Protein energy malnutrition	15	Falls

NOTE: Disease burden is measured in disability-adjusted life years (DALYs), a measure that combines the impact on health of years lost due to premature death and years lived with a disability. One DALY is equivalent to one lost year of healthy life.

SOURCE: Murray and Lopez, 1996

In summary, the implications of the epidemiologic transition and resulting shift in global disease burden are varied and profound. The health problems of the North are increasingly becoming those of the South. Developing nations are struggling to meet the challenges that the rapid ageing of their populations and resulting increases in noncommunicable chronic disease rates pose for their health systems,

even as they continue to grapple with an unfinished agenda of deadly infections, malnutrition, and poor reproductive health. This added burden on their already stretched health systems is likely to create further strains on national and regional economies, with possible consequences for growth and for international trade.

ECONOMIC ASPECTS

Income Levels

I would like to touch now on some of the economic issues associated with the ageing of the world's population.

In most countries of the world, the elderly have lower levels of income than do the nonelderly. This is largely because a smaller percentage of the elderly work and, therefore, do not receive employment income. In the more developed countries of the North, most elderly receive some kind of social insurance or occupational pension that replaces some of their employment income after retirement. This is not yet true for the majority of elderly in developing countries.

Figure 4 presents the median income of elderly populations in seven industrialized countries as a percentage of their respective national median household income. As Figure 4 demonstrates, the elderly in all seven countries had incomes that were under their respective national median household income. For example, the income of the elderly in The Netherlands in 1987 was 88 percent of the national median household income. This figure shows no clear change in this economic measure between the late 70's/early 80's and late 80's.

Figure 4

Gender

When specific aspects of the elderly are considered, it becomes clear that the elderly, as a group, are as heterogeneous demographically, socially, and economically as the nonelderly. One notable difference between these broad groups, however, is the relative number of women to men. Although boys outnumber girls in childhood in all countries, elderly women greatly outnumber elderly men in most nations. Thus, the health and socioeconomic problems of the elderly are, to a large extent, the problems of elderly women.

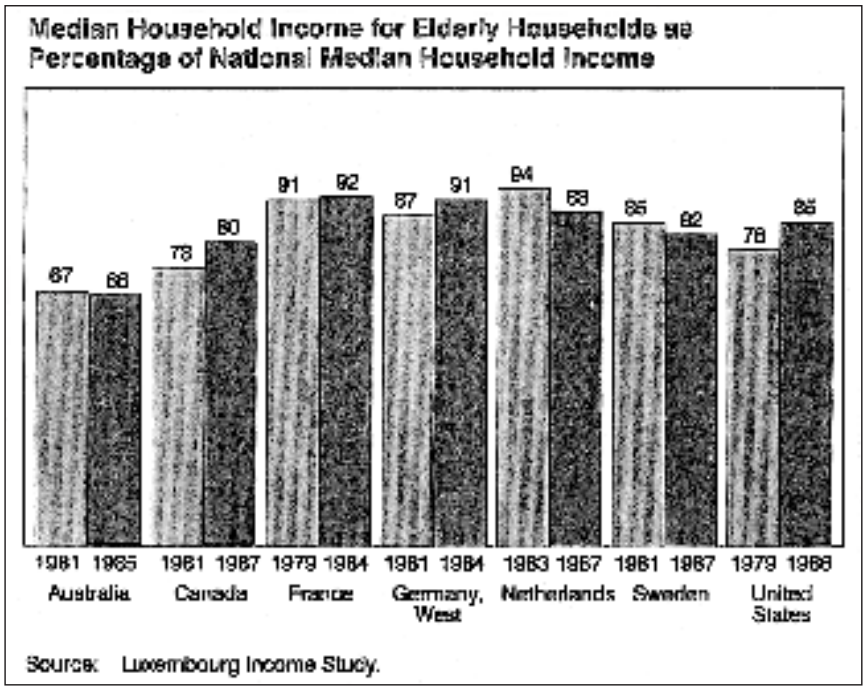
For example, studies suggest that women in more developed countries are disproportionately represented among the institutionalized elderly. In both Canada and Israel, 70 percent of institutionalized persons aged 65 and older are women. In the United States, three-fourths of the elderly in nursing homes are women, and this percentage rises with increasing age.

The need for support among older women is particularly strong in developing countries. Women in less-developed countries are more likely than men to be poor. They are also less likely to be literate or numerate or to have received any formal education than younger women or men their own age. While older women may have managed the household economy or worked in the informal job sector, their lack of experience in coping with the wider world tends to make them more vulnerable than men to economic and legal exploitation.

Marital Status

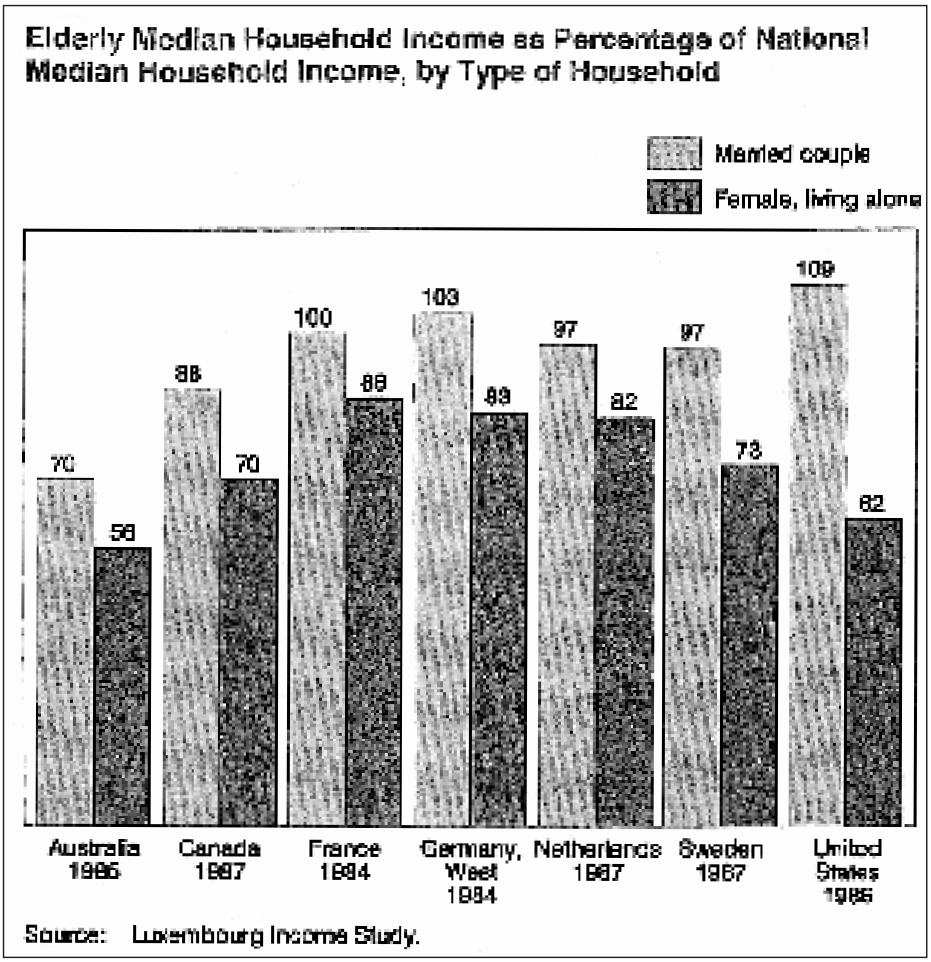
With respect to marital status, widowhood rates rise with age for both sexes. Most elderly men, however, are married. Quite the opposite is true for women. In 31 of 47 developed and developing countries surveyed, a greater percentage of elderly women were widowed than elderly men. The absolute number of elderly women who are widowed is also large and growing in many countries. For example, there were 21.5 million elderly widows in China in 1990, more than in all of Western Europe combined.

The economic and social impacts of this trend are profound and include changes in living arrangements, financial security, and personal relationships. For example, as Figure 5 demonstrates, in seven developed countries examined, elders who were unmarried had lower adjusted incomes relative to married couples. This difference was even greater when the adjusted incomes of elderly women who lived alone were compared to elderly married women. In the United States in 1986, for example, the median income of elderly married couples



was 9 percent above the national average for all persons, while the median income for elderly women living alone was only 62 percent of the national average.

Figure 5



Urban and Rural Differences

The economic status of the elderly also differs by whether they live in urban or rural settings. Urbanization – which is one of the most significant population trends of the second half of the 20th century – is often associated with the migration of young adults to urban areas and, in some cases, of return migration of older adults from urban areas back to rural homes. Thus, it is anticipated that rural areas in the next couple of decades will become even more disproportionately elderly in most developed and developing countries than they already are.

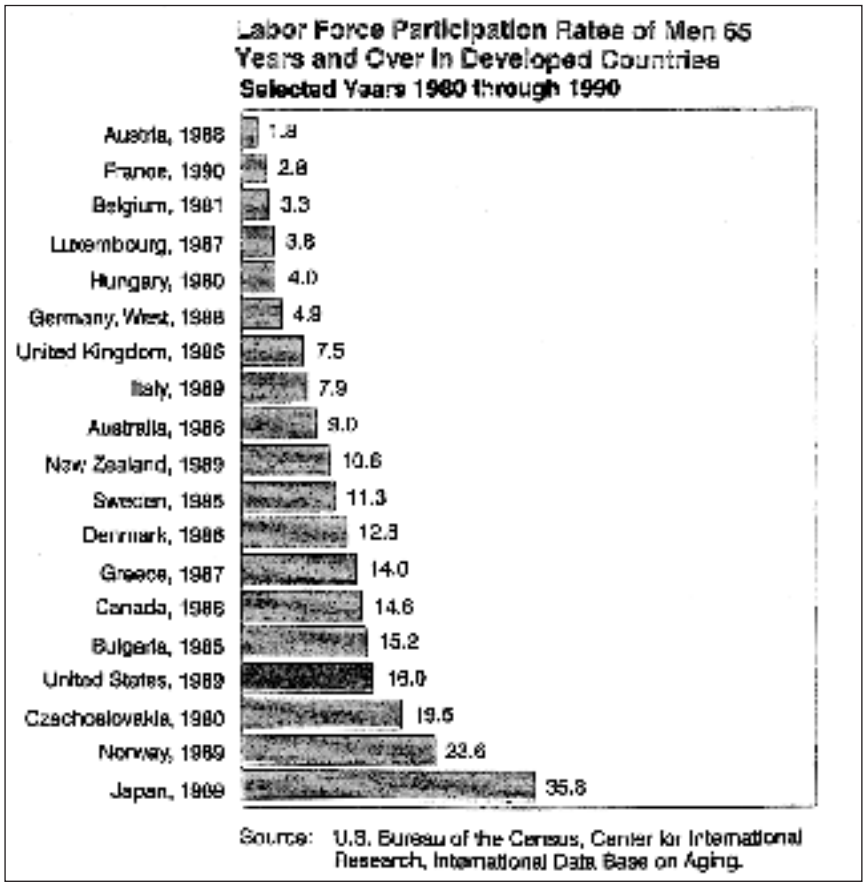
Urbanization also brings changes in the family unit and kinship networks that have both beneficial and adverse consequences for the economic well being of the elderly. On the positive side, younger family members who move to cities may have enhanced financial resources that can be used to help elderly family members still living in their rural birthplace. On the negative side, evidence suggests that younger family members living in cities are decreasingly likely to be providing direct care for their distant elders residing in rural areas, thus increasingly removing a traditional family support system for the frail elderly. In addition, the delivery of health care and other services to the rural elderly is often logistically and financially difficult. Barriers to access appear to be especially difficult to overcome in less-developed countries where there is little health care or other service infrastructure outside the family.

Labor Force Participation

With respect to labor force participation, most of the world's developed economies have shifted from agriculture and heavy industries towards services and light industries. This has been reflected by a shift from physically demanding, oft-times hazardous jobs to work that requires greater technical skills. Although agriculture is still a major source of work among the elderly, even in some developing countries the elderly are increasingly moving toward less physically demanding jobs in sales, services, and production. Some believe this change from manual labor to service occupations will increase older workers' chances of remaining in the labor force longer. On the other hand, many of these jobs are relatively low paying, thus making them unattractive to older people who have enough income to meet their basic needs.

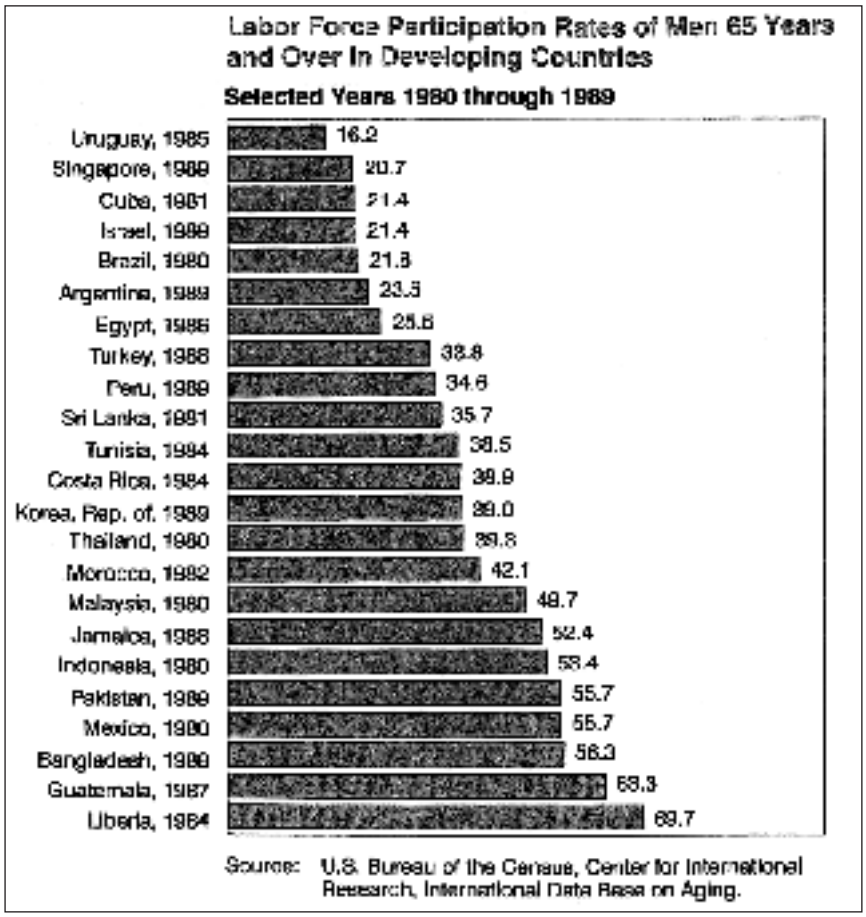
Current evidence suggests that labor force participation declines as people approach retirement age. As Figure 6 shows, the proportion of male elderly in developed countries who are economically active is, on average, a small fraction of the corresponding proportion of persons ages 25 to 54.

Figure 6



This proportion is substantially larger for elderly males in developing countries as indicated in Figure 7. Of particular interest in these last two figures is the great variation in labor force participation observed among countries. In this slide, for example, rates vary from just over 16 percent in Uruguay in 1985 to nearly 70 percent in Liberia in 1984. These variations highlight the effects that cultural values, differing governmental policies, and local economic conditions exert on economic activity levels of older workers. These data argue that chronologic age is less relevant in determining patterns of work among older persons than are the economic policies and conditions and cultural values of a country.

Figure 7



Retirement

The concept of retirement and, more generally, "working life," is undergoing dramatic transformation in both developed and developing countries. In developed countries, a trend toward earlier formal retirement in past decades is showing signs of reversal. Larger proportions of older persons in these settings engage in part-time work or volunteer activity. For many people in less developed countries, however, the term retirement scarcely has meaning. Lifelong work or domestic support to enable co-resident children themselves to work is the more the rule. However, such work provides little in the way of formal retirement benefits or other means of financial security for the elderly in many of these countries.

The above – coupled with concerns about how a decreasing proportion of working-age persons can continue to provide the financial means to help support an increas-

ing proportion of retired persons – has caused policy makers in developing as well as developed countries to pay greater attention to the problems of ensuring adequate future levels of social security, pension plans, and other formal means of elder economic support. Public systems for old age, disability, or survival support are now a feature of some 155 countries and territories. However, their coverage varies greatly and it is estimated that formal public programs cover only 30 percent of the world's population over the age of 60. For much of the other 70 percent without formal retirement coverage, work is a lifelong constant. For women especially, who have been underrepresented in public sector and formal employment and whose domestic work and informal employment have been poorly reported, supported, and compensated, the concept of retirement and subsequent social security is unknown.

Summary

In summary, the ageing of the world's populations, particularly in developing countries, will have widespread repercussions in the economic and health sectors of those countries. With respect to health, changes in age structures will strain medical systems in much of the world. Many of the poorer developing countries will find themselves with growing populations of older people, while they are still struggling to protect the health of younger age groups. The health demands of older populations will force policy makers to balance relative costs and benefits of interventions in favor of different population groups and to rationalize decisions about which efforts to support. In order to do so effectively, they will need a better understanding of the contribution to overall well being made by services that improve health at various ages, and especially the health of the elderly. From an economic perspective, policymakers will have to give much more thought to the implications of an ageing population on the formal and informal job sectors and to strategies for old-age security, including social security and pension plans. This is particularly true for developing countries. In addition, the special health and economic needs of elderly women, the majority of our older population, will also need to be better understood and met.

I believe that the Pontifical Council for Pastoral Assistance to Health Care Workers, in partnership with country governments and relevant agencies and organizations in the private sector, can contribute importantly to meeting the economic and health needs of an ageing world. It can do so generally by:

– Raising awareness among policymakers at all levels of government worldwide about the ageing of the world's populations and its implications for national health and economic well-being;

– Encouraging balanced investment, particularly in developing countries, in a full range of basic services – including health, housing, safety, and education – that have been shown to improve quality of life in the later years;

– Encouraging the growth of public and private systems directed to social and financial security of the elderly, including social security, pensions, and other retirement benefits; and

– Promoting and supporting research worldwide to improve understanding of the many economic and social factors that enable older people to remain healthy, independent, and productive for longer.

Through its networks, programs, and member expertise at regional and local levels, the Council can contribute more specifically by:

– Encouraging health care providers to focus on promotion of healthy behaviors that maximize health and well-being in later years, in addition to treating age-related diseases and conditions;

– Identifying elder populations at local levels who lack access to necessary health care services and working with government and non-governmental organizations to provide the means for improving access; and

– Promoting the participation of elders in local institutions for self-help, mutual assistance, and outreach to others in their communities, thus encouraging self-reliance and strengthening civil society.

Only by working together to involve the multiple sectors of society – including health, housing, civil security, and finance – that must be engaged if there is to be a rational, integrated policy towards our elders and by empowering the elderly themselves to seek and implement effective solutions on their behalves can we ensure that the final years of life will be as productive and fulfilling as other stages of life.

Thank you for the opportunity to address you today.

Dr. CHRISTOPHER P. HOWSON
Director of International Programs, the March of Dimes Foundation, White Plains, New York

Note

The presenter is indebted to Mr. Kevin Kinsella, Chief of the Ageing Studies Branch of the U.S. Bureau of the Census, for his assistance in preparing this presentation.

The following publications provided the bulk of material presented:

Global Ageing into the 21st Century. 1996. Bureau of the Census, Economics and Statistics Administration, U.S. Department of Commerce.

HOWSON CP, FINEBERG HV, and BLOOM BR. 1998. The pursuit of global health: the relevance of engagement for developed countries. The Lancet. 351:586-90.

KINSELLA K. and TAUBER CM. 1993. An Ageing World II. International Populations Reports P95/92-3, Bureau of the Census, Economics and Statistics Administration, U.S. Department of Commerce.

World Development Report. 1993. Investing in Health. The World Bank, Oxford University Press.

ROSY BINDI

The Political Aspects

1. Elderly People in the World

"*The problems of the third age belong to the whole of humanity which in solving them achieves its true dimension*" (John Paul II).

1.1. Introduction

The first half of this century was marked in dramatic fashion by two World Wars which had a strong and pernicious impact on both the demographic conditions and the socio-economic realities of the planet. On the other hand, since the middle of the century we have experienced a period without tragic events of a universal character and the world population has been able to follow what we might define as a "natural development" within the context of a constant increase in life expectancy, although at the same time there have been enormous geopolitical divergences which have marked the character of this whole area.

By now every system must address itself to the question of the so-called "third age", and this is a matter of great urgency in the developed and industrialised West. This is an experience which is relatively new for developing countries but which has for some time been built into the experience of what the most advanced countries have been undergoing. This is an unstoppable process which compels us to have a new approach to the question of the balance between the generations as it exists within our model of development but also to define and to draw up what we might call a *new charter for the elderly*. Such a charter would have to set out national solutions and responses even though these would have to be co-ordinated at a world-wide level, and this because this is an initiative which has to be taken in relation to a phenomenon which at one and the same time is both the outcome of a social process and the result of individual life histories.

1.2. Demographic Elements and States of Health (World Health Report, 1998)

In 1955 the world population was 2.8 milliard people; today it is 5.8 milliard and the world population will increase by 80 million every year to reach the figure of 8 milliard in the year 2025.

Today the number of people over the age of 65 is 390 million (6.7% of the total) but it will reach 800 million (10% of the total) in 2025, and two-thirds of this category will made up of people living in the developed countries – to put it differently, 750,000 more individuals every month.

Overall, while the number of children will increase by 0.25% every year over the next twenty-five years, the number of elderly people will increase ten times more (2.6% every year) over the same time period.

Many thousands of people born this year will live for the whole of the twenty-first century and will live to see the arrival of the century after that. For example, in France the number of people over a hundred will increase by 750 during the course of the next century.

Women constitute a majority in this pattern – in the period 1997-2025 in at least 67 developed countries the increase in their number will be of the order of 150%. In Asia the figure will rise from 107 million to 248 million and in Africa from 13 to 33 million over the same timespan.

1.3. Elderly People and the Third World

The most innovative demographic aspect of this historical phase has been the relative decrease in fertility and birth rates in developing countries accompanied by an increasing ageing of the population. This phenomenon confirms that this is not a problem confined to the rich and industrialised nations alone but, on the contrary, something which will be of dramatic importance for the poor countries of the world in the future as well.

By 2025 the number of people over sixty-five will have increased by 300% in many of the countries of the third world as well (Latin America and Asia). Two-thirds of the elderly people in the world will live in these continents. In China alone there will be 270 million more people over the age of sixty, that is to say more than the present-day population of the United States of America.

But in these nations the increase in life expectancy will not be accompanied and supported by an increase in health. On the contrary, the advent of chronic-degenerative illnesses will make the apparent increase in life expectancy even more hollow as a conquest. The advent of pathologies characterised by long and highly debilitating durations will be added to the traditional dominant burden of infectious deseases.

1.4. Universalism and Solidarity in Policies

In this complicated and many-sided world scenario, policies in favour of the elderly will be faced with limited resources and thus will have to avoid conflicts between the generations by stressing the importance of solidarity, of exchange between the different ages of life, and of mutual help both within the family and between families. But they must also deal with the very great social and economic inequalities which exist between the North and the South of the planet.

Our attention must be directed towards possible forms of social protection in order to understand how

we can guarantee the relationship between rights and duties on the one hand, and balance direct and indirect forms of welfare and support on the other. The solutions which have been embraced hitherto in the world are of varying characters and types. For example, the Swedish model of welfare guarantees a broad system of protection for elderly people on universalistic principles, as indeed is the case in England even though here – as in other countries – the insurance sector is now striving to find new spaces within the market. The public system of financing prevails in Germany although it is also supported by special subventions for special purposes. The same is now happening in Japan where there is a growth in the universalistic system of welfare provision. In Australia and the United States of America private systems for help over a long period prevail and they are based on both profit and non-profit methods, with the latter, however, having the higher share. The debate is open and is accompanied by attempts to find solutions which can be effective by guaranteeing adequate protection for everybody.

1.5. Policies Towards Elderly People Seen Within an International Context

A brief examination of prevalent orientations in policies towards elderly people reveals a tendency towards supplementing measures which are of a strictly socio-health care character with new economic systems of support.

The document of the ministers of the commitee on employment, work and social affairs of the OCSE which was approved last June in Paris suggests a possible path to be followed in this area. Emphasis is placed upon the concept of *active ageing*. This involves encouraging – and over the whole of a person's lifespan – greater freedom of choice in relation to the time to be dedicated to training, work, free time and looking after other people. The promotion of active ageing as recommended by the OCSE aims in substantial terms at encouraging those who are able to do so to work a greater length of time during their lives and at providing them with the opportunity to do so.

However, we should ask ourselves whether it is enough to have greater flexibility with regard to withdrawing from work, and whether it might not perhaps be of equally urgent importance to act with greater effectiveness to increase employment and especially youth employment. The possibility of active ageing, indeed, should not become a further factor working for slowing down the turnover of the generations within the productive system, risking thereby a conflict – which is now no longer latent – between the rights of the elderly on the one hand and the rights of young people on the other.

A mere "economistic" reading of the concept of ageing runs the risk of giving value to old age simply because it extends the productive capacities of the individual. Is it possible to educate those who are no longer engaged in socially productive work to use their freedom and their vital energies creatively? We will probably have to find a new balance between the demand for an active role and the possibility of performing that role which involves making *old age shine brightly*.

From this point of view, ethical-political thought about the subject still seems to be fragmentary in nature and is probably overly influenced by a certain cultural homologation which is caused by the processes of globalisation now underway in the world economy.

1.6. The International Year of the Elderly: A Special Opportunity to Harmonise Intergenerational Policies

The concern of governments and nations with the problems of the elderly has been heightened by the United Nations and its declaration that 1999 would be the international year of the elderly and by the World Health Organisation which decided that "growing old heathily" would be the topic of the next world day of health (to be held on 7 April 1999). Next year, therefore, will present an important opportunity to develop the guiding idea of "towards a society for all ages".

At the present time the ministers of health of the countries which belong to the Council of Europe are drawing up a suitable and detailed plan of action which will pave the way for a political declaration on the principal policies to be followed in this area. It is our hope that they will find shared answers to the problems which are involved in the strategies of multigenerational action within the family, answers based upon flexible work, work involving the provision of care, the promotion of home-based care, and support for family action in this area and that action taken by society as a whole to deal with these problems.

2. Elderly People and Health in the Italian Context

"*The relationship which society as a whole is able to build with its elderly people is a test of its levels of ethical development*" (Carlo Maria Martini).

2.1. Ageing and Health

Italy is a real and authentic laboratory when it comes to the forthcoming appointment of the international year of the elderly. In our country, in fact, the dynamic of the elderly population in terms of intensity and velocity is one of the highest in the world. We need only consider a few data to provide an idea of the magnitude of the problems which we are now up against and have to tackle.

In absolute terms Italy has the lowest fertility rate in the world (1.2 children for every woman) and this is accompanied by a constant, rapid and broad increase in the number of people, and in particular women, who are over 65. Furthermore, *Italy is the first and only country in the world where the proportion of the population which is over 65 (16%) is higher than the proportion of the population which is under 15 (15%)*.

According to previsions produced by ISTAT, in 2020 23% of the Italian population will be over 65 and life expectancy at birth will be 78.3 years for men and 84.6 for women. In relative terms, the very elderly over 80 will increase in numbers the most. Over a third of the 6.690.000 people who now live in poverty are elderly. There are many pensioners who have to subsist on a low income – 71% of pensioners (with an income up to 20 million Italian lire) receive 45% of the funds allocated to pensions. Those receiving up to 10 million make up 41% – the average income being 7.7 million Italian lire – or 19% of the entire expenditure allocated to pension payments.

What is their condition of health? A significant number of elderly people suffer from chronic pathologies, often of a multiple character, and from disabilities which limit their self-reliance and independence. 52% of men and 61% of women say that they have two chronic illnesses (ISTAT, 1994). Amongst these those

suffering from Alzheimer's disease are about 500,000 in number, and such people are especially vulnerable to the conditions of a deterioration in the quality of life which affects both them and their families. And it is upon their families that the greatest responsibilities of care actually fall.

2.2. Non-Independence and Disability

In 1996 disabled people of 60 and over who were in institutions numbered over two million, about 17% of those over sixty in the population as a whole (ISTAT, 1997). Disability has a strong impact on the life of people over eighty years of age. 6% of people in the 60-64 age band are disabled but 47% of those who are eighty or over suffer from a disability. 10% of men and 31% of women of sixty and over live alone. There are 618.000 disabled elderly who live alone.

In discussing the development of a lack of independence and self-reliance it may be observed that for the period 1987-2007 it is estimated that with regard to the age band of the over 75s there will be an increase from 33,07 per thousand of the population to 48,54 per thousand.

Medical science runs the risk of reducing the sick person to his or her illness or ailment, the disabled person to the type or level of his or her handicap, and rehabilitation merely to the process of healing, and this is something which necessarily involves the denial of the existential "wish" which characterises every individual.

What we need to do, however, is to avoid falling into the terrible error of *treating only the treatable* or of reducing *taking care of* to mere *treating*, with all the attendant resulting problems of the medicalisation of life that this process involves.

3. Political Choices

"*O son, help your father in his old age, and do not grieve him as long as he lives; even if he is lacking in forbearance; in all your strength do not despise him*" (Sirach).

3.1. Open Questions and Rights Denied

The chief problems to which we must supply answers revolve around a series of questions: how can we promote a positive culture of old age which improves the relationship between the generations? How can we favour the exercise of socially usefully functions by elderly people? On what conditions should we guarantee the presence of the elderly person at home, even when that person is not self-reliant? How can we establish productive relationships between hospitals and their catchment areas? How can we achieve an overall assessment of needs? In the absence of alternatives in what circumstances should we provide practical answers in terms of housing and residential care? And with what guarantees of humanisation? How can we promote a culture which respects the home dimension to services? How can we promote and support care within the family in a way which takes account of the fact that this is in large part the responsibility of women? How can we guarantee the resources necessary for the provision of care to elderly people?

The answers to these questions must take into account the differences in the experience of elderly people caused by age, by poverty, by cultural deprivation, and by the inability of elderly people to achieve a suitable defence and promotion of their rights.

Often these rights are denied. This happens when the treatment and acts of rehabilitation which elderly people who are chronically dependent and not self-reliant are not guaranteed;when their personal history, their religious faith, their personal identity, and their personal ties and bonds are not taken into account; when there is no humanisation of relationships; when the size and scale of hospitals lead to abandonment; and when ethical guidelines are not a constant point of reference for those who are called upon to guarantee a constancy of care and treatment and the effectiveness and quality of such care and treatment.

3.2. Elderly People in the National Health Plan

The national health plan 1998-2000 provides answers to these questions through the presentation of a strategy based upon the unification of socio-health care services. The unification of responsibilities and resources is an essential precondition to achieving an improvement in the effectiveness of what is done in this area. Such a unification involves the relationship between hospitals and their catchment areas, between residential care and home care, between general medicine and specialist medicine, and impinges powerfully upon the feasibility of the constancy of assistance. The programmes for action must be based upon a positive vision of old age and to this end we must encourage a culture of services which rediscovers the elderly person as a resource in a society which is really moved by, and based upon, solidarity.

3.2.2. A Priority: The Defence of Weak Citizens

A strategy of unification is the only strategy which can respond to the needs of people who live in situations of especial disadvantage or are forced to depend upon care or find themselves in a chronic condition of need. These people often have broad and complicated requirements and need the health service to act in a unified and co-ordinated way to meet them.

The fundamental aim of the national health plan of 1998-2000 is to ensure that within the health service there is greater fairness in terms of access to services. This, in turn, is based upon certain key goals: to conserve and regain the independence of elderly people, to provide support for families which have elderly people who need home-based assistance, and the defence of the health of women who in the main have to shoulder the responsibility for such assistance.

We need to effect, therefore, a reorganisation of our models of management and organisation and the plan sets out certain priorities for the next three years which will promote assistance which is personalised and constant.

3.2.3. Living with Chronic Deficiencies and Helping Even when there is no Hope Left

From an epidemiological point of view, we have before us a progressive increase in the incidence of chronic illnesses. Diagnostic and therapeutic advances have reduced the death rates caused by illnesses, which now last very much longer or which end up by causing degenerative or disabling states in the patient. More factors are now in play which are not merely genetic but also environmental (unsuitable and repeated admissions to hospital, inadequate forms of treatment, situations of

mental stress) and socio-economic in character.

Special attention should be paid to patients who no longer have the hope that there is treatment which will cure them and who therefore need forms of assistance which will reduce pain, prevent and control infections, or involve physiotherapeutic help and psychological and social support.

We need to improve the assistance offered to those people who have to face up to the terminal phase of their lives. In such cases we must be near to and support their families and where possible help these patients to pass the last stage of their lives in their own homes or in suitable structures of care. This requires a strengthening of the medical and nursing help which is provided at home and palliative and pain-reducing forms of treatment; the promotion and co-ordination of voluntary work designed to help the terminally ill; and the creation of specialised residential structures on the Anglo-Saxon model of the hospice.

3.3. Care and Treatment at Home

It has been observed that the elderly person followed at home experiences less anxiety and depression than when he or she is in an institution.

Caring and treating en elderly person at home requires a major change in outlook – from the sick person who revolves around structures which provide services to professions which make the person with all his or her needs and requirements the real centre of gravity.

In the new national health plan a great deal of importance is given to this form of action. The planning of unified home assistance (ADI) must recognise and utilise the complementary relationship which exists between the various models of assistance and give full weight to the value of co-operation offered by the family of the elderly person. Close co-operation between hospital assistance and that provided at a local level could also help elderly people who are not self-reliant to continue to live in their own homes. This is a model of assistance which, as emerges with great clarity from a recent investigation carried out by the research section of the Ministry of Health, achieves a significant positive rationalisation of resources. The average monthly cost of care promoted by ADI is about £2,000,000 Italian lire with oscillations which, according to the seriousness of the case, move from a minimum of £1,200,000 to a maximum of £4,500,000 a month. A comparison of such costs with those required by hospital or residential care and treatment demonstrates the need to develop this kind of policy. Furthermore, such a policy could be decisive for both the quality of life of the whole family unit and the achievment of a humanisation of the relationship between the medical doctor and his patient.

4. Which Resources?

4.1. The Economic and Financial Resources

At the meeting of the ministers of health of the OCSE which took place in Paris there emerged the shared view that expenditure on health care will not rise dramatically if the state of health of elderly people undergoes an improvement. This means that we must engage in a strong emphasis on prevention as regards the population as a whole and encourage lifestyles and forms of behaviour which will increase the wellbeing of future generations. But this also means that we must rapidly invert the pattern of the traditional allocation of resources and accelerate the shift from hospital-based assistance to assistance provided at a localised level.

The recent distribution of the national health funds for 1998 provides a higher percentage of funds for localised forms of assistance (see table 1). This is a political choice which goes beyond mere numbers and bears witness to a desire to strengthen and develop unified forms of care and treatment at a localised level.

Within the expenditure allocated to local assistance a relevant proportion of resources (5,158 milliard Italian lire, equal to 5% of the national health fund) is allocated to services provided specially to elderly people (see table 2).

4.2. The Resources of the Family

The family is a very important factor in the quality of life experienced by the elderly person. It is a fundamental context within which he or she can continue to perform an active role, receive support, and where necessary meet responses to his or her need for help and assistance. Often it is the families which day after day have to deal with the difficulties which elderly people meet with and experience and it comes as no surprise in this context that reference is made to the *suffering unit or nucleus* and to the *care unit*.

Help for those who help has become an indispensable element in the achievement of a sound strategy in favour of elderly people.

We need a "policy of social ties" which can foster living with other people and help interpersonal relationships. We need to help families who look after their elderly relatives through the use of fiscal incentives, to supply them with economic help when they are taking care of an elderly person who is not self-reliant, and to provide adults with the free time and support so that they can organise their days in a flexible and suitable way in line with family needs and requirements. We need a cultural approach in our polices which draws the generations closer together.

At the same time the family must ask itself whether old age, suffering, death and failure are present or absent within its systems of upbringing from the very first stages of life, and

Table 1: Distribution of the National Health Funds of 1998

Form of assistance	Pro capite	Value of Assis. (mld)	%
Collective	**89,765**	**5,158**	**5%**
Localised	861,750	49,517	48%
Hospital	**843,790**	**48,485**	**47%**
Total	**1.795,305**	**103,160**	**100%**

Source: Ministry of Health

Table 2: Distribution of Resources for Localised Assistance (in millions of Italian lire)

General Medicine and Other Headings	**18,758,800**	**18.2%**
Pharmaceutical	**12,200,000**	**11.8%**
Specialist	**13,400,000**	**13.0%**
The Elderly	5,158,000	5.0%
Total	**49,516,800**	**4.8%**

see what space within the family is dedicated to the sick, the disabled, the old and the dying.

4.3. The Resources of Solidarity: Voluntary Work

Organised voluntary work is a fundamental and irreplaceable presence in our society. It supports socio-health care, helps to humanise that care, works in favour of its effectiveness, and guarantees "added value" to the point of contact between who asks for help and who offers help. The places where voluntary work takes place are those where people are in situations of greatest need – emergency, chronic difficulty, disability, marginalisation, that is to say wherever the encounter between professional action and voluntary action, together, manage to express a more effective shouldering of the burden of the needs of the elderly person and his or her family. All this takes place more easily when voluntary work initiatives spring from, and take place, in a context of a shared commitment to promote the common good. But voluntary work can neither supplement nor substitute the guarantees and the protection which, indeed, are the responsibility of the official health care service. To recognise and safeguard the independence of voluntary work involves fully appreciating its irreplaceable function of calling for, and upholding, the rights of the person.

5. Ethical Questions Which are in Need of an Answer

"*They still bring forth fruit in old age, they are ever full of sap and green, to show that the Lord is upright*" (Psalms, 92:15).

5.1. Old Age: Physiology or Illness?

Ageing involves a dramatic change in our vision of ourselves and a profound crisis of identity. We are immersed in an "eternal present", in a civilisation whose social myth is what or who is "young and beautiful" and which absolutises the perfect, healthy, active and effective body. Subject to this kind of cultural pressure, it is difficult to see ourselves as elderly people, to accept our limitations, and to learn to live with our grey hairs. The elderly person is led to entrust himself or herself to medicine as the only solution to his or her problems. Hence the tendency to see old age as an illness which must be objectified, dominated and treated. Hence the hypermedicalisation and the hypersanitarisation of this stage of life. But hence, also, the strong sense of frustration which is experienced when a person realises that he cannot ask medicine to provide him with everything.

5.2. The Risks of Social Euthanasia

Old age is characterised by a real and authentic redefinition of social roles – from mother/father or worker one passes to those of full time husband/wife, grandfather/grandmother, or pensioner.

These changes are only rarely accompanied by the reconstruction of the fabric of human relations which could help to support the new conditions of life of these new roles. As Levinàs writes on the subject: "If I do not respond with the other person am I still myself?" The elderly person often feels that he is useless and superfluous, a burden for his family and society, and he asks himself if he should go on living. This is the famous "black loneliness" which is very similar to the "loneliness of the dying" – the elderly person shuts himself up within himself. This is a death which we could define as being relational and social in character. "Silent deaths" and deaths which take place in loneliness are emblematic of this, as indeed is the increase in the incidence of suicides in this age band not to speak of the so-called "suicidal erosions" caused by a slow and gradual "letting oneself die" through the refusal of food and medical treatment.

But there are other risks when it comes to social euthanasia. There is the phenomenon of being uprooted from one's own life space, of isolation in structures which are often inadequate and incapable of meeting the fundamental needs of the person – in 1992 almost 144,000 elderly people were institutionalised. The lack of affection, of friendship and of understanding means that the elderly person sees people drawing ever more distant, unconcerned about his or her suffering. The collective removal of old age, therefore, creates a process of "social death" in the elderly person which takes on the existential features of a real and authentic euthanasia. But just as is the case with our other political responsibilities where we counter marginalisation and the collective removal of the elderly by promoting policies of solidarity and collective concern, so we must now act to fight against every form of euthanasia.

It has been observed that the principal cause of euthanasia is the feeling that one is socially dead. The feeling that someone or something is lacking. The debate on the so-called "right to die" goes well beyond the condition of the elderly person but often this condition itself becomes an emblem and an instrument for the introduction of a mentality which one might see as being pre-euthanistic.

It is as if the "good death" were finding space within our consciences as a normal event, something to be welcomed, and almost to be encouraged. A real and authentic loss of the meaning of life plays an important part in bringing about this approach, and yet life is something which nobody can dispose of merely as he or she sees fit.

In other words, euthanasia is the fruit of the individual's and the community's refusal to accept responsibilities towards others. In the face of this human condition the answer cannot be entrusted solely to individual perspectives and points of view. However, it is worth pointing out that euthanasia contradicts the deepest meaning of the medical profession which in no case whatsoever can bestow upon the medical doctor the role of being the provider of death.

What we need to do, therefore, is to promote an authentic culture of life in which even death is accepted and experienced as a bond, as the last seal of the dignity of man. In such an approach there is no space for therapeutic overkill or for hypocrisy dressed up as charity. On the contrary, there is a complete shouldering of responsibility towards other people whom we cannot abandon even when they are about to die but whom we must look after even when they disrupt our projects. As Claudel has written: "The key to a man one finds in other people – it is contact with our neighbour which illuminates us and from this contact light often springs forth for us".

6. Conclusions

The Elderly Person as a Resource

"*In a world dominated by technology where men are judged in terms of what they render, elderly people*

must bear witness to the fact that there are sectors of life which cannot be measured in money, such as human, cultural, moral and social values" (Paul VI).

Today, the most recognised forms of research agree on three facts: no real fall in intellectual capacity takes place in the elderly person; the faculties of rapid reorientation are modified; the fall in mental capacity only takes place in cases where the faculties and the functions are in "disuse" (the so-called "atrophy of inactivity"); and the "level of stimulation" provided by the environment and social relations is of fundamental importance.

The ability to compensate for lost roles by acquiring new ones, the development of culture and learning, curiosity as to knowledge and long-lasting interests – all these are elements which help to make old age a rich age of life. The ability and the opportunity to cultivate values and religious, spiritual, solidarity-inspired and political ideals enable the elderly person to draw up projects for the future and to conserve creative activity which is a source of independence and wellbeing.

In recent years we have witnessed a striking expansion in the employment of elderly people in voluntary work because this is an excellent area to promote active old age where the elderly person can be a protagonist in the construction of a community based on solidarity.

We must realise that the growth of the individual is a social good of great political relevance. Politics cannot be "remedial and welfare-based" in their approach to the elderly part of the population.

The question is not so much of integrating elderly people more effectively into society but rather of integrating society itself.

This means that all the component parts of the community must promote a process of "new integration" for a society which, because of the structural increase in the elderly population, is today (and in the future this will be ever more the case) a "different" society. It is not enough to give *years to life* – we must *give more life to years.*

Hon. ROSY BINDI
Minister of Health (Italy)

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AFTERNOON SESSION

CORRADO MANNI

Ageing and Connected Questions

The conference addresses itself to a subject which is of very great interest and great topical relevance – the ageing of the population and the questions and issues which this process raises.

Such questions and issues are not confined to the area of health care but also have moral, ethical and socio-cultural aspects which give rise to constant debate and require suitable answers.

We all know only too well that the ageing of the population is the demographic phenomenon which most characterises modern society.

It seems to me that this phenomenon is certainly positive in character in that it demonstrates the presence of factors which work in an ever more effective and incisive fashion to improve the quality of life experienced by people. One need only think here of the advances in the science of nutrition and of the extent to which the availability of suitable food and the improved quality of diet can act to increase the average life of entire populations.

At the same time we have before us a new awareness of the complex relationship which links man to nature. This, together with respect for the world which surrounds us, will undoubtedly bring about a process involving a further ageing of the population.

The increase in literacy rates on a world scale has also been a positive development. In recent decades we have experienced a real and authentic explosion in the systems of communication and these have brought about a capillary spread of culture and learning.

In the same way, obviously enough, the constant advances in medical science have made possible an extension of average life spans. These advances may be categorised as follows:

– the decrease in child mortality rates;

– the defeat of most infectious diseases;

– effective prevention of the main cardiovascular, respiratory and metabolic pathologies;

– constant advances in the sphere of the neurosciences.

These factors, and many others which the time available to me here does not allow me to list, have been recognised as having brought about the living of a longer life.

At this point I hope you will allow me to make a number of observations which I think are required to locate this round table discussion in its proper context.

The progressive ageing of the population should not be seen as being something dramatic and alarming, as unfortunately is often the case. On the threshold of the third millennium we are not called upon to be witnesses to "the drama of the ageing of the population" but rather to live "the joy of old age" as a positive and constructive element in the building of a new society.

Only if we bear this element of hope uppermost in our minds will it be possible to place the question of "pathological" ageing within its right context, where the term "pathological" in this round table discussion is rightly understood in both its clinical and its social connotations.

In line with what I have just said let us now address ourselves to the question of ageing by following its natural logical steps.

First of all we will discuss the "biology of ageing" (here the paper will be given by Prof. Pierluigi Gambetti, the director of the Institute of Neuropathology at the Western Reserve University of Cleveland). The aim during this discussion will be to define ageing in terms which are not a mere question of birth dates; to know the limits which exist to human life; and to understand the physiology of ageing. This is something which is essential and which cannot be ignored, and which will prepare the ground for the paper on the subject of "the epidemiology of pathological ageing".

The speaker on this subject will be Dr. Stefania Maggi, a researcher at the "Centre for the Study of Ageing" at the University of Padua. An epidemiological analysis of the question will enable us to assess the demographic scale and size of the phenomenon of pathological ageing and to address our-

selves to certain specific questions and issues connected with it, and more specifically:

– the response of the socio-health care systems to needs in terms of care for elderly people;

– the organisation of continuous care for elderly patients who have chronic and debilitating pathologies; and

– the prevention of pathogenic events which encourage the emergence of disability in elderly people.

Our hope is to delay the appearance of disability in order to render the ageing of the population a positive advance for our society. The young generations must change their relationship with the elderly in a substantial way, and this relationship must once again be positive in character. Old people should be neither a burden nor a problem.

We will then go on to consider the question of the "psychology of ageing". This paper will be given by Prof. Peter Walter Burvill who teaches psychiatry at the Western University of Australia.

The aim here is to achieve an ageing which is marked by sufficiant activity on the part of the elderly person and a good level of social integration.

It should also be pointed out that economic, social and cultural factors all too often lead to the isolation of the elderly, and to a dependency on others on the part of the elderly person. In this context of contrasting negative and positive elements we encounter the psychology of ageing, a subject which is extremely complex in character and which deserves the very greatest attention.

To conclude these papers Prof. Pierugo Carbonin, the director of the Institute of Internal Medicine and Geriatrics at the Catholic University of the Sacred Heart of Rome, will discuss the question of "social inequality and the health of the elderly person".

This inequality cannot be accepted. In a world which preaches the equality of rights (to work, to schooling and to health) the social isolation of a major part of the population cannot be tolerated.

Prof. Carbonin will engage in an analysis of the three major stereotypes which are proposed by most of th experts and by the mass media – the compassionate approach, the exaggeratedly optimistic approach, and the conflictual approach. He will emphasise the fundamental role of the "logic of solidarity" in solving the complex problems and difficulties involved in the ageing of the population.

The question of the elderly person is the emerging question of modern society. Today, we want to address ourselves to this question in a spirit of optimism convinced that man, during his journey of progress, will be able to halt for a moment and not forget about himself.

Prof. CORRADO MANNI,
Director of the Institute of Anesthesiology and Resuscitation of the Catholic University of the Sacred Heart, Rome.

PIERLUIGI GAMBETTI

Biology and Pathology of the Ageing Brain Senectus ipsa morbus est?

To date, this famous statement made by Terenzio[1] more than two thousand years ago remains a central issue in ageing. Put in other words, can we, after a life which for most of us has been made of hard work, difficult choices, often conflicts, sail through the tranquil sea of old age and enjoy peacefully the rewards waiting for us toward the end of a productive life: read the books we always wanted to read, visit the countries we never visited, and most of all enjoy the company of our youngest generations, grandchildren, nephews and nieces. Or, on the contrary, at the end of our life we are inevitably confronted with the most demanding task, that is, the continuous up hill struggle with disease... cancer, heart problems or the dementing illnesses related to the ageing of the brain.

In this presentation, I will address this issue by first illustrating the normal structure of the human brain. I will then discuss the modalities by which this unique structure is affected by ageing and by age-related disease and how these two events are related. Finally, I will briefly review our hopes that the effect of ageing and disease on the brain can be alleviated or delayed.

The way the brain looks with the naked eye does not do justice to the complexity of this organ, as one sees it with the microscope, except for showing a trick of nature (it is not the only one) to maximize the available space. The surface of the cerebrum shows a complex pattern of folds which is designed to increase the amount, i.e. the volume, of cerebral cortex maintaining constant the thickness. The surface of the human cerebral cortex is about three times larger than what it would be if it were smooth[2]. No other human organ displays this stratagem, no other brain reaches a folding complexity comparable to that of the human brain. The cortex displays an organization in multiple layers which features the nerve cells or neurons, other cells called glial cells that provide mechanical as well as metabolic support to neurons, and the neuronal extensions or processes. The latter are known as dendrites which are generally short but highly branched, and the axon which is single, straight, often long, and terminates with a highly specialized structure called synapse. Combined, dendrites and axons are referred to as neurites. The neurons are the main characters of this show. Between 25 and 30 billion neurons are lodged in the human cerebral cortex[3]. Electron microscopy, first applied to the central nervous system in the fifties, fully demonstrated the complexity of the cell processes present in the human cerebral cortex and has led to the definition of another key structure of the nervous system called the synapse. The synapse is the site where neurons establish contact with each other; a kind of electrical plug through which neurons form an network of staggering complexity through which they exchange information. Poetically, it has been said that if we could imagine all the roads and trails existing on earth we could not even get near to the number of intercellular pathways present in the human brain. More practically, the number of synapses in the cerebral cortex is estimated to be of the order of one million billion[4]. One of the prevailing views is that the brain is like a computer, although an extremely complex one. The comparison may help in visualizing, although in a highly simplified way, the brain connectivity. In reality, there are major basic differences between the brain circuitry and the circuitry of a computer. Professor Gerald Edelman elegantly articulated these differences in one of these conferences a few years ago[4]. Here, I simplify and summarize part of Professor Edelman's theory. First, the brain connectivity is formed while the brain grows, hence, it reflects the environment in which brain development takes place. Second, each brain activity results in the molecular modification of certain group of connected synapses, which, in turn, leads to the strengthening of selective cortical circuits over others. The changes of cerebral connectivity resulting from developmental and experiential events lead to the formation of diverse connectivity patterns which, along with many other factors, form the structural base of the distinctive traits characteristic of each human being. There is a third major difference between the brain and computer connectivity. Once destroyed, the brain connectivity cannot grow back. Processes originating from surviving neurons may expand and partially compensate for the defective functions of the missing connections but as of date lost cortical neurons and their processes cannot be replaced.

What is the effect of normal ageing on this complex structure? One of the unavoidable consequences

of ageing on the brain, especially the cerebral cortex, is the loss of substance with ensuing reduction of weight and volume, commonly called brain atrophy. Brain weight and volume reach their peak values in the second decade of life and little loss occurs until the fifth or sixth decade[5,6]. After the age of 50 years the loss of weight in the disease-free brain amounts to 2-3% per decade. The decrease in the brain volume is for the most part due to the reduction in number or size of neurons. This reduction is far from being homogeneous. In the cerebral frontal and temporal neocortices (phylogenetically the most recent part of the brain mostly involved with higher brain functions) large neurons decrease by approximately 40% after 70 years of age. However, the decrement appears to be due mostly to reduction in size. The neuronal loss is more severe in the hippocampus, the cortical structure which plays a central role in learning and memory functions. In parts of this structure, up to over 50% of the neurons are lost between the ages of 13 and 85 years. There are a number of other cortical and deeper brain regions in which age-related neuronal depopulation or atrophy does not seem to occur. Of course, when neurons die, they carry their processes with them. However, neuronal processes may undergo atrophy even when neurons themselves survive. Thus, synapses have been reported to be decreased by 20% in subjects over 60 year old. Besides the structural alterations listed above, the ageing brain displays amorphous deposits of insoluble proteins, known as amyloid plaques, located in the extracellular space of the cerebral cortex. Aggregates of insoluble proteins also accumulate inside the body of neurons where they form filamentous structures, the neurofibrillary tangles.

The structural alterations listed above are commonly attributed to more subtle molecular changes which occur in ageing and result in the presence of proteins that are abnormal in amount, physicochemical characteristics or function[6]. Numerous hypotheses have been put forward to explain the mechanisms by which aberrant proteins are formed[6]. One prominent theory holds that the ageing related body decay results from the accretion of errors in the genetic code itself or in the mechanism by which the genetic code is transcribed into specific instructions[7]. Since the genes carry the code required for the assembly of the individual proteins, errors in the genes or in the transcriptional mechanism would result in the synthesis of defective proteins. As a myriad of proteins are involved in protein synthesis and assembly, a single defective protein, in turn, may adversely affect quality or quantity of many other proteins resulting in an exponential increase in defective and undesirable proteins which would promote the variety of age-related ailments. Even if the genetic code remains unchanged and imparts correct instructions for protein synthesis, proteins might become abnormal at a later stage, during their assembly, when they undergo a number of distinct physical and chemical modifications. These modifications include abnormal oxidation and addition of sugars or glycation. Recently, the spot light has been directed to protein folding[8]. Upon synthesis, proteins undergo a complex process of folding by which they acquire a three dimensional conformation. Correct folding is required for the proteins to reach their destination within the cell and carry out their function. The physicochemical properties of a protein such as its tendency to form aggregates rather than stay soluble or its susceptibility to proteases, the enzymes that degrade proteins when they have completed their task, may be altered leading to the accumulation of these proteins in not disposable and harmful aggregates. Indeed, the accumulation of abnormally folded proteins is a hallmark of aging[8].

The number and variety of the age-related brain alterations raise three issues. The first concerns whether and how the individual alterations are related. The most reasonable answer is that most changes occur concurrently, and when they do, they enhance each other. For example, errors in the genetic code are likely to adversely affect protein folding both of which may result in the loss of neurons. In turn, neuronal death may increase the accumulation of proteins in harmful aggregates. The second issue is the effect that these changes have on mental functions. This issue has been elegantly reviewed by Professor Dennis Selkoe[6]. There is no question that these changes are compatible with normal activities of daily living. Although definitive data are missing, it seems reasonable to infer that the age-related structural changes of the brain are responsible for the subtle changes in mental performance that we all know occur in old age as compared to the performance of a young mind. One of the major decrements appears to involve speed. “Septuagenarians may not be able to learn and retrieve detailed information as quickly as young adults but they do it nearly as well”[6]. The third issue is whether the brain changes which occur in ageing are all destructive or some of the changes represent an attempt to compensate for the deleterious, age-related alterations in structure and functions. Indeed, there is a net increase of dendrites, possibly representing a response to compensate for the loss of neuronal processes with the growth of neuritic processes from adjacent viable neurons. This phenomenon, known as neuronal plasticity, may result in the re-establishment of

lost synaptic connections, hence probably providing the maintenance of some function. The increase in dendrites has been observed until the age of seventy, but it is followed by a regression in the nineties[6]. These findings indicate that the human brain is capable of responding to normal ageing by remodeling its connectivity until late in life.

The structural alterations that characterize the ageing of the brain, that is the loss of neurons, the degeneration of neurites and synapses as well as the accumulation of protein aggregates, especially the amyloid plaques and the neurofibrillary tangles, also are the histopathological hallmarks of the majority of the degenerative diseases causing dementia in the advanced age. The difference is quantitative rather than qualitative. For example, amyloid plaques are present in relatively small number in dementia-free ageing brain but they are very numerous, often are larger in size and more destructive of adjacent brain structures in Alzheimer's disease. However, their chemical composition and, presumably, their mode of formation are similar. Similarly, neurofibrillary tangles and degenerating neurites, which are present in relatively low number and in selected cortical regions during normal ageing, are a major lesion in Alzheimer's disease (see below), and of other, rarer dementing conditions. This, of course, has raised the central issue mentioned at the beginning of this article, of whether the dementing diseases are in a sense an unavoidable component of ageing or an independent event. In order to put this issue into the proper perspective we need to briefly examine the epidemiology and the causes of dementia presenting in the old age.

The prevalence of dementia in elderly is high and increases dramatically with age during the 8th and 9th decade[5,6]. Less than 5% of the population of ages between 70 and 74 years have dementia, this percentage rises to 30% between the ages of 75-84 years, and to nearly 50% in those older than 85 years. These figures mean that in the USA the demented population currently amounts to about 4 million individuals, with about 400 thousand new patients per year at an estimated yearly cost of $ 90-100 billion[9]. As it stands this is a major epidemic but, unfortunately, it is not all. Worldwide, the population over 65 years of age, which is currently estimated to be about 400 million, is expected to grow at an annual rate of 2.4%. It is estimated that by the year 2020 the demented population will be approximately 37 million worldwide, 6 million in Europe alone, and the costs in health care astronomical, unless a remedy is found[5].

What are the causes of dementia in old age? In the sixties, British investigators demonstrated that Alzheimer's diseases alone or in combination with other processes is by far the most common cause of dementia, accounting for nearly 70% of all cases while vascular diseases, such as stroke, the next common cause of dementia, cause only about 15% of the cases. This was a startling revelation as for a long time dementia was believed to be caused mostly by cerebral atherosclerosis or hardening of the blood vessels. A variety of rare degenerative diseases accounts for the remaining cases.

Clinically, Alzheimer's disease emerges after the age of 65 years with prominent loss of recent memory, which is often associated with decreased attention, impaired drawing and spatial orientation as well as problem solving and calculation. However, the definitive diagnosis of Alzheimer's disease can be established only following microscopic examination of the brain tissue. At least four types of lesions are observed: 1. amyloid plaques; 2. neurofibrillary tangles; 3. loss of neurons in selected brain regions; 4. degeneration and loss of neurites and synapses. Although some investigators disagree, the overwhelming evidence indicates that the deposition of amyloid resulting in the formation of plaques is the primary event in the pathogenesis of Alzheimer's disease while the other lesions are consequent[10]. The term amyloid which means starch-like, is unfortunate since the deposits that form the plaques in Alzheimer's as well as other diseases characterized by the deposition of amyloid are made of proteins that are distinctive for each of the diseases. In Alzheimer's disease, the protein which is the main component of the plaque amyloid is identified as amyloid ß (Aß) protein. Aß is a 40-43 amino acid long internal fragment of a much longer protein called amyloid precursor protein (APP) that spans across the membrane of the neurons. Although Aß appears to be produced by neurons, it is hardly detectable in normal brain tissue, pointing to the presence of a mechanism that normally sequesters or degrades rapidly this molecule[11]. Aß however, appears to augment significantly in quantity in stages preceding the formation of plaques. This increase has been shown to be associated to either enhanced production resulting from a genetic mutation or decreased sequestration and degradation due to metabolic or genetic defects[11]. Aß, probably because of a poorly structured native conformation, is unstable when it is present in significant amount within the brain tissue. Because of this it adopts a conformation that leads to its deposition in insoluble aggregates forming the plaques. Furthermore, the deposits of Aß appear to be especially harmful to the older brains in which they are likely to cause the degeneration of neurites and synapses as well as the formation of neurofibrillary tangles and the

loss of neurons[12]. This admittedly exceedingly simplified rendition indicates that a critical event in the pathogenesis of Alzheimer's disease is a shift in conformation of the protein involved, Aß, which aggregates and forms disease-causing insoluble deposits. The Aß conformational shift is likely to be amenable to therapeutic intervention.

Several molecules that decrease or prevent the formation of amyloid *in vitro* have been identified. These molecules are being tested by drug companies and the first clinical trials may soon follow. From the standpoint of therapeutic intervention, the issue currently seems to be unimportant. However, to be effective, treatment should be started at an early stage, before the disease manifests itself, as it is done for other age-related conditions such as systemic blood hypertension in which treatment is started as soon as high blood pressure is detected, not after the first stroke. Therefore we must learn to detect amyloid ß deposits as they first appear so that the therapeutic intervention can be targeted to the suitable individuals and at the right time. An alternative approach is the accurate identification of the right candidates for treatment through the analysis of the risk factors. Two genes modulating the probabilities and the timing of developing Alzheimer's disease have been identified[13]. Since the central mechanism of amyloid formation in Alzheimer's disease, that is the alteration of the conformation of proteins resulting in the formation of aggregates, is shared by a number of other age-related neurodegenerative diseases and also occurs in normal ageing, we may learn to prevent or delay other dementing diseases and ageing itself if we succeed in treating Alzheimer's disease. If we find such treatment, and we may very well do so in the next 5 to 10 years, the age-related morbidity and disability will be postponed and compressed into a relatively short period of late life[14]. We will then be able to survive through a relatively disease-free and serene senescence with our vigor and functional independence maintained and with the time and disposition to do all what we dreamed to do in our old age. So, the future looks encouraging. But how about now? A recent study has further confirmed that relatively minor changes in lifestyle such as no smoking habits, an appropriate diet to maintain the correct body-mass index and physical and mental exercise can prevent or significantly postpone age-related morbidity, and improve performance in cognitive tests[6,14]. This study indicates that if we follow these simple "home remedies" many more of us will be able to fulfil our old age dreams even now.

Prof. PIERLUIGI GAMBETTI, M.D.
Professor and Director
Division of Neuropathology,
the Case Western Reserve University

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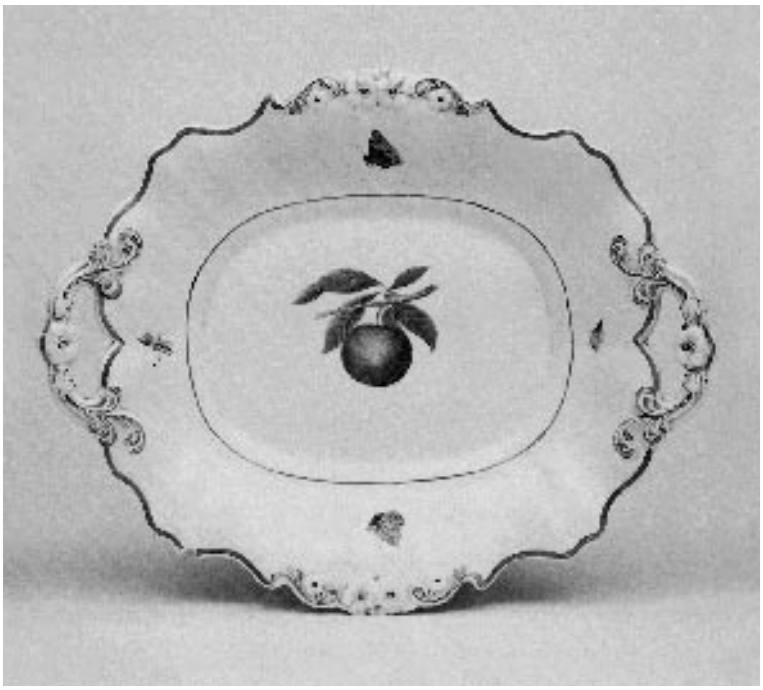


Round Table

Society and Ageing

STEFANIA MAGGI

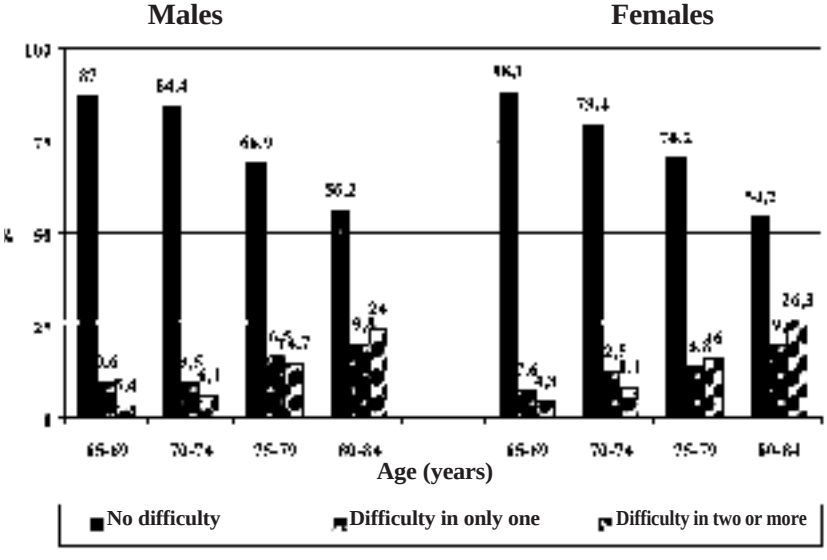
The Epidemiology of Pathological Ageing

The demographic shift from high to low birth rates and the increase in average life expectancy, with the resulting ageing of populations, have characterised the experience of industrialised countries during the twentieth century. This process has also led to a greatly increased awareness of the social and health care problems associated with this whole phenomenon. The fact that this trend is also to be seen in many developing countries is altogether less mentioned and less known about. In these countries at the beginning of the 1990s there were about 182 million people aged 65 and over as opposed to 146 million of the same age band in the industrialised countries. Furthermore, in 1995 the number of people over 60 in the world had increased by about 12 million and of these 80% lived in developing countries. Today the percentage of elderly people in these countries is still low but over the next thirty years the distribution of the various age bands in these countries will be very similar to that which is present in the industrialised countries – a direct result of the progressive decrease in birth rates and the increase in life expectancy which now characterises these advanced societies.[1]

Another salient feature of the ageing of the population is the increase in the "very old" who have quadrupled in number since 1950, and who in the year 2025 will make up a sixth of the entire world population of the over 65s. Of especial relevance here is the fact that the category of those over 80 is increasing twice as rapidly as the category of those of 65 and over. Given the marked increase in chronic pathologies which will characterise this demographic trend and the rise in disability which naturally occurs with old age, the welfare expenses which will be needed to meet this development can be well imagined. In Italy, unfortunately, there is no national system which could allow an assessment of the levels of prevalence and incidence of illnesses and disabilities within the population. A sound policy of health care planning cannot, however, exist without an assessment of epidemiological data on the pathologies which are most common amongst elderly people, without knowledge about the percentage of disabled people to be found in each age band, and without information on those people who grow old in good health.[2]

Yet such information is essential for an assessment of the welfare burden and to achieve an improved distribution of resources. The "Project on Ageing" of the CNR (the Italian National Council for Research), and in particular the ILSA "Longtitudinal Study",[3] is the only national initiative dedicated to providing epidemiological data on the principal pathologies and disabilities which are to be found in the elderly section of the population. According to the data provided by the ILSA,[4] disability in two or more daily activities (washing, getting dressed, eating, etc.) affects about 3.4% of men and 4.3% of women in the 65-69 age band but rises to about 25% in the age band of 80-84 (see chart 1).

Chart 1. ILSA Study: Difficulty in DLA*
Percentage Distribution by Sex and Age Band



* DLA: Daily life activities (washing, getting dressed, going to the bathrooom, moving around a room).

If we then take into account the individuals who have not yet developed a disbility in one of these basic activities but who display an evident cognitive decline and demonstrate alterations in certain operational forms of activity (managing their own finances, going shopping, using transport systems etc.) the prevalence of disability comes to be even higher.

The levels of prevalence of the more important pathologies investigated by the ILSA are represented in table 1.[5] The results of this survey show, among other things, that there is a very high rate of arterial hypertension within the elderly age band – about 60% of such people suffer from this condition. These rates are comparable to those obtained in similar studies which have been conducted in the United States of America (NHANES III). Hypertension is one of the most important risk factors for vascular pathologies, which themselves are the main cause of death and one of the primary causes of disability in Western countries. A careful monitoring of this phenomenon and the creation of suitable programmes of primary and secondary prevention could lead to a reduction in levels of illness in this sphere and in the costs provoked by such pathologies. It has now been proved, for example, that treatment of hypertension significantly reduces the incidence of ictus and of cardiovascular illnesses in all ages, even in people who are over 80. It has also been demonstrated that this kind of initiative reduces the number of admissions to hospitals and to nursing homes by about 11%. In the United States of America, for example, it has been calculated that the treatment of all individuals suffering from hypertension would reduce health care expenditure by something like $200 million.

Table 1: Prevalence (in percentages) of the Major Chronic Pathologies of Elderly People. ILSA Study, 1997

	Females	Males
Nervous System		
Dementia	**7.1**	**5.1**
Ictus	**5.9**	**7.3**
Parkinsonisms	**3.0**	**2.9**
Symmetrical distal neuropathy	**6.5**	**6.4**
Cardiovascular System		
Angina	**6.9**	**7.8**
Myocardial infart	**4.8**	**10.6**
Cardial decompensation	**7.3**	**5.3**
Arrhythmia	**20.2**	**24.7**
Hypertension	**62.7**	**54.8**
Periferal arteriopathy	**4.5**	**7.4**
Endocrin system		
Diabetes	**13.5**	**12.8**
Osteoarthrosis	**69**	**51**

Standardised rates of prevalence by age and sex in the Italian population.

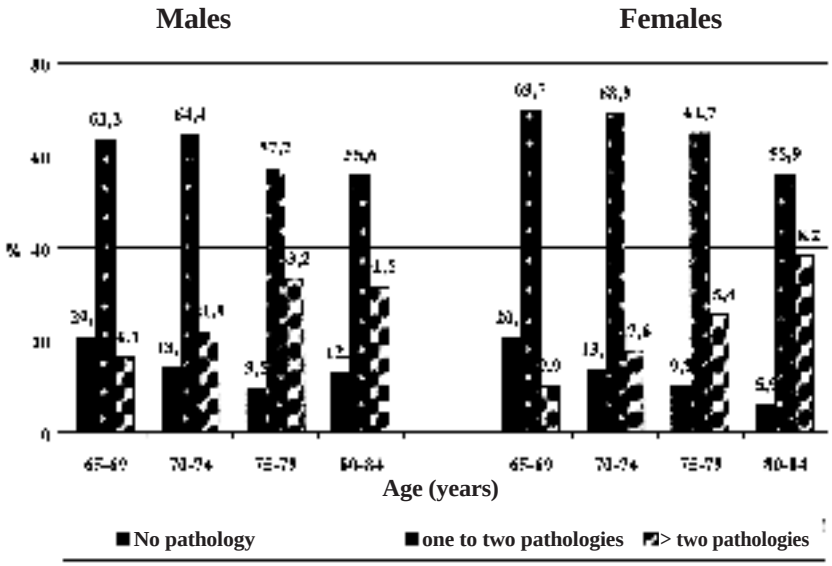
The incidence of osteoarthrosis is also high – about 51% of males and 69% of women suffer from this affliction. The levels of cardiopathic ischemia, on the other hand, are lower than that described in other similar studies carried out into Anglo-Saxon countries and confirms the fact that this pathology is less frequent in Mediterranean countries. The data on ictus affliction display a high incidence of this pathology which reaches higher levels than those revealed by other similar international studies. The rate of dementia is 5.1% in males and 7.1% in women with rates of about 20% in the band of the most elderly. These data agree with those described by similar research projects carried out in Europe and indicate a high level of one of the pathologies which has the highest of all health care, social, and family costs. If one could postpone the outbreak of this pathology by a period of five years its incidence would be reduced by half. The National Institute of Ageing in the United States of America has calculated that a delay of this kind in the outbreak of this affliction would save the American government $40 milliard every year.

Perhaps the most relevant fact to be found in the study from the point of view of public health is the identification of individuals who have a "hidden" pathology, or rather a pathology which was diagnosed for the first time by the ILSA study. In about 40% of hypertension cases and in 30% of heart attack cases the elderly people concerned were not aware that they were afflicted or had been afflicted by such pathologies. In cases of initial dementia and above all in males under 75 it was seen that in nearly all cases those living with these elderly people were not aware of the pathology and thus of the imminent need to supply help to an elderly person which was in fact awaiting them. Furthermore, with the advance of dementia such a need becomes ever more pressing. These percentages of "hidden pathology" are higher than those discovered, for example, in the United States of America or in Sweden, where, however, programmes already existed to promote health and to prevent illness by identifying the groups most at risk to illness or disability through the use of screening programmes.

Most of these pathologies which are very frequent and very debilitating could be controlled or prevented in large measure by programmes of health education or primary and secondary prevention. The levels of comorbidity in the Italian population of elderly people are very high, as is demonstrated by chart 2. After the age of 75 less than 10% of the population are not afflicted by some kind of chronic pathology and about 30% have at least three.

The life conditions of elderly people and in particular the ability to engage in social and family interaction, in addition to changes in lifestyle as a result of retirement, are fundamental factors in the

Chart 2. ILSA Study. Number of Pathologies Diagnosed



analysis of the epidemiology of ageing. The lack of social and family relationships which elderly people are often forced to experience are proven causal factors in death rates and the incidence of illness.[6] Most elderly people live at home with their marriage partner even though there are substantial differences between men and women. The ILSA study demonstrates that about 26% of women and 7% of men who are over 65 years of age live alone, and that 32% of women and 40% of men live with another person who is over 65 years of age.[7] In the category of people over 80 one man in two and one woman in eight are still in a marriage relationship and the proportion of widows to widowers is 1:5.

Although Italy has always been seen as a country where the family is the principal social and psychological support for the elderly person, it is evident that during the second part of this century, following processes of urbanisation and economic growth and development, there has been a constant increase in the number of elderly people who live alone, as is well demonstrated by the study carried about by the CNR. About 25.7% of women and 7% of men live alone and the problem of loneliness becomes even more relevant, obviously enough, if one considers that these people often suffer from major functional limitations. For example, this research carried out by the CNR reveals that about 27% of women and 23% of men who live alone have some kind of disability when it comes to performing common daily activities. 40% of men and 32% of women live with another person who is over 65 and amongst these about 30% have functional limitations which bear heavily on their independence (see table 2).

Despite the well-known problems connected with family break-down in contemporary society we can see that when the family exists it remains the principal reference point for the elderly person and this is especially the case if he or she is disabled. This is an important aspect in the organisation of services because only about 2% of elderly people live in an institution. However, the low percentage of people who are institutionalised does not mean that the demand for admission into an institution is being adequately met. Indeed, in reality demand exceeds supply in this area and, if properly organised, home services could in part solve the problem of welfare needs which are not met within the elderly population. What we need, therefore, are policies based on farsighted strategies which take demographic dynamics into account and involve plans of action which are suitable to the times in which we live. If the idea is to favour the presence of elderly people in their own homes – as is happening in most industrialised countries – then the rights of the family members as well as the dignity of elderly people must be defended and upheld. Many families experience looking after people who are not self-sufficient as a real and authentic economic, physical, social and emotional problem. Many people have a conflictual response to the demands made upon them by the work required in looking after an elderly relative.

For these reasons we should reorganise the kinds of services which are offered by society. That is to say we should create services which are alternative to, or which complement, hospitalisation and institutionalisation in general by promoting ever more suitable kinds of home support of both a social and health care character. The reorganisation in the ways we provide services springs from a need for effectiveness which is increasingly felt and widespread. Although for the very seriously ill

Table 2. Prevalence (in percentages) of Disability and Domestic Status. ILSA Study

	Females			Males		
	Lives alone	Lives with an over 65	Lives in an institution	Lives alone	Lives with an over 65	Lives in an institution
Self-sufficient	73	67	33	77	68	41
Light disability	19	20	16	13	19	29
Serious disability	6	12	35	8	10	21
Not self-sufficient	2	1	16	2	3	9

the provision of drugs and treatment may be sufficient, in the case of the chronically ill or the disabled what is of fundamental importance is the context and the methods within and by which constant help is supplied. In the creation of a network of constant help it is of fundamental importance to bear in mind not only the contribution made by social and health care workers but also – and above all else – the help provided by the members of the family – something which can also ensure the continuation of social and affective relationships on the part of the elderly person and thus a higher quality of life for that individual as well.

Amongst the social risk factors which exist perhaps the most important in terms of its implications for health is the low level of instruction which is to be found within the elderly population. About 30% of males and 43% of women in this category have three years or less of schooling and only about 20% of men and 10% of women have a diploma or a degree. The relationship between schooling and state of health is one of the most interesting areas of geriatric research precisely because we need to have a clear idea of what the possible determining factors might be behind the fact that individuals who have received less instruction are more likely to encounter illness and disability. The ILSA study has detected a strong association between levels of instruction and physical disability which is twice as high in people with two or three years schooling compared to the rest of the population. It is possible, however, that this association is due to the higher level of seriousness of the pathology which is present – something which can be caused by delays in the achievement of a diagnosis in members of the population with lower levels of instruction.[8]

Conclusion

An analysis of the complex relationships between the demographic and epidemiological characteristics of the population is necessary if we want to achieve a rational planning of medical research and social and health care provision. During our century the elderly population has undergone a numerical and relative increase which is without precedence. The predicted "compression of morbidity" which should have led to a increase in life expectancy without pathologies or disabilities has not so far actually taken place. Higher survival rates for women as opposed to men involves a large number of women living on their own in health conditions which are poor and in precarious economic situations, and such women frequently require social and health care provision which is often expensive. The projections for the state of the population in thirty or forty years' time suggest a constant increase in the elderly population with all the heavy consequences for welfare provision that this development implies. Special attention should be paid to those disabling pathologies which although they are not fatal do cause a loss of self-sufficiency which requires constant care and assistance. For this reason, the initiatives taken by geriatric and gerontological research must be directed towards understanding the physiological and psychological processes which are bound up with ageing. Only by achieving a suitable knowledge about the risk factors behind illness and about the conditions which favour a shift from independence to dependence will we be able to prevent or postpone the pathologies and disabilities suffered by elderly people, and only then will we be able to see the ageing of the population as a positive achievement which has been obtained by our society rather than as a problem and a burden for the younger generations.

Dr. STEFANIA MAGGI,
Researcher at the CNR,
the Project on Ageing.

Notes

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PETER WALTER BURVILL

The Psychosociology of Ageing

I have been asked to deal with the psychosociology of ageing. With such a broad field to cover in the allocated time I can only select a few key concepts and present each fairly briefly, rather than attempt to give a comprehensive review of the subject.

Plato said "It gives me great pleasure to converse with the aged. They have been over the road that all of us must travel, and know where it is rough and difficult and where it is level and easy". And yet he has also said "Old age is a dreary solitude".

These positive and negative viewpoints of old age from the same philosopher are typical of the great diversity of views and findings relating to the psychosocial aspects of ageing.

Theories of Ageing

There have been a number of theories of the psychology of normal ageing.

One of the most prominent of these has been the disengagement theory proposed by Cumming and Henry (1979), viz that ageing is an inevitable mutual withdrawal or disengagement, resulting in decreased interaction between the ageing person and others in the social systems to which they belong. These authors considered that those who had disengaged successfully seemed more content than those who had not so disengaged. However it has been argued that the disengagement theory has been successful in justifying social policies which marginalise old people (Williams, 1994).

A contrary activity theory proposed by Maddox (1964) suggests that old people who remain as active, productive and socially integrated as possible are most likely to have a sense of life satisfaction. As with the disengagement theory, there is an inherent value judgement in this theory, with the dangerous corollary that those who do not manage or wish to remain 'active' have, in some sense, failed the test of ageing and are not entitled to the help of the rest of society (Williams, 1994).

The continuity theory of Atchley (1972) stated that people attempt to continue on a trajectory of disengagement, or activity, or other behaviour depending on the lifestyles and personalities they have established in younger life. Because of this there is no single direction or pattern of social psychological ageing, nor a single pattern of optimum ageing.

Both the disengagement or the activity theory are too reductionist and too simplistic to account for the multiplicity, diversity and richness of patterns of ageing (Neugarten, 1988).

Besides the genetic endowment, personality structure and lifetime experiences which a person brings into old age, further factors which can contribute to variations in patterns of ageing include differences in sociocultural settings (Havinghurst et al, 1969), the increasing ethnic diversity in countries with high migrant intake, different cohort effects of the era in which they were raised, and the rapidly changing social structure of the society into which they enter old age. Definitions of age groups, age distinctions and age norms are dynamic, and change over historical time in concert with other types of social change (Neugarten and Neugarten 1987)

Eric Erikson produced a developmental theory for the whole of life, postulating eight stages. In the last of these stages, termed 'later adulthood', he emphasised the importance of approaching death which he said drove old people to review and attempt to integrate their life experiences with their world view and expectations, leading to either ego integrity or despair. Erikson saw this phase as beginning usually around 51 years, which is quite young in gerontological terms, and emphasises the continuity of ageing with earlier life. It is quite possible that, with the greater expectation of life now, in most people this phase occurs at a somewhat older age.

It is very clear that the psychology of the aged is not stereotyped but can be very diverse, as at all earlier ages, and that there is an

enormous variety in the possible responses of individuals to ageing, very dependent on their prior personalities, culture, life experiences, circumstances and health.

This raises the question of when 'old age' begins. Many people with good health and circumstances may not view themselves as 'old' at the usual arbitrary age of 60 or 65 years, but rather at 70 or 75 years, when signs of physical infirmity become more obvious. 'Denial' of being elderly until these later ages is not necessarily abnormal but may be a sign of healthy successful adaptation to growing older with adaptive attitudes the opposite to that postulated by the disengagement theory. The majority of people over the age of 65 years, although retired, are vigorous and competent people, active in their families and communities, and persons who have coped successfully with transitions of the second half of life.

There are a number of factors which may influence and/or impair this ageing process, besides those relating to earlier years. These include their economic circumstances, housing, cultural setting, relationships with other people, social networks, various losses, mobility, dependency on others, physical and mental health, and level of cognition.

Networks

All the gerontological literature emphasises the importance of social networks and social support. This subject has been reviewed by Wenger (1996). The author suggests that network formation is a basic part of the human condition. With increasing age, reliance on kin increases, as with the passage of time the number of siblings and friends in a person's network decreases. Social network adaptation begins in early life and the available evidence suggests that the network-type remains fairly stable over the life course. Those with prominent family ties and stable residential patterns are likely to have dense networks with multiple ties. Those who came from small families and those who have been geographically mobile during their life are more likely to have more diffuse networks with complex ties. However each of these lie on a continuum. A number of factors in modern life can influence the availability of kin, including smaller families and greater mobility of their children as part of their work, including migration to other countries.

However, there is a point beyond which the elderly person's needs may exceed the resources of the informal network. Wenger has found that it is the excess of demands over culturally defined expectations which creates the greatest strain in the networks of elderly people.

Losses

When we consider the losses that accompany old age - the death of spouse, relatives and friends, the loss of occupational roles on retirement, the financial decline often associated with this, the loss of sexual attractiveness, the loss of physical mobility (and with it contact with relatives and friends), the loss of memory and the numerous other losses that result from the physical decrements of advancing years, we might expect that old age would be a time beset with grief and misery. Yet this is not necessarily so (Parkes, 1997). Depressive illness in the elderly has been shown to be closely associated with adverse events involving

threat or loss (Murphy, 1982), just as Brown and his colleagues have consistently found in younger adult women (Brown and Harris 1978). Murphy has noted that many losses for the elderly have a quality of finality about them. However community surveys have shown that the elderly report less subjective stress (Henderson et al, 1981) and actually have fewer adverse events, and fewer severe adverse events, than younger adults. Murphy (1982) has remarked how "the majority of older people who are suffering from social problems, adverse life events and poor health remain remarkably cheerful, and it is only those who lack a confiding relationship who appear to be vulnerable to depression in the face of these problems". She found in her studies that a relationship with a confidant can act as a buffer against depression in these circumstances and she proposed that the essential protective quality is the person's capacity for intimacy, which is one aspect of the person's pre-morbid personality.

It used be taught that depressive illness was much commoner in the elderly than in younger age groups. However, the Epidemiologic Catchment Area (ECA) Studies in America have shown a prevalence of depression of 2.5% in persons over the age of 65 years, the lowest across all age groups, in marked contrast to the rate of 6.4% in persons aged 22-24 years. Since, their other studies have confirmed the lower rates of depression in the community in the elderly, although some authors still dispute this (Snowden, 1989).

Bereavement is one such major loss in the elderly, with the death of spouse, relatives and friends. Various studies indicate that the loss of children and grandchildren is especially traumatic for the elderly, and that this trauma is compounded if the death is sudden and unexpected (Parkes, 1997). The loss of a spouse in old age often sets in train other losses, e.g. income, homes, friends etc., which often prove as traumatic as the bereavement itself, particularly for those whose physical or mental resilience is already challenged. Old people will often try

to change as little as possible when their spouse dies. They will prefer to stay in the same house, follow the same routines and behave as if their partner were still present (Parkes, 1997).

Mobility

The mobility of elderly people can have a profound effect on their social activities. Good mobility can be a major factor in maintaining an elderly person's active fulfilling life. On the other hand, reduced mobility can lead to increased dependence on other people to care for them, reduced social contacts, increased time spent at home and to consequent loneliness and isolation. For many elderly people, especially in areas with poor public transport, the loss of their driver's licence because of physical or mental health considerations, can have a profound effect on their ability to leave their home, maintain social networks and usual life activities, and on even such day to day activities as shopping. Generally, people's mobility tends to become progressively impaired from the age of 75 onwards, and certainly from 80 years onwards. However, some very old people can drive cars safely within short distances of their home with consequent enormous benefit in maintaining their independence and social contacts. I know one 94 year old family friend who has her driving ability checked and a driver's license reissued on an annual basis. Having a stroke, which is a very common occurrence in the elderly, is a major contributor to impaired mobility, and may cause various degrees of this at an earlier age.

Housing

The objective towards which we should be orientated is for the elderly to be able to remain in their homes, relying, if necessary, on adequate forms of home care. Leaving their own home to go to live with others, and especially to live in some form of institutional care, can be a major life event to be avoided at all costs for many elderly people, or alternatively having this prospect as a potential threat because of ill health or other circumstances.

Besides the great majority of people who have led a relatively conventional mode of life, living in a home with their spouse, family, friends or others, we should not forget another group, who are homeless – small in numbers, but very unfortunate in their circumstances. Many older people in large cities have been living rough for many years and homelessness can become a way of life. Mental illness, physical health problems, alcohol abuse, criminal behaviour and disaffiliation are some of the problems associated with the homeless – the majority of people living the streets have at least one of these problems (Crane, 1996). It has been found that the difficulties of helping these people are profound and go well beyond providing housing.

Institutionalisation v Community Care

Institutionalisation increases with advancing age, especially after the age of 75-80 years. A number of factors can influence this, predominantly physical illness, mental illness and impaired cognition, as well as social circumstances such as lack of a spouse or kin to care for them in times of increased dependency. Two major health conditions influencing this are strokes and dementia, especially Alzheimer's Disease. Both increase with age, for example the prevalence of Alzheimer's Disease doubles each five years from the age of 60 to 95 years (Jorm et al, 1987). With stroke, both decreased mobility from paralysed limbs and impaired cognition can contribute to an inability of the people to care for themselves and possible necessity for institutionalisation of some type. Given increased longevity, increasing number of elderly in the population, and increasing prevalence of these two conditions with age, it is obvious that the demands for the care of the elderly for these two medical conditions alone will increase markedly in coming years.

With increasing age and numbers of the elderly in society the number of people not able to care fully for themselves will increase considerably. Their families will be smaller, with daughters as well as sons probably working and the increasing prospects of their living far from the parents. Thus the source of traditional carers will be smaller. With the greater life span of females over males, this problem will be compounded for older women. This will come at a time when the ratio of elderly to the working population will increase considerably. It is unrealistic to expect governments to allocate a greater proportion of their budgets to the care of the elderly. The authorities will not have the money to build more and more hostels, nursing homes and similar institutional accommodation for dependent elderly.

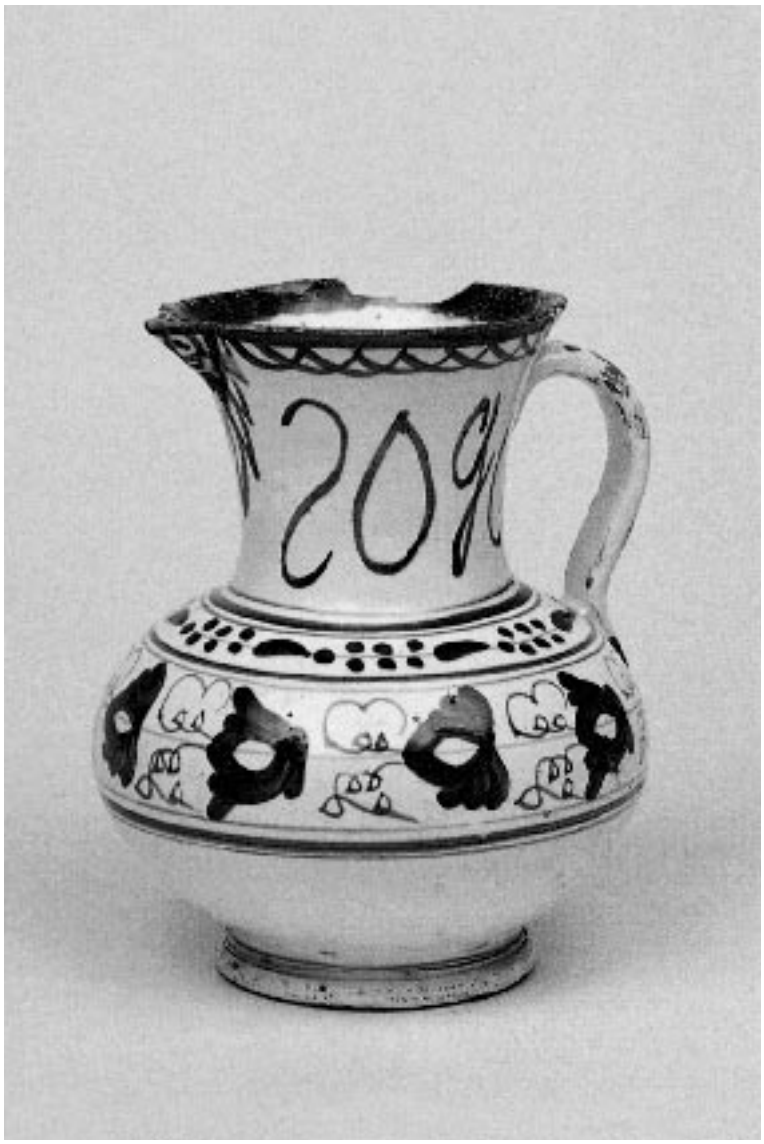
This comes at a time of greatly increasing cost of health services generally, which is becoming an increasingly major problem for all countries. The cost of hospitalisation for whatever cause has become exceptionally high and almost prohibitive. This has lead to much shorter hospital stays for most medical conditions, and greater use of day hospital surgery etc. Increasingly the emphasis is on care in the community rather than in hospitals and institutions. This will apply also to the increasing numbers of elderly people. Unfortunately, good community care is not cheap, a factor that

many governments are loath to acknowledge. The result is often a much less than ideal delivery system of community care.

Inevitably, the future care of the dependent elderly will be predominantly community based, with the elderly remaining in their own homes, relying where necessary on adequate forms of home care. This will occur at a time of social change where families are smaller and women spend much longer time in the work force, with a corresponding reduction in the availability of former traditional family help. Unfortunately, many governments are often reluctant to provide sufficient finance to provide good comprehensive community services, and many elderly have very limited financial resources. With the increasing proportion of elderly to those in the working force, this will provide a major challenge to society in future.

This leads to a possible role for the Church in this field, very relevant to the theme of this conference. The Church has a long, impressive record of charities for old persons. In the past these were probably predominantly institutionally based. The great challenge for the Church in the future will be to reorientate its efforts away from hospitals and other institutions and to develop good community care systems, beginning at the parish level, particularly targeting services not well catered for by health and community authorities.

Prof. PETER WALTER BURVILL
Professor of Psychiatry,
University of Western Australia



PIER UGO CARBONIN

Social Inequality and the Health of the Elderly Person

Measures and policies in the social and health care sector directed towards the elderly are characterised by a widespread inequality which is in large part attributable to certain stereotypes which have hitherto dominated the debate in the mass media about the whole question of the ageing of the population.[1]

This has meant that the complex and variegated questions and issues connected on the one hand to the constant increase in life expectancy, and on the other to the progressive decrease in birth rates, have been understood in only partial terms and in general have had a negative connotation.[2] In the Anglo-Saxon literature on the subject this tendency has received the label "ageism". The stereotypes which characterise this literature are based solely on age and although they do not lack a reasonable basis and foundation they actually hinder the achievement of an overall vision of the socio-economic condition, the state of health, and the lifestyles of the elderly population.[1]

For this reason my paper will concentrate on an analysis of the three principal kinds of stereotype – the compassionate approach, the exaggeratedly optimistic approach, and the conflictual approach – which hitherto have prevailed in the publications of the experts in this field and in the analysis furnished by the mass media.[1]

The Compassionate Approach

A primary form of "ageism" has been described as "compassionate ageism",[1] and this spings from an exclusively social idea of the phenomenon of ageing. The elderly person is seen as being poor, alone and ill, and thus society has to come to his or her help. It is certainly true, it must be observed, that the period of retirement generally coincides (although this is not always of course the case)[3] with the loss of a social role, social marginalisation and a notable reduction in levels of personal income.[4]

Women certainly suffer more from this condition than men because they have a ligher life expectancy than their male counterparts. But this is not the only reason. It has been clearly demonstrated that there is a close correlation between socio-economic status and physical health.[2] Convincing explanations of a biological character have also been produced in relation to this issue.[5]

However, it is also true that such a fatalistic vision of the reality of the elderly person which involves the "old person" being attributed a role which is exclusively passive leads to attitudes which can be widely observed in present-day society and which are absolutely unjustifiable in terms of the unchanging value of humanity from birth till death. There are very many examples of these negative tendencies, beginning with the lack of a political will to solve the problems encountered by elderly people and ending with the cynicism and the superficiality of the behaviour of many health care workers.

None of the industrialised countries have so far sought to adopt strategies which have been shown to be able to solve the most acute problems and difficulties of old age. At the present time the dominant idea is to contain expenditure and this attitude appears to be growing stronger with the present threat of a worldwide economic recession. In medicine a number of studies have shown that a large proportion of elderly people are not treated with drugs and medicines – thrombolytics for acute myocradial infarcation[6], beta-blockers for arterial hypertension[7] and cholesterol-lowering agents for atherosclerosis[8] – which have been shown to be just as effective, and even more effective, when applied to the elderly as when applied to young people or adults.

In the same way a large number of elderly people, especially if they are women, are constantly excluded from controlled clinical studies which are considered to be indispensable if we want to achieve an effective cost-effectiveness assessment of forms of therapy and treatment.[9] A recent publication which provoked a great deal of comment and debate in the mass media in the United States of America brought out the discrimination practised towards very elderly people and elderly people suffering from cancer who were resident in nursing homes. When they were in pain either they were not given any kinds of pain-killers at all (something that happened in 30% of such cases) or they were merely prescribed the least effective forms of pain-killers.[10]

Optimistic Ageing

A second kind of ageism is that which has been described as "optimistic ageism".[1] This approach is based on the view that the premises exist for the achievement of a "successful old age" firstly through the employment of effective strategies of prevention and secondly through a retrieval of the role of the elderly person within society. In essential terms what we have here is an exposition of the hypothesis advanced by Fries[11] which involves a "rectangulisation" of the survival curve. In the opinion of this expert it is possible to ensure that all people have good health up to the point of being still alive as permitted by the rules of the

human species. Certain facts suggest that this is indeed possible. It has been seen, for example, that the most important chronic-degenerative pathologies of old age can be in part prevented by eliminating the principal risk factors and/or by improving the socio-economic conditions of the population. Furthermore, gerontologists are unanimous in the view that growing old is not in itself a pathological condition. And epidemiological studies continue to demonstrate that a significant proportion of people over eighty continue to be self-reliant and in good health.[12]

However, a government which believed – as indeed seems often to be the case – that it could solve the problem of the ageing of the population by aiming at the policy of successful old age would deprive a large proportion of old people of support for many years to come who would thus continue to suffer from chronic-degenerative illnesses and would become disabled as a result. This is so for two principal reasons. First of all because our knowledge about many of the illnesses which disable elderly people (tumours, Alzheimer's, atherosclerosis, osteoarthropathies) is still fragmentary and incomplete and as a result it is impossible to suppose that within a few years it will be possible to have effective therapies. Secondly, because even in sections of the population where major improvements in lifestyles have produced major increases in life expectancy an intensification of vulnerability has been observed in people over the age of seventy-five with an exponential growth in the incidence of polypathology and disability for this social category.[13]

These examples bear out that the situation as regards health care and old age has not changed since twenty years ago when a book was published in the United States of America which condemned and brought to light the relative lack of care and attention dedicated by medical doctors of all the branches of medicine to senile pathologies.[14]

It should also be observed that an effective strategy of prevention with regard to pathological ageing could not be limited to a mere weighty declaration of principles but must also involve suitable investments which can give rise to incisive measures and policies from an early age. This is an objective of the document which has been widely distributed by the World Health Organisation for the year of the elderly in 1999.[15] By way of example one might cite the prevention of early death and disability through the encouragement of physical exercise, the effectiveness of which has been clearly demonstrated. However, in no nation of the globe, not even in the United States of America, have education campaigns been promoted in this sense in relation to the whole of the population beginning with schoolchildren.[16] Until something of this kind takes place research on the elderly will continue to demonstrate – to the satisfaction of researchers but not to those who are directly concerned – that individuals who have a high income and can thus adopt lifestyles which are more healthy and allow them to engage in physical exercise will live longer than other people and will have less probabilities of becoming disabled with the passing of time.

Conflictual Ageing

This approach has a twofold basis. On the one hand because of the fall in the birth rate and the constant increase in life expectancy, an increasingly smaller occupationally active population will have to shoulder the burden of supporting an increasing number of elderly people. On the other hand, the costs of health care for elderly people which already constitute a large part of the total are destined to increase further because of demographic trends. This development does not only give rise to fears about a conflict between the generations but has already led to trends which are emerging in biomedical research and health care organisations in such leader nations as the United States of America[18] and Great Britain[18] and which lead to the conclusion that we are very near to the abandonment of the Welfare State. These trends involve, for example, the proposal that a limit to health care expenditure should be applied in relation to age. "At 70-80 most people have already played out the opportunities which life has offered them" and "after that age society should establish that health care expenditure should not go beyond meeting the costs of simple palliative measures designed to reduce pain and suffering".[17]

Reference has already been made in this paper to the relationship between life expectancy and social class. The more a class is advantaged in terms of income and levels of education, the greater the actual achievements in terms of life duration.[19] In contrary fashion, the trend is in the opposite direction in the case of the less advantaged social classes. Furthermore, health care expenditure in terms of all services is much higher in net terms in the most disadvantaged classes. This seems to be because a precarious socio-economic condition favours the appearance of very varied kinds of pathologies. It follows from this that if one wants to reduce the expenditure dedicated to providing care for the elderly it is necessary to improve both the services which offer such care and to provide the elderly with socio-economic conditions which meet their needs. It is only upon these bases that the "rationalisation" of health care expenditure can take place. Indeed, the concept of rationalisation must not be confused with that of "rationing", as is often, unfortunately, the practice of many health care planners.

In addition, in order to achieve a fair and far-sighted rationalisation of health care expenditure we must be aware of the principal causes behind the constant increase in such expenditure, first and foremost because these costs are rising much more rapidly than the increase in the elderly population.[20] For this reason the factors which are responsible for the chronic deficit in health care budgets do not seem so much to be the demographic changes as such varying elements as, for example, the increasing resort to increasingly sophisticated forms of technology and the role of wasteful activity and forms of intervention.

Various studies have demonstrated that effective socio-health care integration allows an improvement in quality of life and a substantial saving in expenditure thanks first and foremost to a reduction in unnecessary hospitalisation. Despite this fact, the single entrance of the elderly sick person into an integrated network of ongoing health care services is very far from being achieved even in countries such as Great Britain where the bases of a geriatric culture were well established some fifty years ago.[21]

The tendency to think exclusively in terms of saving on expenditure has led to health care becoming modelled on company practices. Separate centres of cost have been

created which have heavily obstructed the integration of services and caused damage above all else to sick people, who require, like elderly people, constant care and treatment.

This is what has taken place in Italy following the passing of the law on payment for services through the DRG system. The length of stay has been markedly reduced and the number of admissions which are not necessary have been almost totally eliminated.[21] A net decrease in deaths within hospitals has taken place at the same time not because of the advances which have taken place in Italian hospitals over the last two years but because hospitals are no longer playing the part of a hospice. This phenomenon – which has emerged after the appearance of the payment for services system – becomes even more significant when one takes into consideration the statistics relating to death by tumours within hospitals: in the case of individuals under the age of sixty-five there have been no significant changes in death rates whereas in the case of individuals over the age of sixty-five such rates have been reduced by a half (GIFI data as yet unpublished).

After the introduction of the DRG system, therefore, hospitals have tended to select which patients should be admitted and have preferred to look after those who are afflicted by pathologies which are economically more convenient, and this to the detriment of those which are more difficult to treat and less remunerative. Indeed, this tendency to reduce the number of elderly people who are admitted to hospital involves the implementation – even though in an implicit fashion – of the policy of cutting back on health care coverage for individuals who belong to the elderly age band. This is a policy, it must be said, which is openly advanced by a number of health care economists. One should, however, devote a thought or two to the case of a sick elderly person who is refused admission to a hospital who lives alone or whose only near relative is also elderly and who no longer has the possibility of living in decent residential conditions. Here nobody should be amazed if to describe such a situation use is made of the phrase "slow, concealed euthanasia".

These are the problems of health care planning which characterise the industrialised nations, but for developing countries the difficulties are different in character, even more serious, and amount to absences where technological failings lead the list.

Conclusion

It seems that the only path to be taken to solve the complex questions, issues and problems associated with the ageing of the population is that of moving towards an overall and multidimensional approach which is based upon the "logic of solidarity" – in the deepest sense of the phrase – of Christian doctrine.

Social inequality is not only a negation of the universal value of man but also the principal cause – quite apart from specific aetiologies – of the most important forms of disorder which now exist. As a result, the elimination of social inequality cannot fail to lead to an improvement in the health of the population and thus to a reduction in health care expenditure. The logic of solidarity, therefore, must be the guiding principle behind projects which propose a rationalisation of health care expenditure.

In this sense medicine, too, must undergo a profound change along the lines of Virchow's paradigm: "medicine is a social science and politics is nothing else but medicine on a grand scale".[23] On the basis of his studies of infectious diseases, Virchow was always a strong supporter of the importance of socio-economic causes in the genesis of illnesses. For a long time he opposed the theories of Koch and denied the relevance of the discovery of the tuberculosis bacillus. Koch was one of the founders of research into the biological causes of illness and for the whole of this century this line of inquiry has been predominant. The medicine of the year 2000 must be a balanced and integrated union of the two tendencies – Koch and Virchow must live together and molecular biology must increasingly and more effectively unite with epidemiology, social medicine and health care polices. This must be the true path to be followed to achieve an overall form of medicine which will be able to retrieve to the full the principle of solidarity.

Prof. PIER UGO CARBONIN
Director of the Institute of Internal Medicine and Geriatrics, the Catholic University of the Sacred Heart, Rome.

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DIONIGI TETTAMANZI

The Church and the Elderly Person: Theological-Pastoral Aspects

Introduction

The Church and the elderly person: we have before us a relationship which exists between two real and concrete realities under the banner of mutual reciprocity; a relationship that is to say which goes in two different directions – from the Church to the elderly person on the one hand, and from the elderly person to the Church on the other.

This relationship can be examined from a number of angles. In this paper I will dwell upon the theological and pastoral aspects of this relationship. In this sense the reference is above all else to the plan of God, a wise and living plan which revolves around Jesus Christ, the Word made man – everything has its origin in him, its substance and its goal. Everything – thus the Church as well, and the elderly person, and their relationship. In particular, one is dealing with a plan which God himself reveals to man – God speaks to man and asks man to listen to Him through faith. Vatican Council II declared: "It has pleased God, in his goodness and wisdom, to reveal himself and to make known the mystery of his will (cf Eph 1:9). His will was that men would have access to the Father through Christ, the Word made flesh, in the Holy Spirit, and thus become sharers in the divine nature (cf Eph 2:18; 2 Pet 1:4). By this revelation the invisible God (cf Col 1:15; 1 Tim 1:17), from the fullness of his love, addresses men as his friends (cf Es 33:11; Jn 15:14-15), and moves among them (cf Bar 3:38), in order to invite and receive them into his own company (*Dei Verbum*, 2)."

The words of revelation, which are to be found in the Word made flesh, that is to say in Jesus, are addressed to the Church – the Body and Bride of the Lord and the living Temple of his Spirit. The Church, indeed, is the sign and the place of the permanent presence of the unceasing and unending action of Christ amongst us and for us, it is the human space within which the revelation of the plan of God is proclaimed, received and lived out every day.

By this route we come to the more specifically pastoral aspects of the subject, the aspects that is to say which concern the Church in her constant construction down history thanks to the Spirit of Christ and with the free co-operation of all believers. Pastoral action is specifically the action of the Church called by the Lord to share in his mission to achieve the salvation of the world, and thus to give the new life of the Spirit to men. In this way, the pastoral action of the Church manifests and expresses her fascinating mystery as virgin Bride and fruitful Mother. Indeed, the Church, seen in terms of her deep truth and singular beauty, is the living conclusion of the love of Christ's giving on the cross, as indeed we are well reminded by the author of the Letter to the Ephesians: "Christ shewed love to the Church when he gave himself up on its behalf. He would hallow it, purify it by bathing it in the water to which his word gave life; he would summon it into his own presence, the Church in all its beauty, no stain, no wrinkle, no such disfigurement; it was to be holy, it was to be spotless" (Eph 5:25-27). In this sense, precisely because she is the conclusion of the love of giving of Christ, the Church receives such salvation and thereby becomes a "saved community".

But the effectiveness of the love of Christ for the Church does not stop here. The Church is so penetrated and enriched by this love as to be, in Christ and with Christ, an active beginning of salvation and thus not only a saved community but also a "saving community". We can thus understand the profound meaning of the pastoral action of the Church which, indeed, is expressed in the instructive sentence of the Venerable Bede: "*Ecclesia quotidie gignit Ecclesiam*" (every day the Church generates the Church". In a certain sense, the Church is a mystery of self-generation – the Church, that is to say, generates herself, obviously not through her own mediation but always and only because of the freely-given power of the Spirit who is Lord and giver of life.

The two aspects which have been referred to – the theological and the pastoral – are intimately bound up. The plan of God has its living and personal centre in Jesus Christ and precisely because of this in his inseparable Body – the Church. It is once again the Apostle Paul who introduces us to this (at one and the same time) both Christological and ecclesiological horizon: "He (Christ) is the true likeness of the God we cannot see; his is that first birth which precedes every act of creation... he takes precedency of all, and in him all subsist. He too is that head whose body is the Church; it begins with him, since his was the first birth out of death; thus in every way the primacy was to become his" (Col 1:15ss).

It is from this point of view that

we can be guided in our thinking about the relationship between the Church and the elderly person in pastoral terms: this relationship by its very nature cannot but be theologically based and thus rooted and animated by the plan of God. The pastoral approach revolves around the central, distinguishing and unifying central point of the *mission of the Church* with its specific contents, its characteristics and its goals. Thus it is the mission of the Church which decides and defines the real and original meaning of the relationship which must be established between the Church and the elderly person.

Let us now consider, therefore, the mission of the Church and begin by bringing out its essential character and concrete implications. This mission has its roots and its power not in the Church herself but in Jesus Christ, in its likeness to, and participation in, the mission of Jesus Christ who comes from, and is sustained by, the Father. He spoke in these terms at the Easter supper: "Peace be upon you; I came upon an errand from my Father and now I am sending you out in your turn" (Jn 20:21). And before ascending to heaven he said to the eleven: "All authority in heaven and earth, he said, has been given to me; you, therefore, must go out, making disciples of all nations..." (Mt 28:18-19). It follows from this that in her words and actions towards the elderly person, the Church renders the words and the actions of the Lord Jesus mysteriously but really present and operative. This is where the Church is a "universal sacrament of salvation" (cf *Lumen Gentium*, 48). This means that the members of the Church in every pastoral activity that they carry out must always act with the clear and joyous awareness of being the signs and instruments of the work of Christ, and must equally always be intimately bound to him like vine branches to a vine to ensure the real fruitfulness of their pastoral activity, and this in line with the words spoken by Jesus: "I am the vine, you are its branches; if a man lives on in me, and I in him, then he will yield abundant fruit; separated from me you have no power to do anything" (Jn 15: 5).

1. Preach the Gospel to Every Living Creature

The mission of the Church comes from, and is animated by, that of Jesus. But what is the mission of Jesus? In essential terms it is the preaching of the Gospel, of the good news of the love of God which frees and saves. He himself, in the synagogue of his village, presents the mission which has been entrusted to him by God precisely in these terms, and indicates that he is the fulfilment of the ancient prophecy: "The Spirit of the Lord is upon me; he has anointed me, and sent me out to preach the Gospel to the poor, to restore the broken-hearted; to bid the prisoners go free, and the blind have sight; to set the oppressed at liberty, to proclaim a year when men find acceptance with the Lord" (Lk 4:18-19; cf Is 61:1-2).

The risen Jesus entrusts this mission to his Church, as is borne out by Mark the Evangelist: "Go out all over the world, and preach the Gospel to the whole of creation" (Mk 16:15). And the Evangelist concludes: "and they went out and preached everywhere, the Lord aiding them, and attesting his word by the miracles that went with them" (Mk 16:20).

As emerges with great clarity from these two quotations alone, the mission of the Church – albeit with all the extraordinary richness and variety of its contents – is expressed completely in the preaching of the Gospel; to a certain extent it coincides with *evangelisation* and goes no further. As Paul VI wrote in his exhortation *Evangelii Nuntiandi*: "To evangelise is the grace and the vocation specifically of the Church and her deepest identity. She exists to evangelise" (n.14).

According to the explicit mandate of Jesus, the evangelisation of the Church must be addressed to the whole of mankind without excluding anyone ("Go out all over the world") and to each individual in particular, in his uniqueness and never to be repeated character ("preach the Gospel to the whole of Creation"). In this way, universality and individuality are the two dimensions of the preaching of the Gospel. A further and immediate reflection on these two dimensions allows us to understand them easily not only in a quantitative or numerical sense but also in a qualitative sense, and thus with reference to the life conditions of each person. In this sense, the Church is called to preach the Gospel to everybody and to each individual but she is also called to do this with reference to the many-sided and varied conditions of life of each person. It follows from this that the Church is also called to evangelise *elderly people*, and to evangelise not only all elderly people and each elderly person but with reference to their specific condition as *elderly people*, with their special characteristics, their problems and their expectations, their difficulties, and their opportunities.

But at a practical level what does the Church having to evangelise elderly people actually mean? It means that she must preach the Gospel to them – that Gospel which illuminates the face of God and the face of man. Thanks to this light, the elderly person can know himself or herself and other people in line with that integral truth which God the Creator and Father has imprinted on the deepest fibres of human beings and which is the basis of their personal dignity. This is a truth which has typically religious aspects, and specifically for this reason aspects which are also profoundly human. To refer to them and to be familiar with them, briefly, is absolutely necessary in a social and cultural context in which a recognition of the integral truth of man is threatened and respect for his personal dignity is refused, above all else when it comes to the weakest and the poorest amongst us – a category to which, indeed, the elderly person often belongs. Thus there is a need for a *new evangelisation*, for a return to the Gospel, in order to know man in his truth and his dignity.

1) As is well known, the Gospel above all else has a pre-eminently theological value because it tells us both about man and God – it is a *revelation of the mystery of God*. From the words and actions of Jesus, and even more from our Lord himself, we are enabled to learn the real face of God – God is love, his

is the love of the Father, a love rich in compassion, and thus a love which in Christ receives, forgives, and gives life. It is possible to affirm that every page of the Gospels is a luminous presentation of the face of the Father. In particular, the parable in Luke of the father and the two sons is perhaps the most beautiful and fascinating song of the mystery of God as Father who loves and forgives. In anthropological terms of great simplicity and extraordinary expressiveness, the evangelist describes the paternal-maternal features of God in relation to the prodigal son: "But, while he was still a long way off, his father saw him and took pity on him; running up he threw his arms around his neck and kissed him...the father gave orders to his servants, Bring out the best robe, and clothe him in it; put a ring on his hand, and shoes on his feet. Then bring out the calf that has been fattened, and kill it; let us eat, and make merry; for my son here was dead, and has come to life again, was lost, and is found" (Lk 15:20ss). This is a real and only God whom Jesus, the chosen son of the Father, revealed to us, and with whom every man has an essential and structurally innate relationship – a relationship which is constitutive of his very being and existence. The Apostle St. Paul observed this to the pagans in the speech he made at the Areopagus of Athens: "it is in him that we live, and move, and have our being; thus, some of your own poets have told us, For indeed we are his children" (Acts 17:28).

Being constitutive and thus objective, the relationship between man and God must become in the intelligent and free man a relationship known about and wished for by him. In particular, like every believer, the elderly person, too, is called to grow in the knowledge of, and communion with, love and life with the living and true God, or rather with the Father who forgives and saves. In this sense he is called to a praying listening to the Word of God, to the Word made flesh in the Son, a listening destined to generate and develop an increasingly alive and penetrating perception of divine paternity on the part of the elderly person. This is understood as one of the most important values of Christian spirituality and as one of the most meaningful requirements when there are situations of tiredness, precariousness, loneliness, marginalisation or suffering, to which, indeed, elderly people are often subjected. In affirming this truth, we certainly do not think that faith and religion have a purpose which is exclusively or prevalently consolatory for people who find themselves in situations of difficulty – the real meaning of faith and religion is to be found in the free and joyous glorification of God and in the full readiness of man to carry out the will of the Lord.

This, however, does not remove the fact that faith and religion achieve in an original and unique way a profoundly consolatory meaning as well, and that this is something which is able to heal the heart and open it to trust and hope despite everything that might occur or take place. No more pacifying consolation can exist than that which comes from faith in divine paternity – a paternity which is for everyone but in particular for the "little people", or rather for all those who can neither rely upon themselves nor upon other people but only upon God. It is in this sense that we can understand that phrase "is all we ask" with which the Apostle St. Philip concluded the invocation addressed to Jesus: "Lord, let us see the Father that is all we ask" (Jn 14:8). Yes: that is all we ask! For what else can a man expect for a fully meaningful and therefore blessed life beyond the intimate experience of the paternity of God?

2) With regard to the truth and the dignity of the person, and in particular of the elderly person, the Gospel has an orginal and fascinating new aspect – its meaning is inseparably theological and anthropological because it is precisely in the *revelation* of the mystery of God that there comes the revelation *of man* created and redeemed by him. And more precisely it is Jesus Christ, real God and real man, who describes the integral truth and the singular personal dignity about man, as indeed we are reminded by that famous passage from Vatican Council II: "In reality only in the mystery of the Word incarnate does the mystery of man find real light. Adam, indeed, the first man, was a figure of that future – that is to say of Jesus Lord. Christ is the new Adam and in revealing the mystery of the Father and his love also reveals the full man to man and points out to him his very high vocation" (*Gaudium et Spes*, 22).

The personal dignity specific to each man depends on the fact that he is intelligent and free, an open "self" to the "you" and therefore in relation with others, called to communion and the giving of self to God and other people. For this reason, man on earth "is the only creature whom God has wanted for himself" and who "cannot find himself fully if not through a sincere giving of himself" (*Gaudium et Spes*, 24). This human aspect of the person finds its "fulfilment" – totally the fruit of the freely-given love of God – in supernatural vocation, in the vocation that is to say to become a child of God in Christ by work of the Holy Spirit. This is what we read in the prologue by John the Evangelist: "But all those who did welcome him he empowered to become the children of God, all those who believe in his name; their birth came not from human stock, not from nature's will or man's, but from God" (Jn 1:12-13). And in his First Letter the same evangelist writes: "See how God has shewn his love towards us; that we should be counted as his sons, should be his sons" (1 Jn 3:1).

We have here a human and Christian personal dignity which is "ontological" in character because it is rooted in the very being of the person. As a result, such dignity is specific to *every stage or period of the existence* of the person, from his first moments to his last, from the moment that is to say of conception (when the first human semblances have still not appeared) to the end (when this takes place in bodies and spirits which seem to have lost even the smallest trace of humanity). In the same way, the same personal dignity *in every condition of life* of the person, not only when he has the strength of his physical and spiritual faculties but also when they are in more or less serious decline. We can thus well understand the meaningful appeal of the Book of Sirach: "O son, help

your father in his old age, and do not grieve him as long as he lives; even if he is lacking in understanding, show forbearance; in all your strength do not despise him" (Sir 3:12-13).

Starting from a rational point of view, one must already say that the personal dignity of the human being, of all human beings and of each human being, has its roots in the limitless source of the Absolute being, or rather of God. Man, indeed, is made in the image and likeness of God (cf Gen 1:26-27). For this reason, the inviolability of the human being with regard to his personal dignity must derive from a mysterious and real participation in the inviolability of God, of whom man is the living image (cf *Donum Vitae*, introduction, 4). And the referring back of the personal dignity of man to God becomes fulfilled in his new being as a "child of God", and in this way the inviolability of his dignity takes on new dimensions and incomparably stronger requirements.

It follows from this that the various forms of offences against the person, like the violation of his dignity, involve an offence against God, against He in the image of whom man was created and saved. From this point of view, both the recognition and the non-recognition of the inviolable personal dignity of each human being – and in our case that of the elderly human being – has *a meaning which is not only ethical but also typically religious in character:* they are an agreement with, or a rejection of, the glorification of the Creator in his creature. It is precisely here that we encounter the definition of man offered to us by St. Irenaeus of Lyons, or rather both the definition and the requirements that follow from it: *Gloria Dei Vivens Homo* – living man is the glory of God (*Adv. Haereses*, IV, 20, 7).

3) In this place, and because of the theological-pastoral character of our reflections in this paper, it is not possible to enter into concrete details about the numerous and varied forms of offence against the human and Christian dignity of the elderly person. I will confine myself to calling attention to two aspects of the question: on the one hand, the social and cultural context of the elderly person which is only slightly or not at all favourable to a recognition of the dignity of the elderly person, and on the other the extreme lack of esteem for, or the rejection of, such dignity.

With regard to the *dominant culture*, at least as present in a large number of countries, we need only refer to a quotation from an expert on the problems of the elderly condition. He stresses the common and easy risk of the marginalisation of the elderly person: "His *status* (that of the elderly person), after the pleasing pause of *social gerontocracy*, is returning to the stage of *nomad populations* when the elderly person was left to perish at the side of the road along which the tribe was travelling. In those days the uselessness of the elderly person in terms of the survival of the tribe was so evident that one mouth less to feed and one less delay were seen as being more functional and more positive in terms of the life of the group. His "defect" as an elderly person has become today the defect of his "condition" because current cultural models must justify social decisions which force the elderly person to undergo a kind of eclipse, to conceal himself in his own private world, and to avoid being a problem for other people.

Here we discover the complete explanation for the "conspiracy of silence" which afflicts elderly people and their problems, and the disturbing superficiality with which presumed "remedies" are publicised – remedies it is said which will eliminate their alien and marginalised condition" (S. Burgalassi, 'La Condizione Anziana: Un Approcio Globale a Livello Antropologico e Sociologico', in *Medicina e Morale*, 1977, pp. 263-264). In reality, if our society and culture place at the base of existence and therefore of the meaning of living, *having, power and pleasure*, or in other terms the triumph of the threefold *production-consumption-profit*, then they are inevitably led to value people not for what they are but for what *they have* and what *they do or produce*. In this kind of society and culture the condition of the elderly person can only emerge as a *marginalised condition.*

In this kind of context the temptation to commit *euthanasia* easily and widely gains ground and advances. In this way, the marginalisation of the elderly person encounters in dramatic fashion its most extreme expression. Here, from a socio-cultural point of view, we should refer, at least in part, to the analysis which is offered to us by the encyclical *Evangelium Vitae*: "Today, as a result of advances in medicine and in a cultural context fequently closed to the transcendent, the experience of dying is marked by new features. When the prevailing tendency is to value life only to the extent that it brings pleasure and wellbeing, suffering seems like an unbearable setback, something from which one must be freed at all costs. Death is considered "senseless" if it suddenly interrupts a life still open to a future of new and interesting experiences. But it becomes a "rightful liberation" once life is held to be no longer meaningful because it is filled with pain and inexorably doomed to even greater suffering. Furthermore, when he denies or neglects his fundamental relationship to God, man thinks he is his own rule and measure, with the right to demand that society should guarantee him the way and means of deciding what to do with his life in full and complete autonomy. It is especially people in the developed countries who act in this way...In this context the temptation grows to have recourse to *euthanasia*, that is, *to take control of death and bring it about before its time*, "gently" ending one's own life or the life of others. In reality, what might seem logical and humane, when looked at more closely is seen to be *senseless and inhumane*. Here we are faced with one of the most alarming symptoms of the "culture of death", which is advancing above all else in prosperous societies, marked by an attitude of excessive preoccupation with efficiency and which sees the growing number of elderly and disabled people as intolerable and too burdensome. These people are very often isolated by their families and society, which are organised almost exclusively on the basis of criteria of productive efficiency, according to which a hopelessly impaired life no

longer has any value" (n. 64).

The relevant facts are more than enough to demonstrate the urgent need to rediscover – in the light of reason and faith – the integral truth about man and therefore to uphold absolute respect for the inviolable dignity of each person without any form of discrimination. This is possible only if man obeys truth with humble wisdom and freely and courageously chooses love, esteem, veneration and service towards the weakest and most in need amongst us. Once again it is the Gospel which reveals to us the mystery of God and man, which preaches the infinite tenderness of the Father and the wonderful dignity of man according to the plan of God, and which releases light and strength for the defence and the promotion of the sacred rights of every human being. The reference to God, which the Gospel proposes, is the secure basis and the strongest guarantee for the respect of the dignity of the person. It is in love for human life, especially if that life is weak and suffering, which reveals in the most luminous and persuasive way how "at the centre of every culture there is the approach which man adopts towards the greatest of all mysteries – the mystery of God" (*Centesimus Annus*, 24). In contrary fashion, however, "when one denies God and lives as though he did not exist, or does not take his commandments into account, one easily ends up by also denying or compromising the dignity of the human person and the inviolability of his life" (*Evangelium Vitae*, 96).

2. The Gospel Must Become Life, Culture and History

Hitherto in this paper attention has been directed towards the relationship between the Church and the elderly person from the point of view of the mission of the Church, or rather what is better termed "evangelisation". In this sense, from what has already been argued it is possible to conclude by asserting that in the defence and the promotion of the integral truth and the personal dignity of the elderly person the challenge of evangelisation is also to be found, and especially – in a certain sense – in today's world.

We must now turn our attention to examining the concrete historical needs of the evangelisation of the elderly person so that we can then go on to define *certain guidelines for pastoral action*. I will confine myself here to brief references, almost a list of headings by which to draw up a *liber pastoralis* of the condition of the elderly person.

1) *Why is pastoral care for the condition of the elderly person necessary?* Our answer is the following: not only, nor primarily, because of the problems which the elderly person raises for the Church given present-day social and cultural conditions, even if such situations require accurate evangelical assessment in order to discover there the signs of the plan of God and the pressing requirements that this plan poses for the Church and the believer (cf *Gaudium et Spes*, 11 and 44). But in original and new terms for the loyalty which the Church owes to her Lord to live out the mission which she has received to evangelise and to give the new life of the Spirit to all men and to each man without any form of discrimination or exclusion.

It is loving obedience to Christ which is the reason and at the same time the strength behind the Church placing herself at the service of the elderly person. There is nothing more compelling and more fascinating than this renewed experience today of carrying out the same mission of Christ, redeemer of man and "physician of the flesh and the spirit" (St. Ignatius of Antioch, *Ad Ephesios*, 7, 2).

2) The Church which places herself at the service of the elderly person is the Church *in the unity and the variety of her members*. The pastoral agent is always the whole of the Christian community which acts by utilising the various gifts and charisms, tasks and services, resources and responsibilities with which the Holy Spirit continually enriches it.

It is in this context that the active and responsible role of the elderly person must be clearly promoted, and this person is not only an end or a recipient but also a moving spirit or agent of pastoral action. The elderly person receives from the Church but *receives in order to give*. Hence the existence of a double need: on the one hand the need to make the whole of the ecclesial community aware of, and sensitive to, the problems and the resources of the elderly person, and on the other the need to stimulate to the utmost the active and responsible participation of the elderly themselves in the pastoral service provided by the Church both in general and in the specific area of the condition of the elderly.

3) As has already been observed, the pastoral action of the Church involves *the preaching of the Gospel of Christ*, and thus the revelation of the real face of God and the authentic dignity of man. Such a revelation necessarily has implications for the elderly person as well.

The elderly person, like everybody else, needs God, needs to know Him, to love Him, and to serve Him. As a result, pastoral care for the elderly must have as its first objective a religious goal, that is to say the objective of helping and encouraging the elderly person in his or her life of faith, and thus in his or her relationship with God. This is an essential element in pastoral action which sometimes at least, unfortunately, has an Enlightenment impress and which is chiefly, if not exclusively concerned, with human aspects as if the needs and requirements of elderly people concerned solely their health, their material wellbeing, their integration into social life, and so forth. There are, it must be stressed, also affective, moral and spiritual dimensions. And there are also, in addition, features of a strictly religious character. As experience constantly teaches us, the tribulations of the life of the elderly, the situations which characterise the third age, and the realities of living for a long time, can raise problems for a person's faith, above all else in relation to the actual paternal love of God which is challenged by the many trials and sufferings of life. Just as these elements can promote a purification and an intensification of life in faith, so all this requires pastoral action committed to the encourage-

ment of *a real and authentic "spirituality"* of the condition of being elderly. This is a spirituality which derives from an evangelisation which reveals and gives new life through the spirit and which energises its dynamism towards holiness or perfect love. Just as the Christian vocation to holiness is universal, so pastoral care for the elderly finds here its fundamental and inescapable role and function. (I would like here, if I may, to refer the reader to my own publication on the subject: *Nella Vecchiaia Daranno Ancora Frutti. Per una Spiritualità dell'Anziano*, Milan, Ancora, 1988). At the same time it should be pointed out that evangelisation also means revelation of the integral truth and personal dignity of every man. Hence the necessity for pastoral care for the elderly to be committed to respect, veneration and love for the elderly person in the belief that within him or her there always shines forth, even in the most difficult situations of weakness and precariousness, the splendour of the face of God, in the image of whom he or she has been created and redeemed. In this sense another objective which is necessary and important for pastoral assistance in this area is to ensure that everybody, including the elderly person, *is aware of the personal dignity of each individual*. With convinced and indomitable courage we must construct a civilisation of the truth, and in particular of the truth of man, and of every man.

4) Let us now turn to the observation which has already been made in this paper, namely that pastoral work must actively involve the elderly person himself or herself with *all his or her special characteristics* which themselves must be applied to evangelisation. As the Holy Father has written in the exhortation *Christifideles Laici*: "I now address older people, oftentimes unjustly considered as unproductive, if not directly an unsupportable burden. I remind older people that the Church calls and expects them to continue to exercise their mission in the apostolic and missionary life. This is not only a preliminary for them, but it is their duty even in this time in their life when age itself provides opportunities in some specific and basic way. The Bible delights in presenting the older person as the symbol of someone rich in wisdom and fear of the Lord (cf. Sir 25:4-6). In this sense the "gift" of older people can be specifically that of being the witness to tradition in the faith both in the Church and in society (cf. Ps 44:2; Ex 12:26.27) the teacher of the lessons of life (cf Sir 6:34; 8:11.12), and the worker of charity".

And with reference to the present-day situation the Pope continues: "At this moment the growing number of older people in different countries worldwide and the expected retirement of persons from various professions and the workplace provides older people with a new opportunity in the apostolate. Involved in the task is their determination to overcome the temptation of taking refuge in a nostalgia in a never-to-return past or fleeing from present responsibility because of difficulties encountered in a world of one novelty after another. They must always have a clear knowledge that one's role in the Church and society does not stop at a certain age at all, but at such times knows only new ways of application. As the Psalmist says: "They still bring forth fruit in old age, they are ever full of sap and green, to show that the Lord is upright" (Ps 92: 15-16)" (n.48). The Pope at the time of the Older People's Jubilee of 1994 also declared: "According to the divine plan. each individual human being lives a life of continual growth, from the beginning of existence to the moment at which the last breath is taken. The programme of continual growth is projected upwards towards the exciting imitation of the very perfection of God".

5) Pastoral care for and with the elderly person, precisely because it revolves around evangelisation, must seek to *create a new culture*, a new vision that is to say of the life of elderly people in line with the criteria which come not from "this world" but from the Gospel. Christians, indeed, as children of the light and of the day, are called upon to see long life through the eyes of faith. In order to behave like children of the light (cf Eph 5:8), therefore, they must welcome the integral truth of, and promote absolute respect for, the personal dignity of the elderly person, as indeed has already been stressed more than frequently in this paper.

The Gospel and faith release an original force which can generate and nourish the "culture of the truth" and thus the "culture of life". This is a culture which on the one hand condemns and unmasks all the unilateral and reductive falsifications and interpretations of the truth and the dignity of the elderly person, and on the other opens up new horizons for the understanding of this truth and for the promotion of this dignity.

The transmission of such a culture takes place through the various channels of the word and life – the preaching of the Gospel, the catechism, the teaching of the Church, education in favour of a moral conscience, social communication, and the innumerable expressions of respect, love and help towards the elderly person.

The strong and stimulating words of the encyclical *Evangelium Vitae* can also be applied to the universe of the elderly: "In our present social context, marked by a dramatic struggle between the "culture of life" and the "culture of death", there is need to *develop a deep critical sense*, capable of discerning true values and authentic needs... All together, *we must build a new culture of life*: new, because it will be able to confront and solve today's unprecedented problems

affecting human life; new, because it will be adopted with deeper and more dynamic conviction by all Christians; new, because it will be capable of bringing about a serious and courageous cultural dialogue among all parties. While the urgent need for such a cultural transformation is linked to the present historical situation, it is also rooted in the Church's mission of evangelisation. The purpose of the Gospel, in fact, is to "transform humanity from within and to make it new" (*Evangelii Nuntiandi*, 18). Like the yeast which the leavens the whole measure of dough (cf Mt 13:33), the Gospel is meant to permeate all cultures and give them life from within, so that they may express the full truth about the human person and about human life"(95).

6) What has been said in this paper concerning a culture of truth and life and the elderly person opens up another aspect of the pastoral work of the Church which while developing within, and in favour of, the ecclesial community and its members, *also addresses itself to human and civil society*. Indeed, the Christian faith, just as it does not wound man but raises him up, so also does it open up new ways of approaching the elderly person which grasp and recognise his entire truth and authentic dignity. In this way, evangelisation ensures the highest level possible of humanisation for man, as was observed in parallel and similar fashion by Vatican Council II itself: "Whoever follows Christ, the perfect man, makes himself more man" (*Gaudium et Spes*, 41).

From this point of view we can apply what the Pope wrote in *Evangelium Vitae* to the questions and issues connected with the elderly seen in terms of their truth and treated in line with their dignity: "*The Gospel of life* is not for believers alone: *it is for everyone*. The issue of life and its defence and promotion is not a concern of Christians alone. Although faith provides special light and strength, this questions arises in every human conscience which seeks the truth and which cares about the future of humanity. Life certainly has a sacred and religious value, but in no way is that value a concern only of believers. The value at stake is one which every human being can grasp by the light of reason; thus it necessarily concerns everyone" (*Evangelium Vitae*, n.101).

This means that the Christians involved in pastoral assistance to the elderly and with the elderly should neither forget that they are men nor neglect to pay attention to all the human aspects of pastoral work. It also means that the ecclesial community is called upon to strive to find and increase the opportunities for encounter, dialogue, and co-operation with all those people, even non-believers, who are commited to the life and the dignity of every human person, and thus work to build a society which is really and fully human. Once again a quotation from the encyclical *Evangelium Vitae* helps our purpose: "The "people of life" rejoices in being able to share its commitment with so many others. Thus may the "people of life" constantly grow in number and may a new culture of love and solidarity develop for the true good of the whole of human society" (n. 101).

7. Let us now finish the list of the headings of what I have called the *liber pastoralis* of the human condition (incomplete as it obviously is) with a discussion of the *contemporary and future importance of the pastoral mission of the Church for and with elderly people*.

This importance springs both from the high number of elderly

people within the Church and in society, and from the scale of the difficulties and the resources that such people raise and constitute for society as a whole. In such a historical perspective there are certainly those who believe that the end of this century is really characterised by pastoral care for the elderly. Cardinal Giovanni Colombo, Archbishop of Milan in 1973, wrote: "It has already been observed that our century has special characteristics. At its beginning, with the decree of Pius X on communion and the very young, we witnessed the flowering of pastoral assistance to the very young. In its middle, because of the impetus given by Pius XI and Pius XII to Catholic Action, this century was marked by a vast and vigorous pastoral initiative in relation to young people and adults. Is it a mistake to think that the end of this century will be characterised by an intense and co-ordinated pastoral action for the third age? I believe that this is no dream" (*La Pastorale della Terza Età*, Milan 1973, p. 43)).

There is another perspective which is more interesting and more instructive, or so it seems to me, and which is bound up with the unity and the complementary variety which characterises the Church in her being and acting. Precisely so that the Church can be fully herself, and thus in perfect harmony with the vocation which she receives from Jesus Christ, she is sent to everybody and is committed to the salvation of everyone. Thus the existence of the absolute need for a development of the various forms of pastoral action which should be assessed and evaluated in relation to their specific characteristics and co-ordinated in the unique and unifying mission of salvation which has been entrusted to the Church. The exhortation *Christifideles Laici* helps us from this point of view with the evangelical icon of the "master of the house" who calls his workers to his vineyard at *different times during the day* – some at dawn, some at about nine in the morning, others at midday and three, and the last at five in the afternoon (cf Mat 20:1ss).

This exhortation takes up and reproposes the comments made on this section from the Gospels

which were advanced by St Gregory the Great when he chooses to interpret the different hours of the Call in terms of the *different stages in a person's life*: "It is possible to compare the different hours", he writes, "to the various stages in a person's life. According to our analogy the morning can certainly represent childhood. The third hour, then, can refer to adolescence; the sun has now moved to the height of heaven, that is, at this stage a person grows in strength. The sixth hour is adulthood, the sun is in the middle o the sky, indeed at this age the fullness of vitality is obvious. Old age represents the ninth hour, because the sun starts its descent from the height of heaven, thus the youthful vitality begins to decline. The eleventh hour represents those who are most advanced in years...The labourers, then, are called and sent forth into the vineyard at different hours, that is to say, one is led to a holy life during childhood, another in adolescence, anohter in childhood and another in old age" (*Hom. in. Evang.* I, XIX, 2).

Near to the Jubilee and on the threshold of the third Christian millennium, the hope is that all believers, from children to the elderly, will know how to receive with full commitment and live with intense joy the appeal of the Lord Jesus which is always to be heard in his Church: "Away with you to the vineyard like the rest" (Mt 20: 7). St Gregory the Great, once again, drives us forward with his words: "Look at the way you yourselves live, dear brethren, and decide whether you are already labourers of the Lord. Let each person assess what he does and reflect on whether he works in the vineyard of the Lord" (*Ibid*.).

His Eminence Cardinal
DIONIGI TETTAMANZI,
Archbishop of Genoa

Round Table

The Elderly in the Ecclesial Community

FRANCISCO ALVAREZ

The Elderly Person in the Local Church

The following popular saying exists in Thailand: "Temples are for the elderly". That old age should in itself be a reason for the intensification of, or return to, religious practice does not appear to be especially evident at first sight.[1] However, or at least in the West, it is more than obvious that the elderly are the category of people who most attend our often half-empty churches.

It is equally certain that the Christian community engages in large-scale welfare work in favour of the so-called "third age". Geriatric nursing homes created in the main by religious congregations or produced by local parishes, clubs for elderly people, movements born within the Church (such as the "Ascendant Life" movement), groups of voluntary workers, groups engaged in pastoral care in the health care field in parishes – all these are certainly the most obvious expressions of this state of affairs.

These two phenomena certainly raise a number of questions or, at the very least, are not without a certain dimension of ambiguity.

Thus it is that the presence of the elderly person within the Church is not always favoured or wanted. The parishes "are not happy at the large number of elderly people who are present and experience them first and foremost as being a burden".[2] There are certain basic reasons for this state of affairs. The Christian community is not completely immune to the gerontophobia which characterises Western society and which expresses itself in prejudices, stereotypes and forms of discrimination. Old age tends to be seen as a pathological stage of life, as a period of superfluous time, as a useless and unproductive stage of existence. The elderly person becomes distanced from the general consciousness because, whether this is wanted or not, he or she reminds us of our final limitations and the elements of decline which precede that end.

In this sense, the elderly person is largely seen as a passive consumer of acts of worship, as someone who uses religion as a form of socialisation (and perhaps even of entertainment), or who takes refuge in it as though it was the last staging post of salvation. They are safe "customers" who play a secondary part in the action of pastoral care carried out by the community. Furthermore, a real and authentic form of pastoral care practised by elderly people in favour of elderly people often does not exist at all. In the same way, suitable advantage is not taken of the human and spiritual resources which elderly people have to offer.

At the same time welfare work often conceals a kind of instinct towards the institutionalisation (distancing, segregation) of those who are "different" and fails to direct sufficient attention towards the instruction of the family – the first entity responsible for the integration of the elderly person into society. Such welfare work tolerates manifestations of paternalism towards elderly people and at the same time is not concerned with the need to engage in the transformation of culture – something which is an indispensable pre-condition to restoring the axiological and cultural role of the elderly person within society.

My paper, therefore, begins by upholding the *value of old age* and sees it as a time and journey of fullness and not only as a period of decline and fall, and places this perception within an overall and unified vision of human existence.[3] From this starting point it is possible to have a correct approach to the action of the elderly person in local churches and thus to what the mission of the Church towards the elderly person should actually be.

1. "You Have a Mission to Perform" (CL 48)

It is well known that John Paul II is very concerned with making sure that the elderly person regains his or her condition of being an active subject. This is something which he has expressed clearly in such documents as *Evangelium Vitae* and *Christifideles Laici* and in a large number of public pronouncements. Addressing himself to elderly people the Pope declared: "You are not to feel yourselves as persons understimated in the life of the Church or as passive objects in a fast-paced world, but as participants in a time of life which is humanly and spiritually fruitful. You still have a mission to fulfill, a contribution to make."[4] This statement places old age on a long trajectory which goes well beyond the data of sociology concerning old age and geriatrics. It is clear that the process of ageing and old age itself have a biological basis and take part in a socio-cultural context. It is also clear that a genetic programming exists which leads to physical decline and to other forms of decadence, and that our life takes place in a limited space of time. However, this stage of life is above all else a *biographical experience* within the always unfinished project of personal existence. Excessive or unilateral attention paid to what happens within the body can lead us to forget the real nature of old age. Indeed, "we should not be surprised at the fact that 'growing old' has not been transformed into a mere object of help and care but has become the subject of study of very many sciences and disciplines."[5]

As is the case with all biographical events, we need to uphold the primacy of being over having, of the biographical over the biological, and of freedom over instinct. This is what confers on every elderly person his or her own original, unique and never to be repeated character. Old age is not a sentence with small spaces of freedom which is limited by an unrepeatable past and a frightening future. As experiences demonstrates, old age is not necessarily synonymous with illness, deterioration and overall decline. Like every other stage of life, old age has "its own face, atmosphere and temperature, its joys and its sufferings".[6] It is possible to grow in a state of decline, to experience gains as well as losses, and to crown one's own existence to the full without ignoring a finiteness which is inescapable.

In an overall conception of existence, the ebbing away of life is much more than a sunset accepted by the individual concerned. Except where impediments of a pathogenic character are present, the values of the spirit can mature and give fruit at the same time as the physical condition declines.[7] Indeed, "it costs less to make a body than to build a person; more years are needed to become free than to renew one's own cells; it is more arduous to grow internally than to feed the body, more difficult to cultivate the spirit than to gather news, and more laborious to learn to live than to die. The task, therefore, of being a person and being a person to the full does not finish with the event of death. There is a suitable time for the crowning of this task – old age".[8]

There are in reality only two fundamental approaches: acceptance or rejection-denial. In both cases what is involved is not only the past (integrated and accepted or complained about and denied) but also the present with its limitations and possibilities, with its open horizons or its uncrossable frontiers. Beyond its roles, the question of work and a sense of usefulness, ageing is above all a *task with reference to the inner man*. The first mission of the elderly person, therefore, is the elderly person himself.

The first thing which is required is the need for *integration*, that is to say the solution of the conflict between inevitable deterioration and the aspiration to growth.[9] The outcome depends in large measure upon the experiences which have characterised the elderly person's history. This is because hope about the future is also nourished by the "reasons" of the past. Hence the importance of the need to learn how to grow old, to maintain one's identity as the years pass, and to reach old age with the belief that one has lived, loved and taken decisions – in the final analysis to have maintained one's own self in tact (complete) notwithstanding the very many vicissitudes of life.[10]

In the achievement of integration the task of *remembering* plays an important role. This is a faculty which is often not appreciated and which is even penalised by young people and by adults. The elderly person needs to remember in order to reinterpret his or her own history when faced with the new experiences which he or she undergoes, in order to heal wounds, in order to have a positive view of what at other times appears negative, in order to entrust his or her past (if he or she is a religious believer) to the mercy of God, in order to give thanks, and in order – as Ortega y Gaset would say – to hurry towards the future.

In the healed memory and in looking forward to the future, the rediscovery of the persuasive value of the *essential* also plays its part and emerges. During this stage of his or her life the elderly person has the great opportunity of being able to put his or her ambitions in their proper perspective and to perceive the value of what is apparently useless, such as the giving of time, a relaxed relationship, new friendships, and the cultivation of intimacy. At the same time, his or her mind and his or her heart can dwell upon the fundamental truths of life, those truths which act to support his or her identity and prepare him or her for the acceptance of death – the final great objective.

In these tasks the elderly person is also offered the opportunity of exercising a new *sovereignty over time*. He or she can exploit the time which was previously denied to him or her and discover new opportunities which at times have been stolen from him or her or even actually suffocated by the elderly person. This is a time for sought after solitude (or perhaps even imposed loneliness), of calm and of tranquility, of the search for new experiences, of the generous devotion of hours to other people and of the ability to do so. This is a time for entertainment and a relationship with God, or perhaps for a return to the experience of a faith which has gone into hibernation. Pushed forward by the urgency of freedom when faced by final truths, the elderly person needs time to make his or her final assessment of his or her life and to learn to leave this world in a reconciled state and with love.

Despite all its limitations which medical science in some cases can attenuate, overcome or even prolong, old age "can be a fruitful stage of life and the elderly person can be a useful and valuable member of the community".[11] Employing this approach I like to see old age as a kind of *parable of the kingdom* open to a deeply-felt reading by the Christian community. Elderly people, because the condition of being elderly and because of the character of contemporary culture which in many ways is hostile to them, are a real and authentic challenge for the Church. The active participation of elderly people will depend upon the extent to which this challenge is met.

Elderly people are a *parable of the kingdom* because they are *symbols of the human condition*, of its radical indigence and its vocation to fullness. In sociological terms in many cases they are a living memory of those with whom Christ identified in a particular way – today old age, like youth, is the *most vulnerable* age. For this reason it is a source of new moral requirements and needs with regard to the family, society and the Christian community.[12] Furthermore, the Christian community must perceive in the elderly person, and through the elderly person, the real and authentic revelation of the salvific design of God. The offer of salvation continues to have in the poor (and in the new poor) a kind of theological location for the transmission of the glad tidings and for a deeper understanding of the identity of the community which communicates those glad tidings.

Elderly people *call upon* the local Church and constitute for the local Church a wealth which is in practice despised and thought little of. They are above all else a *living memory* of fundamental salvific truths which the Christian community runs the risk of forgetting given the present state of contemporary culture. For example the *value of life*. The elderly person – especially when he or she undergoes serious deteriorations – refers us to Him in whom "we live, and move, and have our being"(Acts 17:28) and from whose breath we live (Psalm 103:29). At the same

time he or she reminds us of the fragility of life, which is always valuable, uncertain and necessarily and inevitably near to death.[13] Equally, the presence of the elderly person within the community is a source of, and a reason for, *humanisation*. A Church which is expert in humanity must see elderly people as "masters of life" who demonstrate, even without seeking to do so, the hidden face of truth and the deepest truths of the human condition. Together with sick people, the poor, and children, the elderly are the best opportunity the Christian community has for bring the best out of itself as a human community – its solidarity, its concern and care for the weak, its capacity for understanding and its realism.

This humanising approach is enriched in a logical way by an understanding of the *mission* which has been entrusted by Christ to his community. Whether this is wanted or not, the elderly who attend our churches, who ask for services, and above all else seek attention and being listened to, are a permanent indication of the real nature of the mission of the local Church. Those who have stopped working and have become so-called "individuals without a role" are by the same route at the heart of this mission and take part in it even though this is not actually recognised.

In other words they remind us that this mission does not only involve "doing" but also means "allowing to do". This mission is present in silence and in speech, in solitude and in communion, in devotion to God and in serving one's neighbour, in sacrifice and in adherence, in the cross and in the Tabor, in the witness of one's own life and in well thought out programmes.[14] Elderly people, therefore, remind the Christian community, which is very often involved in other forms of activity and concerned with groups of people who offer greater "gratification", that the mission is at its best at its end – that is to say when we discover that in our lives the winds are as important as the oars, when we stop having excessive trust in our machines and our horses and we open up like humble instruments to the freely-given action of God. This is not possible without the cross or the symbols of the cross.

Elderly people are not only a parable which reminds, directs and teaches. They also act. Three very practical examples may be taken to illustrate this fact.

– *The building of the Church as communion*.[15] In the communities where he or she participates actively the elderly person performs a symbolic role of intergenerational cohesion, comparison and communion. He or she brings wisdom which has been accumulated over many years,[16] a sense of tenacious loyalty, a greater readiness to give of his or her own time, a capacity for patience and tolerance, understanding and acceptance. In this sense the local Church cannot, and must not, influence the role and abilities of families. A distancing and segregation of elderly people, in addition to impoverishing us, tends to create artificial communities which – and this is something which is far worse – become ever less human and humanised. In contrary fashion, the Christian community, thanks above all else to elderly people, the poor and the sick, is a sphere of grace and health, a space where the gift of communion is received, and probably the only place where the fragmentation to which the elderly person is subjected by society can be broken. Modern society, indeed, sometimes treats the elderly person as a useful voter, sometimes as a consumer of goods, sometimes as a sick person or as a user of health-care services, and sometimes as a burden for society and the family.

– *A transmitter of the faith*. Contemporary society has an excessively digital and pointed vision of history. Systems break down, everything becomes fragmentary, relative and provisional, experiences and feelings are assessed to the deteriment of real experience. In contrary fashion, we encounter here a good opportunity by which to recover the transmission of the faith as a *tale of the history of salvation* as narrated by credible witnesses who have kept the faith and maintained their loyalty despite the crises provoked by the uninterrupted series of changes and who, above all at the end of their lives, bear witness to the rewarding value of their Christian experience. As is the case with other fundamental experiences of life (for example conjugal life), so too does the communication of the faith take place by "contagion", that is to say through the persuasive power of life, more than by means of doctrine. Elderly people must not be catechists. However, it would be strange for a local Church, from the outset, to ignore the testimony of elderly people and to refuse to use them as means for the evangelisation of the other generations.

– *Servers of the community*. "Pastoral care for the elderly often seems to be characterised by a certain caution. There is hesitancy in asking, there is a reluctance to force things, there is a lack of commitment to proposing. It seems the case that with the passing of the years and the decline of strength it seems to be thought right to let everyone do or believe what can be done and believed with greatest ease".[17] With the exception of certain justified cases, this approach is the product of a distorted vision of old age and certainly the outcome of a rather unplausible idea of the mission of Christians.

Both gerontology and the behavioural sciences which deal with old age emphasise the need for elderly people to find *new goals* which will keep them active, which will maintain their vitality and which will prevent them from entering the vicious circle of self-closure, loneliness and hardening. "In order for old age not to become a laughable parody of our inner experience there is only one answer – to go on pursuing goals which give meaning to our lives, and these are dedication to other people, to collective interests and to causes, social and political work, and intellectual and creative initiatives".[18] There are many Christian communities which benefit from the generosity of elderly people. These latter perform a variety of services and do not despise those who are the most humble. They provide proof of loyalty and constancy, and these communities encounter one of the values which they most appreciate – the conservation of relational bonds and networks.

2. Old Age: a Task for the Evangelising Mission of the local Church

"The Catholic Church, like civil society itself, must understand that elderly people do not only need free care and attention. They have their own charisms and they can be very valuable citizens who share the wealth of their lives with the younger generations".[19] As has already been observed in this paper, the mission of the local Church in favour of the elderly can only be approached by employing this positive vision of old age. The second part of this paper is divided into five subsections.

2.1. Changes in Mentality in the Local Church

Strong data exist which demonstrate that a positive approach towards old age on the part of the Church is really present. The raising of the retirement age for priests and bishops and the fact that many consecrated men and women do not have an age limit for their activities certainly suggest a dynamic idea of human existence (much more than a "continuistic" vision of one's mission); indicate respect for the theological dynamism of life in the Spirit; and also reflect the belief that the Christian life only has meaning in its *totality* whose ultimate objective is the fullness to which we are called. These and other data, however, are not sufficient. In many local Churches a change in mentality has taken place, primarily as a result of the sociology of old age. In the West above all else today's elderly person is different from the elderly person of yesterday. Thanks to a series of factors average life expectancy has risen markedly and in many cases the length of a reasonable quality of life has also been extended, thereby progressively postponing the so-called "pathological stage". People arrive at the end of life in psychophysical conditions which are much better than they once were and with a higher cultural level. Today elderly people are more aware of their rights and the real role and influence which they have within society. Their various kinds of associations greatly increase in number, they are active in groups dedicated to voluntary work, they attend lessons in the "lecture rooms of the third age", they go on trips which they have never taken before, and they take advantage of the wonderful opportunities provided by abundant free time.[20] Old age is not necessarily a brief temporal space to be gone through in an empty sense.

At the same time, as has already been observed in this paper, people today grow old in a society which is increasingly subject to ageing. A large number of factors make this stage of life more difficult and more vulnerable. Socio-economic situations of great precariousness, the break-up of the family and being abandoned, imposed loneliness, forms of discrimination in care and treatment brought about because of rules and practices relating to age – all these are elements which powerfully affect the experience of old age. In essential terms, old age is conditioned and influenced by a culture which excludes the patient dimension of life, which is unable to see existence in terms of humility, and avoids to the utmost what Teilhard de Chardin called the "passivity of life", which turns personal independence into a cult and rejects every sign of dependence, which proposes models of health which are impossible for elderly people, and which makes a cult out of youth and beauty.

How should we react to these new realities of old age? As long as the positive evaluation of old age by the local Church remains real and authentic, that Church should be near to the elderly person and be aware of his or her personal and family context. Cases of extreme loneliness and abandonment always exist – and this is something we cannot forget – where there is a Christian community which is often distant and not moved by solidarity. What is at issue here is not only Christian solidarity. The change in mentality which has taken place also affects other dimensions which are equally deep – for example the idea that the community is a place of mission or a "place of worship", the meaning of life and death and the ability to illuminate them with the faith, the Church as communion or as supplier of services, etc.

The art of growing old should be taught within the Christian community, as well as how to live out old age and live with elderly people. A Church which is nearer to life will certainly be healthier and at the same time will encourage its members to think again about the meaning and relevance of "activity and passivity, of energy and acceptance, of vigour and weakness, of dignity and humility, of drive and tranquility, and naturally enough of work and play".[21] These are notions and values which old age places in a state of crisis but which must be illuminated by the faith.

2.2. The Evangelisation of the Culture of Old Age

Old age is not a mere biological fact. It is also by its very nature *cultural* in character and shaped by a series of factors which belong to that sphere which we usually term "culture". When we come to discuss the local Church here, too, one can and one must uphold the principle that the evangelisation of culture is "the most radical and global form of evangelisation of a society, because it seeks to make the message of Christ penetrate the consciousness of people in order to reach, through them, its mentality, institutions and all its structures".[22] Indeed, at the root of by no means few individual and collective forms of behaviour and attitudes which damage the dignity of the elderly person and his life, attention should be paid not only to the loss of values, and even less to moral perversion, but also to the cultural matrix of that society.

In this sense the task of the local Church is important and complicated in nature. But it has the means to hand to carry out this task. Beginning at the most elementary level, it is necessary first of all *to purify and modify the language which is employed* and thereby avoid both euphemisms, stereotypes and prejudices, and also what appears to be derogatory. After the question of language (which is never "innocent") there is the way in which old age is *treated* by society. Here we encounter the "model of health" of which elderly people are either beneficiaries or victims, the increase in life expectancy with all its various kinds of successes and costs, therapeutic overkill and the mentality of euthanasia, the utopian drean of a final mastery of the process of ageing, and at the same time the ill-treatment of elderly people.

An incisive form of evangelisation should place with an emphasis on an acceptance of the inevitability of *human finiteness*, and thus on the meaning of life and death. This should be done starting with the catechism for children. In addition to upholding suitable care for elderly people without any forms of discrimination based upon age, today and above all else in the near future even more than care (which necessarily ends up by being impossible) we need and will need support, accompanying, and emotional and spiritual support which will always be necessary and should also be effective. Efforts should be directed in fundamental terms to the transmission of values which can facilitate the process of growing old, change attitudes towards elderly people, and change those mental and physical conditions which act to deprive old of its human meaning and social significance.[23]

This evangelisation is not possible without the suggestion of *alterna-*

tives. On the contrary, the force of the initiatives which are taken lose energy in soil which has not been prepared through exhortation. The community of Christ must be a "community of contrast" where spaces of life and welcoming are offered and where people are helped to travel down the long path of *hope*. This means that culture is evangelised according to the levels of a new quality of existence ("more life to the years remaining") and where, at the same time, there is an unchecked proclamation of the radical inadequacy of the whole human being – we cannot save ourselves. Only God can respond to the deepest aspirations of man.

2.3. The Family of the Elderly Person

In the social context and within the fabric of meaningful relationships, it is the family that takes pride of place. "In by no means few cases it is the family which with a great effort offers the elderly person (especially when he or she is ill) a space of affection and dignity which is denied by the uprooting which takes place because of admission into an institution. This is done in addition to the provision of elementary care. Upon the family, in an often unbearable way, there falls the weight of the absence of institutions, the impossibility of achieving suitable attention at home, and environmental marginalisation. In other cases, unfortunately, the family itself does not take care of its sick relative in terms of emotional support or in an effective way."[24]

This is without doubt one of the most important areas of action of the local Church. A suitable evangelisation must take the structural and work difficulties of the family into account and at the same time be aware of the requirements imposed by the faith. Furthermore, the Church has the task of educating families so that they do what is possible to keep elderly relatives within the family in a state of enriching intergenerational living together, and at the same time "encourage the support and the solidarity which is at the base of the whole of the Christian community and work so that civil society provides those services (such as integrated home care, etc.) which act to support the family".[25]

A progressive raising of the awareness of the Christian community in relation to this whole question forms an important part of this undertaking. The same may be said of the need to construct a fabric of solidarity, to encourage voluntary work, to create parish groups of pastoral care in health, and to provide physical spaces of welcome and attention (which are limited over time) to elderly people.

2.4. The Promotion of the Spirituality and the Spiritual Life of Elderly People

Even Christian communities which are most caring and concerned in their attitudes towards elderly people and their families run the risk of directing their attention and activities towards the *welfare* side of the whole question. The Church should be aware of, and celebrate, the many various forms of concern to which so many Christian professionals, voluntary workers, visitors, and male and female religious, dedicate themselves. It is my opinion, however, that the most important question still outstanding as regards elderly people continues to be *their pastoral care and pastoral care for them*. This is a specific moment in evangelisation and amongst its fundamental aspects is to be found the promotion of a spirituality for this stage of life and thus for its spiritual life. Let us take two observations as our point of departure.

"Elderly people have an opportunity to pray, reflect and grow in their spiritual lives". However, "often they are not encouraged to develop their own spirituality because of a lack of understanding of their problems and difficulties. Free time can easily become transformed into a substitute for this need. It is therefore of urgent importance that the ecclesial community draws up systematic and organised pastoral care which is integrated into pastoral care for the family and such other areas as pastoral care in health etc.".[26]

At the same time old age is one of the privileged moments of existence which highlights the close relationship between *faith and health* understood in all its dimensions. Without entering into fundamental theological questions (which I have discussed elsewhere),[27] the belief that living according to the Gospel is therapeutic is increasingly gaining ground: prayer, religious practice, membership of a community, a sense of belonging, hope and faith in God – all these can be health-giving in impact as well as salvific in character.

Pastoral care for the elderly, therefore, must not be a new form of segregation but a concrete way of achieving salvation during a stage in life which is characterised by new experiences and objectives, by possibilities which were previously unknown, and in a very special way by the opportunities which are opened up for leading the human being to his or her fullness. It begins, therefore, from the inner resources of the elderly person, from the action of the Spirit which is in him or her, and from the possibility (which is always grace) to mature in the process of his or her own conversion. More than emphasis being placed on new forms of activity – which such pastoral care does not neglect – stress is laid on the need to *let do, to let God be God*, and thereby crown the shape of a life which has been lived. Great interior activity is required even though this is seen from the outside as passivity. And, at times, this is the final spiritual struggle in which resistance is overcome, a new humility is learned, loyalties are renewed, gaps are filled, an unknown kind of solitude is begun, a new and more authentic intimacy with God is experienced, spaces of silence and times of prayer increase in number, and the life of the Christian community is participated in along rather different lines.

For this reason efforts should be made to help the elderly person overcome the crises which are natural to his or her age, and especially those which are caused by the lose of *autonomy* and by a possible breakdown in his or her *identity*. With regard to the first question, the Church must do what can be done so that the elderly person is always seen as a subject of his or her decisions (except in extreme cases), avoid paternalistic attitudes or approaches which involve treating the elderly person as a child, and ensure to the end that the elderly person has a recognised and respected dignity. With regard to the question of identity, pastoral care plays a very important role. The loss of near and dear ones, of the elderly person's role and image, his or her meaningful relationships and social relevance, and the deep transformations which change his or her faith and religious observance, can all mean that the elderly person has a special need for *meaning*. The pastoral action of the Church must help him or her to answer such questions

as: *Who am I here and now? What am I doing with my life? What do I hope for?* It would be very sad if the elderly person, like the prophet, uttered the lament: "for nothing and in vain have I used up my strength"(Is 49:40).

Pastoral care, therefore, should take into account the fact that the elderly person, in adition to elementary welfare and psychological needs, bears within him or her (something which he is not always conscious of) certain *spiritual needs*. Amongst these are to be found: personal self-fulfillment, being grateful and receiving gratitude, taking leave from this world in a state of reconciliation and with love, confessing and sharing his or her faith, and continuity in time and hope in the world beyond.[28] Experience tells us that it is at this level that the preaching of the Good News, pastoral dialogue, the celebration of sacraments and other evengelising initiatives obtain their best results in the case of elderly people. In essential terms what we are encountering here is the question of spiritual health. To put it in other terms, pastoral action which pays attention to "well-being" is also a source of health-giving experiences (of peace and inner harmony, acceptance and trust..) and at the same time prepares the individual concerned for the final welcoming of salvation.

2.5. In the Heart of the Christian Community

Overall concern for elderly people, the marginalised and the sick is the paradigm of the vitality of the local Church and its loyalty to Christ. Today it is difficult to place such people at the "centre" of things and build the community beginning with them and not merely with them or for them. This is a choice which every day requires the grace of conversion and which, contrary to what is usually thought, does not mean that other pastoral activities have less value. It requires first of all and above all a change of mentality.

Thus the Christian community finds that it is also evangelised by elderly people and that they are a vital resource by which to understand its mission and transmit the Good News. It also comes to find that poverty and indigence (of which they are the visible signs) are an essential path for the welcoming of the salvation and health offered by Christ. Lastly, it perceives that their very existence, from the perspective of faith, is a parable of the Kingdom, a container of the fundamental nuclei of our faith.

The recovery of this centre will involve in concrete terms a kind of chain of new and renewing attitudes and initiatives. I will give a few examples of this: ensuring that everything is done so that they are integrated into the life of the community, take part in the mass of bread and the word, are listened to and have their testimony paid attention to, and that the community prays with them, from them, in their context, and for them; that their personal experience of God is seen in positive terms as a means of community communication, as a conduit for participation in the life and the mission of the Church; that their spiritual trajectory and spirituality, their religiosity and their personal ways of living out their relationship with God are respected; that initiatives in favour of associations are supported, and in particular those which they themselves promote; that new forms of exchange between the elderly and the young are encouraged and a more complete vision of the parish community is promoted; and that pastoral care for elderly people is not a mere appendix of parish or diocesan life.

Finally, pastoral action must be aware of the fact that the principal need of many elderly people is to maintain, renew or recoup certain *meaningful relationships* which save them from imposed loneliness, transmit esteem, warmth and respect for their dignity, help them to maintain vital energy until the end (so that death does not overtake them when they are already dead), and prepare them for their final meeting with the Father. And at the final awakening they will become filled with his presence (Psalm 17:15).

Prof. FRANCISCO ALVAREZ
Camillian,
Director of the Department
for Pastoral Care in Health
of the Spanish Episcopal Conference,
Professor at the "Camillianum".

Notes

[1] Cf M.A.SIROJ SORAJJAKOOL, 'Gerontology, Spirituality and Religion', in *The Journal of Pastoral Care*, 52, 2, 1998, p. 151.

[2] M.BLASBERG-KUHNKE, 'Los Ancianos en la Iglesia', in *Concilium*, 235, May 1991, p. 452.

3 F.ALVAREZ, 'Ser Anciano, una Tarea Saludable. La Ancianidad no es una Condena', in *Vita Religiosa*, 75, July 1993, 4, pp. 312-318.

[4] *CL*, n. 48.

[5] A.AUER, *Envejecer Bien. Un Estudio Etico-Teologico* (Herder, Barcelona, 1997), p. 244.

[6] H.HESSE, *Escritos Autogiograficos*, quoted by A.Auer, *op. cit*., p. 82.

[7] Cf A.INIESTA, 'Anciano y Enfermo. Caminos de Plenitud', in *Labor Hospitalaria*, 243, 1, 1997, pp. 41-42.

[8] F.ALVAREZ, 'Salud y Ancianidad en la Vida Religiosa. Ocaso o Plenitud?', in *Frontera-Hegian*, 22, 1998, p. 55.

9 Cf J.LAFOREST, *Introduccion a la Gerontogia. El Arte de Envejecer* (Herder, Barcelona, 1991), p. 62.

10 The contrary position is held by those who affirm, as is pointed out by F.Mauriac: *you cannot imagine what this torment is like: you have obtained nothing from life and you can hope for nothing from death*. F.Mauriac, *Le Noeud des Vipères* (Grasset, Paris, 1936), p. 85.

[11] W.OSWALD, 'Ageing, Health and Society: A Position Paper of the FIAMC in Preparation of the International Year of the Aged People', in *Decisions*, 14, 1998, p. 10.

[12] Cf F.SEBADTIAN, 'Actitudes Cristianas en la Atencion a los Ancianos en la Enfermedad Terminal', in *Dolentium Hominum*, 29, 1995, p. 21.

[13] Cf the Episcopal Commission for Pastoral Care (the Spanish Episcopal Conference), *El Anciano Enfermo, Mensaje del "Dia del Enfermo"* (1998).

[14] F.ALVAREZ, *Salud y Ancianidad*, p. 67.

[15] Cf L.SANDRIN, F.CARETTA, and M.PETRINI, *Anziani Oggi. Una Sfida per la Medicina, la Società e la Chiesa* (Ediz. Camilliane, Turin, 1995), p. 149.

[16] This has been defined as "exceptional understanding and capacity for judgement (for example the use of common sense, learning from experience, seeing things in their proper perspective, etc.), and communication and empathy (for example a source of good advice, thinking before deciding, understanding life, etc.). (S.G.Holiday and M.J.Chandler, *Wisdom: Explorations in Adults' Competence*, Basile Karger, 1986).

[17] L.SANDRIN, F.CARETTA and M.PERTINI, *op. cit*., pp. 150-1.

[18] S.DE BEAUVOIR, *La Vecchiaia* (Ed. Sudamericana, Buenos Aires, 1970).

[19] W.OSWALD, *op. cit*., pp. 9-10.

[20] F.ALVAREZ, *Salud y Ancianidad*, p. 17.

[21] H.OPPENHEIMER, 'Reflexiones sobre la Experiencia de Envejecer', in *Concilium*, 235, May 1991, p. 412.

[22] H.CARRIER, 'Nuova Evangeliccazione a Dottrina Sociale della Chiesa', in *Civiltà Cattolica*, 3422, p. 118.

[23] Cf D.CALLABAN, 'Ageing and the Goals of Medicine', in *Hastings Centre Report*, 24 (5), 1994, p. 41.

[24] Episcopal Commission for Pastoral Care (Spanish Episcopal Conference), *El Anciano Enfermo Mensaje*.

[25] Italian Episcopal Conference, Commission for Health and Welfare, 'Anziani e Malati Mentali', in *Il Regno-Documenti*, 15(1990), pp. 497-500, n.3.

[26] Pontifical Council for the Family, 'La Dichiarazione di Toronto sui Diritti a sulle Cure degli Anziani', in *Anziani Oggi*, 1(1995), p. 5.

[27] Cf F.ALVAREZ, 'Salute: Approccio Teologico', in AA.VV., *Dizionario di Teologia Pastorale Sanitaria* (Ediz. Camilliane, Turin, 1997), pp. 1079-1089.

[28] Cf F.ALVAREZ, *Salud y Ancianidad*, pp. 70-73.

ALFONSO LOPEZ TRUJILLO

Elderly People and the Family

The family must not be seen as one of the many contexts in which the lives of elderly people take place, as indeed is very often the case. The family is the place *par excellence* where the elderly person lives and must live. One is not dealing here with a physical place but of a set of relationships which go to make up the family whether the elderly person for whatever reasons lives or does not live with those to whom he or she is linked by kinship ties. The family is the integrating agent of all of its members. Within the family the elderly person must find his or her own place, and this must not be a secondary place. When the "wider" family loses strength and vitality because of the complexity of the urban-industrial world, and when, for example, the living space available becomes notably reduced in size and can scarcely host the so-called nuclear family, then in such circumstances there is a risk that elderly people will be distanced, and distanced not only from the place where the familly lives but also from the family's network of relationships.

One great risk which society and the family currently run, and which is certainly a very great injustice, is that of seeing the elderly person as a burden, as a useless weight which must be borne, thereby forgetting who the elderly person is and what he or she represents with all his or her richness and the broad range of support which he or she can offer.

During the celebrations of the international year of the family the Pontifical Council for the Family held an international conference *on the rights of elderly people* in Toronto in Canada. This was a very interesting meeting, as indeed the conclusions well revealed, and was also very instructive. Elderly people have a value, a dignity and rights which we must recognise and respect. In various cultures the role of the elderly person is authentically central. One can think here, for example, of Africa. In this continent I heard the following beautiful declaration: in our nation when an elderly person dies it is though a library had burnt down. Here we encounter homage for, and recognition of, what the elderly person is, the richness of his or her experience, and of his or her characteristic of being a necessary link in the intergenerational dialogue. In contrary fashion, in by no means a few countries the phenomenon of ageing is growing in strength, and there is the danger that an impoverished utilitarian mentality will see the elderly person merely as somebody who does not produce, who consumes, who requires expenditure and who needs forms of care and treatment. In a word, the elderly person may come to be portrayed as an expensive burden, and this is even more the case if old age is well advanced and the process of physical decline has become well established.

I believe that in order to deal with the various questions and issues connected to the subject which has been given to me to discuss at this international conference one must begin from the starting point of an anthropological framework which does not bury the dignity and the rights of the elderly person. The elderly person is made in the image of God, is loved by Him, and is on a path towards full fulfilment. He or she can offer a great deal, especially to the family.

I would like to return to the international conference held at Toronto. I must confess that on that occasion I changed a by no means few of the opinions which I previously held as the dialogue became more illustrative of the situation and the experiences of those who work with elderly people was communicated and achieved an impact on the audience. To refer only to certain facts, I had to change my views about, for example, the question of health. Eminent specialists in the field of gerontology showed us that it is possible today to reach an advanced age – and average life expectancy is increasing markedly – in a good state of health. Senile dementia, they said, is to be found in a very small proportion of the population. Naturally enough, we should not embrace an exaggerated form of optimism. The truth is that the marked increase in average life expectancy, which for example in Japan has reached the age of eighty (and somewhat more in the case of women), and which will progressively increase with the improvement in conditions of life and the quality of medicine, will mean that the relationships between elderly people and their families will become broader and more prolonged in time and will thus require greater responsibility on the part of the family itself. I would like to describe with the use of an anecdote another area where we should change our attitudes, in this instance with reference to the lucid experience of Madre Maria Antonia de la Trinidad, Superior of the Sisters of the Poor, called by the Lord to the house of the Father. We were visiting a home for the elderly in Toronto (a large number have been built largely thanks to the help offered by the Italian community). In a kind of flat there lived a lady

aged ninety-two. I asked her if her family relatives often came to visit her. She answered with surprise that it was she who often went to visit her own children at their own homes in order "to give them a hand". She was aware of the fact that she was being useful. I began to understand in a more incisive fashion that the problem – as it was explained to me by the illustrious female religious to whom I have already referred and who deserves special recognition for her love towards the poor and the elderly – was not whether the elderly must live in a physical sense with their family relatives. She told me that where possible they preferred not to do so for reasons of independence and in order not to be a disturbance. The problem, rather, was in the character, the warmth, and the frequency of the elderly person's relations with his family and in the recognition of what such relations really represent and constitute.

I believe that it is possible to achieve a permanent enrichment on the part of elderly people of their vital relationship with their families, with their inheritance of experience, tenderness and human maturity, and that we need to discover more and more in this area. Elderly people can be a guarantee for the transmission of human and Christian values. A number of specialists have pointed out that today there is a kind of abdication by the family of its mission of educating. They are afraid of educating in truth and in this way great holes open up. This fear comes both from a lack of an adequate grounding and from doubts about whether it is a good idea to apply wrongful pressure on the freedom of other people. With these kinds of arguments permissive ideas find space and it comes to be believed, even by young people themselves, that they are already educated in a general sense or do not actually need education. The books written by Dr. Tony Anatrella, a psychiatrist, are interesting here. Today the absence of parents in the educational sphere is filled by the presence of grandparents. I would say that they represent the continuity of the authority of traditional culture and in this instance with high levels of understanding and tenderness. And all this is integrated into an experience which also becomes a field of encounter and an opportunity for dialogue.

Our Ministry wants to organise an international conference on the presence of grandparents within the family. I believe that it would be very advantageous to gather together all the contributions on the subjects which could be made available on a large scale. With a length of time which is much greater, grandparents spend more time with their grandchildren, who, in turn (and this is especially the case in the rich countries) marry at a much later age. Let is remember, for example, that in Italy the average age of those who get married is roundabout thirty. Furthermore, elderly people have a great deal of free time available and can thus prepare themselves for this task with greater ease. In Italy there is the valuable experience of the "Universities for the Third Age".

Elderly people can perform a series of valuable tasks within the family, and perform some of the most important such tasks with regard to the transmission of the faith and moral values. In pastoral terms one opens up a whole range of possibilities not only for the family but for the whole of the Church, and this is because the pastoral role of elderly people can irrigate vast spaces in the life of the Church.

The family is and always will be the institution *par excellence to educate people*. It performs an irreplaceable role in this social dimension. And in this mission, which is also that of the wider family, grandparents can be agents of security, balance and effectiveness. There are other tasks, and here I refer only to those of a certain importance. One of the greatest difficulties which the institution of the family has to face is that of the work which so many mothers and wives have to do outside the home. This phenomenon is one of the most important causes behind our demographic winter – with the collapse in birth rates in certain nations being the result. Women do not have time available and begin to be afraid about becoming mothers because they are influenced by the spirit of the times. The spaces for dialogue and living together become reduced in size. Mothers who work find it difficult to devote the necessary care to their children, and this is especially the case when their children are very young. In this area society must act with creative imagination. In the family, in parishes or in other institutions, elderly people could offer company or other forms of important care to children. This would, naturally enough, work best within the family. The presence of elderly people is without doubt a great richness in achieving the complete and overall education of children.

The rights of elderly people with regard to society and the family must be recognised in all their fullness. An equitable balance between the right of elderly people to receive and the opportunity to give requires the establishment of a context which overcomes the simple game of economic interests and which is based – and the point must be repeated – upon an anthropological vision. There is a "quality of life" of the elderly person which cannot be reduced to a mere question of physical or mental health and to the costs which care and treatment may involve – it must concentrate, instead, upon what the elderly person actually represents. No institution is of more value than the family when it comes to ensuring that this "quality" is achieved. It is rather like a test of the humanity of the family. The Church could think here of a series of concrete services designed to ensure that the necessary forms of respect and welcome do not fail to be offered.

Although everything suggests that in many poor countries the strength of cultural values which are firmly rooted in that culture is a sort of spontaneous barrier of protection and involves active solidarity within poverty itself, the dangers run by elderly people in relation to the family in rich countries are growing. On the one hand, there are such elements as the loneliness experienced by elderly people. On the other, when the social and demographic pyramid becomes ever more inverted – that is to say when the number of children and young people at the base of the pyramid is insufficient – the number of elderly people increases and the population ages in a marked fashion. These are cultures where a human approach is being lost and where the risk that

the elderly person is forgotten and even comes to be despised is growing. We can say that the way in which the young families behave today towards the elderly will be the way in which they themselves will be treated in the future. It would be very wrong if everything which the elderly have sown, everything that they have contributed (and not only in the economic field), above all else in the children which are their pride and the extension of their love for themselves, were not recognised as a love which builds and makes worthy. We should draw the consequences from the commandment inscribed by God the Creator not only in stone but in the heart of humanity – *honour* your father and mother.

The Catechism of the Catholic Church teaches with regard to the fourth commandment: "God has willed that, after him, we should honour our parents to whom we owe life and who have handed on to us the knowledge of God."[1] This commandment does not only apply to the relationship with one's father and one's mother, which is the most universal, but necessarily also involves the kinship relations with the members of the family group. "It requires honour, affection and gratitude toward elders and ancestors."[2] It involves a reward: "Honour your father and your mother so that your days in the country which the Lord your God gave you are increased".[3] This reward is conferred on those who show "filial loyalty" in an approach made up of "gratitude toward those who, by their gift of life, their love and their work, have brought their children into the world and enabled them to grow in stature, wisdom and grace. "With all your heart honour your father, and do not forget the birth pangs of your mother. Remember that through your parents you were born; what can you give back to them that equals their gift to you?"(Sir 7: 27-28)".[4]

The Catechism of the Catholic Church also observes that as they grow up children must continue to respect their parents. They must pay attention to their wishes, often ask for their advice and accept their warnings.[5] We are dealing here with valuable suggestions for the family and more specifically for the subject which is addressed in this paper: "The fourth reminds grown children of their *responsibilities towards their parents*. As much as they can, they must give them material and moral support in old age and in times of illness, loneliness or distress. Jesus recalls this duty of gratitude (cf Mk 7:10-12)... 'O son, help your father in his old age, and do not grieve him as long as he lives; even if he is lacking in understanding, show forbearance; and in all your strength do not despise him.' (Sir 3:12-13)"[6] Special recognition is due to those who have been a source for the transmission of the faith. The Catechism quotes from St.Paul: "I am reminded of your sincere faith, a faith that dwelt first in your grandmother Lois and your mother Eunice and now, I am sure, dwells in you".[7] I have wanted to refer to these relevant observations made by the Catechism of the Catholic Church in order to repeat and uphold the belief with which I introduced the reflections of this paper which are only introductory in character – namely, that the family is the normal and suitable *place* loved by God which should respect the dignity of elderly people. This should be taken into account when tasks are allocated in the pastoral field. No institution, however strong or powerful it may be, whatever its means and instruments, can take the place of the family context when it comes to elderly people. What the family can and must do must not be supplanted. On the contrary, the family must be helped to perform its sacred and irreplaceable mission in this field as well. We should uphold the principle of subsidiarity and ensure that families, with the help of suitable legislation as well, do what they have to do. Just as parents must "regard their children as children of God and respect them as human persons",[8] so all the members of the family must regard their elderly relatives as *persons* who deserve gratitude, who perform a fundamental role, and who by their example and their experience, even when on the cross and in suffering, can give a great deal to their families. The elderly person is not a "weight" but a richness, and even more, in the eyes of the faith, a faith rooted to begin with in those who are most advanced in years – grandparents.

I would like to finish this paper with an example whose context is Boys Town in Omaha, Nebraska. At the entrance to this famous institution there is a sculpture of a young boy carrying his brother on his shoulders. It refers to a stormy night when these two children went to the founder of the institution. Padre Flanagan asked the boy if his brother weighed a great deal. In English but in dialect the boy answered: "He ain't heavy, he's my brother".

I would like to apply this example to the relationship between the family and elderly people. Such people are not a weight when love is present – a love which elevates and to which they have a right. Love makes everything which is heavy light, and how could one not refer to that famous statement by St.Augustine: "When one loves trials are by no means heavy but produce satisfaction...what is important is the object of one's love. When one loves one does not feel tiredness, or if one does feel tiredness that tiredness is itself loved."[9] "Animated by charity everything which was previously tiring will be easy; moved by charity everything which you thought heavy will be light."[10] In the final reckoning everything in the family is a question of love. Love brings out the dignity of the elderly person who, indeed, is loved by God. If God loves the elderly person who can fail to love him or her as he or she should be loved?

His Eminence Cardinal
ALFONSO LOPEZ TRUJILLO,
President of the Pontifical Council for the Family, the Holy See.

Notes

[1] *Cathechism of the Catholic Church*, n. 2197.
[2] CCC, n. 2199.
[3] *Es.* 20, 12.
[4] CCC, n. 2215.
[5] Cfr. n. 2217.
[6] CCC, n. 2218.
[7] *2 Tm* 1,5 in CCC, n. 2220.
[8] CCC, n. 222.
[9] ST. AUGUSTINE, *In epistula Iohannis ad Parthos*, VI, 21-26.
[10] ST. AUGUSTINE, *Sermoni*, 68, 13.

MARIE-SYLVIE RICHARD XAVIÈRE

The Elderly Person in an Institution

I have been asked to talk to you about my experience as a medical doctor in an institution for elderly people. As a member of a female religious order I practise medicine in Paris in a large Catholic institution dedicated to palliative forms of treatment. This institution was founded in 1874 by the Dames of the Calvary at that time led by Jeanne Garnier. I am also the medical consultant for a residence which offers temporary accomodation to elderly people. I also take part in the training of medical doctors and nurses in matters connected with palliative forms of treatment and the subjects of biomedical ethics.

In beginning my paper I would like to emphasise the marked and sustained role played by the Catholic Church and the believers of other religions in taking care of elderly people and the sick. The long tradition of our Church in the field of looking after people and treatment means that it is impossible to refer by name to all the founders – both male and female – of religious orders which dedicate their existence to this kind of service. In 1991, during the debate on euthanasia held at the European Parliament, the Superior General of the Little Sisters of the Poor described in an article the 150 years of experience of the order which has involved accompanying the elderly, and outlined the views and beliefs of the founder of the order, Jeanne Jugan: "to make elderly people happy is everything, and the Little Sisters must be encouraged to reach this goal through the instruments which are suitable to each elderly person, their capabilities, their interests, their past, their health...To make elderly people happy means to believe in the value of life, and we are witnesses to the extraordinary resources of elderly people".[1]

These few lines say everything. What is the situation today? In the West, because of the increase in life expectancy, the increase in the number of elderly people, the break-up of families, and various kinds of economic problems (the costs of looking after an elderly person at home are higher than those involved in placing such a person in a hospice), numerous residential structures and nursing homes for elderly people have been brought into being. They are either private or state-run, and can be profit or non-profit making. Such institutions which are Christian in inspiration constitute only a small proportion of the overall whole. These structures are of varying quality and do not always ensure that elderly people are looked after until they die. However, after meeting a marked number of health care workers, administrators, elderly people and their families in Europe and in Quebec, I feel that I can with confidence make the following statement: thanks to highly motivated teams which are to be praised that much more because they often work unnoticed, recent years have witnessed major advances in geriatric structures even though many problems remain which are chiefly of an ethical character. These problems concern us all and the ecclesial community should devote time and attention to their consideration.

1. A Situation which is still Unfolding

For about twenty-five years gerontologists and geriatricians have sought to look after elderly people in institutions as best as they possibly can and to improve their conditions of life. Innovative initiatives have been taken whose results have enriched our discussion of the subject which has always remained thoroughly up-to-date.

a. The Drawing up of Charters and of Reference Works

The national societies or foundations dedicated to geronotolgy have proposed a number of reference works in various countries. Their goal has been to recognise the dignity of the elderly person, to uphold his rights, and to protect him or her against forms of maltreatment which have been widely condemned. In France the "Charter of the Rights and Freedoms of the Dependent Elderly Person"[2] was made official in 1987 and then revised in 1996. This charter stresses and upholds the importance of information and freedom of expression, and lays emphasis on respect for the privacy, the dignity, the responsibility and the participation of such people.

b. Preparing Admission to, and Residence in, an Institution

The psychological preparation of elderly people for admission into an institution is indispensable before they are actually admitted. This is because they will have to undergo important fractures at a social, geographical and above all else affective level. The French charter declares: "the place where the dependent elderly person lives, whether his own home or an institution, must be chosen by him and must be suitable to his needs and requirements" (clause 1) and "every change in his place of residence, even when it involves his room, must be agreed upon with him" (clause 13).

In some structures a protocol for admission prevails. The decision of the person concerned is helped by the most objective possible kinds of information so that he or she can choose between a number of possibilities. A visit to one or two different

institutions is suggested so that he or she can experience the atmosphere of the place. He or she is allowed a period for reflection. The preparation for admission also involves an assessment of the nature of the consent of the elderly person because his or her consent can be given "for reasons of discouragement, submission or tiredness, or so as not to disturb or be a burden for his own relatives"[1]

Even when he or she is deemed to be incapable the elderly person must be associated with the decision. It is a good idea to prepare him or her for his or her move by talking to him or her on more than one occasion about the place he or she is going to and taking him or her to it a number of times. He or she is seen as a "subject" whatever his or her mental or physical deficiencies may be.

Preparation is followed by *welcoming*.

On the day of admission the person is welcomed by a member of the staff who helps him or her to settle down, introduces him or her to the other residents, and explains the way the nursing home works with regard to daily routine. Such explanations are repeated to him or her whenever necessary and this process of welcoming can prove to be very helpful.

During the following days it is a good idea to supervise the person's adaptation to his or her new surroundings and to gather all the information which can help in understanding who the new resident is. The staff continues to gather information on his or her habits, interests, capacities and hopes in order to draw up with him or her the chief outlines of a project which is suitable to him or her. This is done within a warm relationship.

The aim of this process is to supervise respect for his or her identity during this stage of his or her life which at times is so traumatising that the person either does not survive or takes refuge in dementia.

c. Another Conception of Dementia

Like Dr. J.Maisondieu, whose studies are well known at an international level, I believe that it is important not to see dementia only in physical terms. Its symptoms provide us with a message about the mental suffering of the person concerned. "People suffering from dementia have not lost their reason but they no longer have a reason to go on living and do not want to die—such, indeed, is their illness. Their mad behaviour is a form of behaviour of logical survival dictated by death".[7] Mainsondieu prefers the term "tanatosis" to "dementia" and the former refers to "the set of psychological forms of behaviour which are connected to anxiety about death and which revolve around the emergence of the decline of the mind". If medicine seeks to provide only clinical-anatomical support for this illness and refuses to attribute a meaning to its symptoms, then there is a danger that it will aggravate the illness and that the patients will increase their disturbances unwittingly in order to make themselves understood.

"The patient wants to destroy himself but he does not want to kill himself... the patient wants to disappear but he does not want to die".[7]

This concept of tanatosis enables us to approach the person who suffers from a different point of view and to make sure that he or she is less closed up within his or her own irreversible illness. Dementia springs from a number of factors. For this reason one must take care of the mental state of the patient, suggest psychotherapeutic instruments suitable to his or her capacities, dare to speak about death, be aware of his or her relational problems, and take into account the suffering of his or her family relatives. Through the help provided by various instruments the patient can at times come to recognise himself or herself and become aware once again of his or her similarity to other people. These are brief moments when it becomes possible to communicate with him or her once again with words. The sick person, like the health care staff, is marked by this experience. "He is not only an object which receives care and treatment but somebody with a life behind him and a life in front of him".[7]

Although it often seems preferable to create small units for people who are in a state of mental suffering, it is also the case that these must be real places of life where all the conditions exist for an affective life. Caludine Badley-Rodriguez[1] emphasises the importance of the quality of daily life, relations, stimulation, and the need for personalised forms of health care.

d. The Promotion of Palliative Forms of Treatment and Accompanying the Patient during the Last Stages of Life

In Europe for thirty years palliative treatments have been developed in the management of cancer and in some countries this has also taken place in the field of geriatrics. The French charter declares: "the elderly person must be able to end his own life in a natural and comfortable way, surrounded by his family relatives, with respect for his beliefs and taking his wishes into account".[2]

It is increasingly the case that long-stay structures and nursing homes encourage systems of training for their staff. "Integrated" sections have been established which promote the correct employment of palliative treatments and most of these institutions benefit from the spirit of these forms of treatment and give importance to looking at the pain which the elderly person has to undergo.[5]

Palliative treatments require a reasonable form of medicine which seeks to reduce symptoms without unnaturally prolonging life or provoking death, and which reduces moral suffering through the accompanying of elderly people and support for their family relatives.

These last often feel guilty when they entrust their elderly relative to an institution and they need to speak about their decision. They appreciate the readiness to help of voluntary workers and the willingness of the health care staff to listen to them. They can also be helped by a psychologist.

Spiritual and religious support is offered to those who wish for it and the person who has been admitted to the hospital or his or her family relatives should therefore be informed about this kind of service. The teams engaged in geriatrics share the philosophy of the teams who administer palliative treatment but they often do not have the instruments to hand by which to implement this philosophy.

e. Taking Account of the Suffering of the Staff

Daily encounter with old age, with physical or mental decline, and with death is certainly difficult. The staff suffer because of their powerlessness in numerous situations; they experience emotions and feelings which are strong and at times which are contradictory. If their conditions of work are not satisfactory they may end up by developing the so-called syndrome of "burn-out". Some structures seek to avoid this outcome by offering their staff a special kind of training and psychological sup-

port through talking and listening in the form of "word groups".

The role of the group is essential in achieving quality of work, consistency in the decisions which are taken, and providing mutual support. The group takes shape around a project or plan and each member of the group does his or her best to ensure that this project or plan is realised. In addition, the group needs recognition and satisfaction if it wants to perform its difficult task.

2. Certain Problems Nonetheless Remain

Despite these various developments, certain problems nonetheless remain and certain situations are still in existence which are to be condemned.

a. A False Image of Ageing

Public opinion is still not aware of the fact that the conditions of ageing have substantially improved. Indeed, most people over sixty grow old in good conditions. Less that 5% of people over sixty-five in France are in an institution, and only 12% of people over eighty are forced to live in health care structures. The image of ageing is still negative in the eyes of public opinion and this is because such opinion identifies elderly people with sick elderly people.[5]

As a result we are faced with a disasterous and false image of growing old which leads to the social exclusion of the whole of one part of the population.

b. Violence Towards Elderly People

There are increasing reports of violence in various forms committed against elderly people.

A very low proportion really agree to enter an institution, especially for a long stay or to belong to the sections which provide medical care. The results of this are well known: behavioural disorders, premature deaths...This attests to the violence experienced by these people and brings out the importance of the fact that previous relationships have been interrupted. The very identity of the elderly person comes to be attacked!

We can well imagine the anxiety of these elderly people who enter an unknown environment without any kind of suitable preparation.

In France, as in most European and North African countries, the medical doctor responsible for the case, before any treatment or exploration, must obtain the *consent* of the sick person even when that person is elderly. But this is not done to a sufficient extent. Why? Time is needed to inform the elderly person of what is going on, make certain that he or she has understood what is happening, listen to his or her answers, take account of his hesitations and his or her fears, and discuss matters with him. A great deal of patience is needed when the elderly person is deaf, or slow in assimilating information. How can all this be asked of staff and personnel who have many calls on their time and are overburdened with work?

Unfortunately there is also another reason. For some people, whether members of the health care staff or the elderly person's relatives, the elderly person is unable to give advice, his or her advanced age seems to deprive him or her of the status of an adult, and often he or she is less listened to than a child. Other people take decisions for him or her! Some elderly people are indeed unable to take decisions because of the deterioration in their mental faculties but such people will be discussed much later on in this paper. However, an inability to meet defined criteria should not be based upon a rapid assessment which is often extreme in character. It is very easy to make elderly people keep silent with the pretext that they do not understand things well or that they cannot remember anything. We should not, therefore, be surprised if some of them take refuge in the condition of dementia!

There are other forms of violence towards elderly people, whether they live at home or in an institution, which involve a *hyper-protectiveness* caused by fear of certain dangers – falls, accidents, neglect, flight, aggressive forms of behaviour – and physical *confinement*.

The motivation which is mostly referred to is that of attacking the elderly person in order to protect him or her. How can we reduce dangers without stopping people from living properly by introducing a number of prohibitions, limiting their mobility by forms of confinement, or condemning them to total dependency and inactivity? How can we respect their freedom without "coming to the help of those who are in danger"? At times these people seem to be hostile to the forms of treatment and care which are suggested. "It is not always easy to know if one is dealing with a rejection of treatment or care, with a wish to die, with poor knowledge about their real condition, or anarchic forms of behaviour. Often the health care teams have the idea of attacking the elderly person in order to treat or care for him in a better way or in a way which he understands".[8]

People disoriented or struck by dementia can experience terrible anxiety which expresses itself in intense forms of agitation which drive them into exhaustion. In such cases forms of physical constriction are often used. The use of such a technique which is both physical and chemical (medical) in character is often the result of a marked lack of staff in the world of geriatrics or sections devoted to treatment and care. This is an important problem which is not sufficiently taken into account!

c. Euthanasia

We should at the outset offer a definition of this phenomenon: euthanasia is a deliberate action designed to bring about the death of a dying patient or afficted by an incurable illness. This action can be requested by the patient himself or by his family relatives who are very often exhausted by the situation they have before them. Reference has already been made to the difficulties encountered by the health care staff. In some cases we should not be surprised if euthanasia is practised in response to the request or semi-request of the patient and at times in answer to the pressure applied by family relatives. Such very unpleasant cases have often been on the front-pages of newspapers in France and many other Western countries. Readiness to help displayed towards elderly people, listening to them, and the quality of treatment and care they receive, all depend upon the competence and motivation of the staff, but also upon the number of such staff!

Certain requests for euthanasia come from elderly people who do not suffer from a painful pathological condition but who are afraid of mental decline or major dependence. These requests should be listened to with great care and discused because they bear witness to heavy moral despair and at times are the products of a personal philosophy.

At times the elderly person asks for euthanasia as an alternative to excessive treatment which he or she fears will be given without any ex-

pression of opinion on his or her part. Like everybody else the elderly person must have access to useful forms of treatment and for a reasonable length of time. "The abandonment of therapeutic overkill does not mean the abandonment of treatment, but, on the contrary, must involve forms of accompanying which effectively combat every form of physical pain and which face up to mental pain". This is what is done by palliative forms of treatment and in such conditions most requests for euthanasia cease. For this reason, it is a good policy to generalise such forms of treatment, achieve the consent of elderly people to their use as much as possible, and take into account their right to refuse treatment.

d. The Denial of Death

The denial of death in nursing homes or in long-stay structures in turn reflects society's refusal of old age and death. The elderly person is walking towards death, embodies death, and this gives rise to fear.

The elderly person speaks about death to anybody who wants to listen and expresses in suffering terms how long the days are and the difficulties that he or she experiences in living out his old age. He or she expresses his or her suffering or dismay after the death of relatives and refers to his or her fear of dying or his or her anxiety about the life beyond. In a certain number of institutions reference is not made to the death of a resident or a sick person. People who are surprised by an absence receive vague answers to the effect that "he has gone away". No rite is performed, the person "falls into oblivion", and the mourning experienced by relatives is largely ignored. In such a situation of "nothing being said", fear of death can only grow in some of the other residents.

e. Poor Knowledge of the Spiritual Searching of Elderly People

All the elderly people I have talked to about this question, including a large number of believers, have expressed their displeasure at the fact that they have not been supported in spiritual terms. Some wish to take advantage of a place of prayer in their institution, to have more frequent visits from a member of the chaplaincy, and above all else to enjoy more regular celebrations of the mass or some other kind of worship. It is rare to find a meeting place in a nursing home and in hospitals such a place is often very difficult to gain access to. All too few priests dedicate their time to the residents of these institutions, and the chaplaincy teams are few in number. The staff are uncertain what to do. At times they are sensitive to the spiritual needs of the elderly or the sick but they feel that they are out on their own in meeting these needs. Such spiritual support is required. To have to face old age and death every day raises existential questions. The end of life is an opportunity for a summing up, for reconciliation, for a search for meaning, and at times a return to faith or a deeping of faith. Prayer is often meagre but real. With whom can elderly people share these important moments? Do they not perhaps live too often in intense isolation?

Conclusion

These questions lead all of us to dwell upon our human responsibilities and our mission as Christians, and this at the side of many other people of "good will".

My paper can be summed up in four paragraphs:

1. The elderly person remains a "person" whatever the state of his or her physical or mental decline. He or she deserves the respect, the professional skill and the care of those who look after him. He or she occupies an important place in our multi-generational society. His or her agreement is essential if he or she is to be considered a subject and not an object of care and treatment. Where he or she suffers from incapacity a representative should be nominated who can be consulted when the need arises. On these conditions the elderly person will perhaps be less afraid of moving to an institution when that moment actually presents itself.[11]

2. Western countries should urgently take account of this "revolution in life expectancy", and old age should be seen as a rich stage in life even though it may involve losses and a certain deprivation.[3, 10]

3. We must at all costs accept the finiteness of humans. Medicine and technology can prolong life but they cannot cancel death. Fear of death dwells in all of us, at different levels, and does this not perhaps raise certain essential questions?[1, 7]

4. The quality of care and treatment and the accompanying of the elderly comes from an awareness of the uniqueness of the person and his or her complex character and nature. Institutions should take advantage of the necessary instruments by which to provide their residents with a decent life and ensure that sufficient support is provided by the staff and family relatives.[2] Greater special attention should be given to the spiritual searching and the religious hopes of the individuals who live in these institutions.

The conditions experienced by elderly people should be the concern of the whole of society and not only of the medical-social world. The Church is well aware of this and that is why we are all gathered here today. It is my hope and wish that we Christians can be inventive, together with many others, and demonstrate thereby greater respect for the human person and especially when the person reaches the end of life, and that we can bear witness with our words and our conduct to the unconditional love of God in Jesus Christ for each and every individual.

Dr. MARIE-SYLVIE RICHARD XAVIÈRE,
President of the Medical Committee, the Jeanne Garnier Nursing Home.

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DARIO CASTRILLON HOYOS

Priests and Religious in Old Age

1. The Holiness of the Priestly Ministry and the Religious Mission is "for Ever"

In linking up with what has been wisely said by His Eminence Cardinal Dionigi Tettamanzi, I would now like to conclude the careful analysis presented by the three previous papers on the subject of the life of the elderly person within the context of the ecclesial community.

The righteous "in old age will still bear fruit"! Such is the fifteenth verse of Psalm 92 which serves as the heading for this thirteenth international conference: it can well be applied to – and in full measure – to elderly priests and members of religious orders. They are called to the specific vocation of holiness, take Christ Leader and Shepherd as their model, are in a very real sense "men of God" (1 Tim 6:11), and take their place amongst the righteous of the New Covenant. Through priestly ordination and religious consecration they are chosen within the People of God to be "totally" and "for ever" consecrated to the work to which God himself has called them.

The priestly character cannot be altered just as the profession of evangelical advice cannot be referred or limited to a specific stage of life. For this reason we can proceed to a reading of the verse mentioned above with reference to elderly priests and members of religious orders: "they are ever full of sap and green", that is to say full of divine youth and strength which spring from their identification with Christ to whom they are called by divine vocation.

This is why priests and members of religious orders in old age are the righteous who "flower like the palm, grow like the cedar of the Lebanon; planted in the house of the Lord they will flower on the altars of our God". In the Church of Christ, obedient to divine will, they prosper and grow continually, rooted in their loyalty to God. It is the total donation of themselves to the Church achieved by every presbytery and religious in the image of, and sharing the gift of, Christ,which means that their mission is always spiritually strong and fertile, in every circumstance, time and place where it is carried out.

2. Pastoral Charity: Valid Administrators of the Mysteries of God

This is something which we can fully understand when we remember that pastoral charity – whose essential contents is the giving of self, the total giving of self to the Church – achieves its full expression and supreme fulfilment in the period of old age: the offering of one's own life in Christ for his Church.

Just as happened with Christ who "loved the Church and gave he himself for her" (Eph 5:25), so the same thing happens, without any limits of time, in this path of return to the Home of the Father, in the life of all priests and members of religious orders called to an ever greater identification with Christ. They can and must say with St. Paul: "For me life means Christ" (Phil 1:21) and "yet I am alive; or rather, not I; it is Christ that lives in me" (Gal 2:20).

In pastoral charity elderly presbyters and members of religious orders live out the Paoline injunction: "*Charitas Christi urget nos!"* (2 Cor 5:14) – theirs is a supernatural love which springs from the suffering and death on the Cross of the Word made Flesh. Only that charity which knows how to be patient and benevolent which covers everything, believes everything and bears everything (cf Cor 13:4-7) can produce not so much a more or less exact or formal performance of certain forms of pastoral activity but a total dedication of service in the charity of Christ: "Pastoral charity", as the Holy Father has pointed out, "is that virtue by which we imitate Christ in his giving of himself and in his service. It is not only what we do but the giving of ourselves which shows the love of Christ for his flock. Pastoral charity determines our way of thinking and acting, our way of relating to people, and it is something which is especially incumbent upon us" (Apostolic Exhortation *Pastores Dabo Vobis*, n. 23).

St. Irenaeus, the great Bishop of Lyons, captured this extremely well in his statements: "*Vivens homo, gloria Dei*", the life of divinised man is the glory of God because his life is communion with God, "*Vita hominis visio Dei*" (*Contro le Eresie*, 4, 14-1).

The sacraments of penance and the eucharist are privileged moments in the communication of the divine life to men and are at the centre of their ministry and mission. Although the elderly are at times not in perfect physical condition, indeed often tired, they re-

main alive instruments of Christ the Priest and Shepherd – their theological and moral training, their experience of life, their mature ability to welcome and to listen, makes them more than ever valid administrators of the mysteries of God (cf 1 Cor 4:1).

For this reason, and once again invoking the verses of the Psalmist mentioned above, the Church which we wish to see flower again and give new fruits, the Church of the Second Advent, the Church which is preparing for the new coming of the Lord in the forthcoming Jubilee Year, must be the Church which knows how to utilise to the full the rich wealth which is within her – the elderly priests and members of religious orders. They are the generous givers of the word of God and of the sacraments – strongly desirous of their own holiness and that of other people – men formed over a long period by the Church, and always in harmony with her, to be contemplative in the world and about the world "with the eyes of Christ himself", to employ an expression dear to the Holy Father which appeared in his first encyclical (*Redemptor Hominis*).

3. The Life of Prayer and Penance – the Overcoming of Functionalism

In order to counter the influence and spread of a mentality which wrongly tends to reduce the ministry of the priesthood and religious consecration to mere functional elements, we should promote the truth of the nature of what it is to be a priest and what it is to be a religious (cf *Direttorio per il Ministero e la Vita dei Presbiteri*, n. 44). All priests and members of religious orders, it may be pointed out once again, are always the alive instruments of Christ the Eternal Priest, Head and Shepherd of the Church, who work to carry out his admirable work down the centuries. Their identification with Christ guides them and at the same time leads them to a life of prayer and penance which is increasingly intense. This is not a "privatist" form of special devotion but a condition of effective pastoral work, precisely because on their own "they cannot" but to the extent to which they are Christ "yes, they can".

Functionalism, which involves the emptying of the meaning of the priestly ministry and the religious mission by preferring doing over being and running the risk of a fall into sterile activism, can be overcome by adherence to the following profound theological truth: for every single apostolic act and for the re-Christianisation of the world as a whole we need personal holiness.

This cannot be achieved without prayer. "I think that it is evident to everybody that it is simply impossible to live virtuously without the instrument of prayer" writes St John Chrysostom (*De Praecatione, orat*. I). Let us entrust ourselves, therefore, to the prayer of elderly priests and members of religious orders and remember the arms of Moses raised on the top of the hill while down below in the plain the People of Israel fought their victorious battle against Amalek: "When Moses raised up his hands Israel was the stronger, but when he lowered them Amalek was the stronger" (Ex 17:11).

Let us turn, lastly, to their life of penance which is full of fruit for the apostolic action of the whole of the Church: possible physical weakness or moral tiredness, caused by illness or exhaustion, will really be a valuable offering pleasing to God which works to the benefit of the holiness of everybody. They will live the experience of St. Paul who because of his union with the suffering Christ was able to exclaim: "I am glad of my sufferings on your behalf, as, in this mortal frame of mine, I help to pay off the debt which the afflictions of Christ leave still to be paid, for the sake of his body, the Church" (Col. 1:24).

4. Reflections on the Improvement of the Quality of Life

We cannot fail here to refer to the new conditions of life which bear upon the longevity of men in the light of advanced health care and the prevention of illnesses and infections. This has relevance not only because there is a growing number of elderly priests and religious within the Church but also because old age no longer means health difficulties, reduced capacity for pastoral activity, and an incapacity to keep up with the pace required by a person's priestly or religious mission.

I hope, therefore, that Ordinaries and brothers will never fail to demonstrate their solidarity towards sick people by visiting them but at the same time will be able to offer the elderly priest and the religious responsibilities or at leat forms of activity which are in line with their status: pastoral experience, a wealth of knowledge about different social situations, and modern means of learning and transmission of information are all elements which go to make up a new dimension to the life of old age.

This paper can be concluded with the words of the Psalmist: "What an attractive thing is judgement in grey-haired men, and for the aged to possess good counsel! How attractive is wisdom in the aged, and understanding and counsel in honourable men! Rich experience is the crown of the aged, and their boast is the fear of the Lord" (Sir 25:4-6).

His Eminence Cardinal
DARIO CASTRILLON HOYOS
Prefect of the Congregation for the Clergy, the Holy See.

AFTERNOON SESSION

BONIFACIO HONINGS

The Church and the Ethical and Cultural Challenge of the Marginalisation of the Elderly Person

In beginning this afternoon's session I would like to illustrate how it forms a natural and integral part of our international conference on the subject of "the Church and the elderly".

Yesterday we were able to understand – in the divine light – how great was the dignity (itself full of respect) of the elderly person within the community of the people of God, and how the presence of the elderly person was completely "integrated" within that community. Passing from this truth to contemporary realities we were presented with an account of the demographic situation at an international level, a situation which is marked by a continuous "growth" in the number of elderly people on the one hand, and by a constant "decrease" in births on the other. This situation involves the fact that an increasing number of people in the "third age" are "marginalised" and in a large number of ways. This contrast between the ideal situation and the real situation leads us to the conclusion that here we are dealing with a crisis which is largely due, if not indeed solely due, to the primacy and predominance of the criteria of having, of knowing and of power.

The fact that these criteria are increasingly bringing about the marginalisation not only of elderly people who are sick but also of elderly people who are healthy, leads us to realise that we are face to face with an ethical and cultural challenge which the Church must meet and tackle.

For this reason, all the papers which will be given today are in one way or another about meeting this challenge.

This morning the first paper explored the theological-pastoral aspects of the Church's relationship with the elderly person, and this question was then addressed in a round table discussion which examined the presence of the elderly person in the local ecclesial community, in the family and in institutions. Elderly priests and members of religious orders received special attention.

The approach of this session has two cardinal aspects – the first is dedicated to the value of the elderly person in the Church and the second seeks to understand the values of the human person as understood by the world's great religions. In this way the response of the Church to the ethical-cultural challenge provoked by the situation of marginalisation of the elderly person expresses itself in practical terms not only in a conference which demonstrates in the light of *Gaudium et Spes* and *Evangelium Vitae* the value which the elderly person has for the Church in hospitals, but also in a conference which perceives in the approach of the elderly person to death a supreme value of life.

After this response,which we may describe as being more "ethical" in character, we move on to the response which is more "cultural" in nature. If culture in fundamental terms is a lifestyle, a habitual way of evaluating and living in line with a heirarchy of values, and as a result, a way of being, it is clear that the *essence* of a culture is to be found in the approach of a people which involves either an acceptance or a denial of a bond with God. Indeed, religious values or anti-values are linked to the ultimate meaning of existence and are rooted in the deepest part of man which provides – in line with a positively religious approach or an atheistic stance – answers to the fundamental but ultimately definitive questions which beset him. For this reason, religion or irrelegion shape and mould all the other principal features of culture – those which are to do with the family, the economy or politics – because either they are led towards the final transcendental meaning of things or they are closed up within their own immanent meaning (cfr CELAM, *Puebla*, 1979, n. 389).

Rev. BONIFACIO HONINGS
O.C.D.
Consultor of the Congregation for the Doctrine of the Faith, Consultor of the Pastoral Council for Pastoral Assistance to Health Care Workers.

MARY HEALEY-SEDUTTO

The Elderly and their Value in the Church

Introduction

Those of us who are fortunate enough to be able to serve in Our Church's health care ministry, have at our disposal a very clear message of direction and encouragement in Our Holy Father's 1995 encyclical, *Evangelium Vitae*. This message of hope was given to us exactly 30 years after another significant Papal Message, *Gaudium et Spes*, one of the many magnificent documents which emanated from Vatican II. The relationships between these two messages are significant ones; both encyclicals teach us that the family is sacred, and that all members of a family are significant contributors to not only the family itself, but also to society at large, spiritually as well as materially, regardless of the age or economic status. While *Gaudium et Spes* forewarned us of the potential dangers of advancing technology on the family structure, and the threats these technological advances might cause to the essential dignity of each family member, *Evangelium Vitae* reminds us of the harsh reality that what had been forewarned indeed came to pass, and at the same time encourages us to look forward to the beauty of the Gospel of Love and the Gospel of Life. Both messages additionally remind us that our aged and infirm must be protected and nurtured, and that the contributions of the elderly should be gratefully accepted, joyously savored and profoundly protected by all.

During his 1987 visit to the United States, our Holy Father said: "Your health care ministry... is one of the most vital apostolates of the ecclesial community and one of the most significant services which the Catholic Church offers to society in the name of Jesus Christ."[1] In a more recent communication to the bishops of the United States (January, 1996), our Holy Father again reflected upon the increasingly complex interrelationships between medicine and health care and the Church's patrimony of moral teachings. He said:

"Every aspect of Catholic health care must be permeated by the evangelical message of the redemptive meaning of the suffering and death, united to the Lord's cross. Hospitals, clinics and convalescent homes should radiate the warmth, hope, compassion and solidarity which are the best antidotes to acts which are really a travesty of "mercy". Catholic institutions (must be called) to absolute respect for life; that "causing death" can never be considered a form of medical treatment, even when the intention is to comply with a patient's request for life"[2]

While the Catholic Church in the United States has been generously blessed with substantial resources enabling it to care for the frail and infirm aged, as we stand on the edge of the rapidly approaching third millennium we as a Church must remain constantly vigilant to the many challenges our health care ministry faces; a society which has become marketplace and economically driven, a society with out-dated social policies and long-term care strategies; a society which reflects a growing belief that health care is a business and not a charitable work of ministry; and a definite pattern of societal and individual discrimination against the aged, with a focus on the belief that the young alone are beautiful while the aged and infirm are embarrassing by their illnesses and infirmities and should be shunned and forgotten.

The focus of this paper is to draw one's attention to the clear and consistent messages given to us in *Gaudium et Spes* and again in *Evangelium Vitae*, highlighting where the Church in the United States has attempted to give witness to the truths of these messages in its guiding principles and directives as well as in some of its specific health care apostolic works. The beauty of applying these truths in the service of the elderly, and some of the gifts received by the "servants" in payments for their labors will be described.

"The Joys and Hopes, the Griefs and Anxieties..."

The opening Preface of *Gaudium et Spes* is particularly beautiful. It reminds us that:

"The joys and the hopes, the griefs and the anxieties of this age, especially those who are poor or in any way afflicted, these too are the joys and hopes, the griefs and the anxieties of the Followers of Christ" (GS, No.1)[3]

Gaudium et Spes forewarned us of the potential fate of the family – and the elderly – at the hands of a rapidly advancing technological society. At the same time it gave us a clear message – perhaps an admonition – of what is perhaps *the* basic tenet of our Church's social teaching, to wit:

"The family is the foundation of

society. In it the various generations come together and help one another grow wise and to harmonize personal rights with the other requirements of social life. All those, therefore, who exercise influence over communities and social groups should work efficiently for the welfare of marriage and family" (GS, No. 52)[4]

We who serve the Church in its health care ministries for the elderly, need to give witness to this truth as we design and carry out our varied programs and initiatives. Wellness programs aimed at developing healthier communities, parish nursing and parish outreach efforts, medical and social adult day care centers, inter-generational social support programs, and volunteerism efforts are all wonderful opportunities for us to become part of the joys and hopes, the griefs and anxieties of those we are fortunate enough to be permitted to serve.

Having said this, it must quickly be added that we as leaders in our ministry must be at all times on guard not to allow the business imperative to overwhelm our mission. The phrase too often used in non-profit health care settings in the United States is "no margin, no mission". This phrase is inappropriate for Catholic health care; it puts health care on the same level as other commercial goods and services bought and sold in a marketplace. More appropriate to us would be a course of strategic planning whereby we define our mission and then embark upon whatever paths are appropriate and available to secure the necessary public, private and charitable revenues needed to achieve the mission. What is beyond our resources we cannot do. We should not simply select those initiatives which offer us the highest financial return on our investments. Unfortunately, care for our elderly and infirm most often offer us the lowest financial return on our investments. As resources become more and more difficult to find, the goal of mission-driven health care becomes a greater and greater challenge.

As we design and implement our mission-driven programs we need to bear in mind that the welfare of the patient *and* his family should be the focus. The individual patient must be seen in the broader context of marriage and family. The special needs of each person treated in our institutions or programs go far beyond the physical or medical ones; we need to respond to the social, psychological, interpersonal and holistic urgencies of the person, both body and soul. And should the patient have no family, ours is the challenge to work towards the development of social support structures and linkages such that a "family" is created. The Church is the living family for all of us, and this good news of "family" should be part of the message we give to all whom receive our care.

There is much work being done in this area.

In 1997 the national association which supports Catholic health care providers and is the definitive source for leadership development and educational training programs in the United States – the Catholic Health Association – published a series of books and training materials focusing on the need to properly train our health care leaders in the care of the ageing and infirm.[5] CHA's President Father Michael Place, formerly of the Archdiocese of Chicago, is aggressively undertaking the battle of preserving the Catholic identity of our health care ministry in the midst of a pluralistic society and emphaizing our concern for the elderly.

CHA's interest in the elderly and infirm is not a sudden development. Two years ago, care for the elderly became CHA's primary focus. As a result of thorough analysis of elder care issues in the United States, CHA saw a strong need for a spiritually grounded framework to foster the competencies needed for developing policies and programs addressing the care needs of the elderly. Good business acumen was not enough. James E. Hug, S.J., editor of the CHA book entitled *Dimensions of the Healing Ministry*[6] explained that one of these essential competencies was to develop skills associated with changing societal and individual attitudes. He challenged us to work within the U.S. economic system with true Christian social integrity. As keynote speaker at CHA's national convention in 1989, Father Hug extended an invitation to work towards transforming attitudes, institutional structures and systems such that we can emerge from and embody our cultural fear of death and ageing, transforming them into a love of life. He reminded us that societies have a tendency to identify human worth with productivity, thereby marginalizing the elderly and the poor.[7]

Despite these efforts, too many of the elderly in the United States are not receiving the care they so desperately need and so fundamentally deserve. The age cohort of 85 and older is the fastest growing segment of our population. While our hospitals and nursing homes provide essential institutional services to the elderly, only 10-12% of the elderly are residents of health care institutions. Most of the care and support provided to the elderly is done so by what are referred to as "informal care givers" – those spouses, children, siblings or friends – who care for the elderly out of love and kindness, in their own homes and communities. There is rarely any financial assistance available to these loving servants, and significant sacrifices are made for those they have chosen to support. They often do not have the essential medical equipment, supplies, housing arrangements, nutritional supplements or social/transportational facilities available to them. Additionally making their sacrifices so courageous, informal care givers are often elderly and themselves in need of support and assistance. These heroes of care giving are frequently forgotten or disregarded as we establish our national public policies, refine our health insurance programs and structure our institutional programs of service delivery.

Like the elderly who are cared for in the home, those elderly who find themselves being cared for within our institutional settings are also often faced with threats. Although the issues are different from those facing the homebound, they are just as significant. One of the sad realities of our times is that unfortunately, medical sci-

ences and technology have advanced faster than the science of bioethics. While we have seen great strides made during the last ten to fifteen years – particularly in Catholic hospitals and nursing homes – the average hospital and nursing home is woefully lacking in an appreciation of the moral and ethical obligations incumbent upon those who provide medical care – obligations to preserve life and do no harm; obligations to respect the rights of self-determination and privacy and dignity and self-worth. With the rapid advancements of technology and scientific knowledge, we all too often realize that the medical community prefers to focus on those patients determined to "have the best chance of recovery or survival", or "be the most beneficial for graduate medical education" of young residents and interns. The important role Ethics Committees play in our health care organizations cannot be overstated. Patients, family, care givers and other professionals come together in group efforts to address care, emotional and spiritual issues that affect patients and their loved ones.

There are many who would say that the definition of the state of health is a political rather than technical one. How does one determine if the elderly are healthy? I for one would argue that the emotional and social aspects of health are as important as the physiological and medical components. The World Health Organization's definition recognizes the multi-faceted nature of health by describing it as a "matter of physical, psychic, and social welfare, not only the absence of illness".[8] Our health care ministries must recognize the inter-relationships of the mind and body and spirit. One cannot look to only one or two of these in an effort to heal; historically the Church has spoken to the spiritual, leaving the hospitals to care for the body. Today's health care ministries recognize that all three must be linked together, and that the Church, the hospitals, the community and society at large are each responsible for the totality of what some refer to as "the wholistic health ministry"[9]

"To Awaken Hope for a New Principle of Life..."

Recognizing the harsh realities of technological advancement in a highly economically driven society, our Holy Father gives us a clear reminder of the truth of our faith, in what he calls "the strongest of terms", in his 1995 encyclical, *Evangelium Vitae*:

"The Gospel of Life is at the heart of Jesus' message. Lovingly received day after day by the Church, it is to be preached with dauntless fidelity as 'good news' to the people of every nation and culture" (EV, No. 1).[10] "The Gospel of God's love for man, the Gospel of the dignity of the person, and the Gospel of life are a single and indivisible Gospel (EV, No 2).[11]

In his letter to us, our Holy Father looks back over the past several centuries and sadly yet poignantly reflects on the many so-called advances in our society, which have unfortunately lead us to our veritable "culture of death". Pope John Paul II uses the strongest and most powerful of terms in speaking to the sanctity of all life and the intrinsic and moral evil of taking innocent life, whether it be through abortion or euthanasia (EV, No. 57, 62, 65).[12] Our health care ministry is increasingly challenged by the forces supporting physician-assisted suicide and in some parts of the United States laws have been passed legalizing such practices.

Early in his letter, Our Holy Father speaks of the "war of the powerful against the weak", as he describes the situation where those who require greater love and care as being considered useless, held to be an intolerable burden and ultimately rejected. Because of a person's illness or infirmity, another might feel that his own lifestyle is being hampered, and so he might move to eliminate the ill or infirm person. This is the cycle of what our Holy Father calls the "conspiracy against life" (EV, No.12)[13]. Our challenge as instruments for the witnessing of the healing ministry of our Church is to insure that we fight this conspiracy against life, working towards the fulfillment of the Gospel of Life and Gospel of Love. In speaking on *Evangelium Vitae,* Monsignor James J. Mulligan notes that "it is sad to realize that the worst sorts of neglect and rejection are disguised as altruism. Abortion and euthanasia are presented as solutions to human problems rather than as the tragedies they really are."[14] The distinction between what is moral and right and immoral and wrong has become blurred, especially within the parameters of medicine and health care. The elderly and infirm – some of the weakest of those whom we serve – often find themselves the victims of this blurred vision of the soul.

The Ethical and Religious Directives for Catholic Health Care Services

The *Ethical and Religious Directives for Catholic Health Care Services*[15] were adopted by the National Conference of Catholic Bishops in the United States in November of 1994 and published in March of 1995. The original *Directives* were published in 1971, and revisions leading to the current set of guidelines began in 1987. These *Directives* represent a set of theological and pastoral principles and have as their foundation scriptural teachings, Church tradition and Church interpretation of natural law. Not surprisingly, one of the most significant foundation docu-

ments used by the American bishops in the development of the *Directives* was *Gaudium et Spes.*

The United States Catholic Bishops remind those who serve in our Church's health care ministries that we must resist our economically-driven instincts as we provide our services. In what has been referred to as an "economic pastoral", they encourage us to recall that we are called to a covenant – a New covenant – through which we must look towards the development of a nurturing community for all and with all, a community which must be characterized by mutual respect, collaboration and special care for the elderly and poor.[16] Our task is not to simply provide for others, but to engage others in a collaborative approach to health care. This is particularly true in service to the elderly, where the temptation is often to de-humanize the frail and infirm, treating them with a passive and child-like demeanor, a demeanor which often unwittingly humiliates and infantalizes them. How many of us have not walked through the halls of our institutions and overheard care givers addressing an elderly patient as "mom" or "pop" as opposed to respectfully using their proper name?

Clearly a theme well articulated throughout the *Directives* is the truth of Catholic conviction about the essential sacredness and dignity of every human being; that both body and soul are worthy and deserving of our fullest respect and support. These *Directives* are organized into six separate sections or parts, with Part Five addressing "Issues in Caring for the Dying". We are reminded in this section of the Directives that Christ's redemptive grace enhances all peoples, at all stages of their life, even during suffering, illness and death. This message, so beautifully given us in both *Gaudium et Spes* and *Evangelium Vitae* has been taken by the U.S. Bishops and crafted into specific guidelines for the purpose of insuring that the Catholic health care ministry throughout the entire United States is consistent in its witness to this truth.

Again borrowing from the Papal encyclicals, the *Directives* speak to the need to provide support for both the patient and the family. The task of providing care to the patient and the family goes beyond curative measures to encompass a broader understanding of caring and general support for both body and soul.

Two of the most significant Directives of Part Five are the following:

Directive # 60. Euthanasia and medically assisted suicide are intrinsically wrong and cannot be tolerated.

Directive # 61. The patient should be kept as free of pain as possible. Medications capable of alleviating or suppressing pain may be given to a dying person even if this therapy may indirectly shorten the person's life, so long as the intent is not to hasten death.

Once again , it is impossible to read these directives and apply them to the practices of delivering care without reflecting on the beauty and crispness of *Evangelium Vitae*. There is no room for confusion or misunderstanding in this message.

"Death is considered 'senseless' if it suddenly interrupts a life still open to a future of new and interesting experiences. But it becomes a 'rightful liberation' once life is held to be no longer meaningful because it is filled with pain an inexorably doomed to even greater suffering" (EV, No. 64)[17]

Throughout the United States there is much movement towards consolidation of health care. Many non-Catholic hospitals are seeking to partner with Catholic hospitals. To the surprise – and annoyance of many pro-abortion advocacy groups – many non-Catholic hospitals are readily willing to abide by the Catholic *Directives*, and proudly proclaim that these *Directives* represent those moral and ethical principles which are the foundation for the services they render as well. Increasingly, the American diocesan bishops have required adherence to these Directives to be the *sine-qua-non* for any consolidations between Catholic and non-Catholic health care providers.

"The Good Doctor Prescribed an Alternative Therapy – Love"

Calvary Hospital, sponsored and operated by the Archdiocese of New York, is a unique place. It is what we call a House of Love. Calvary is the only acute care palliative cancer hospital in the entire United States. It is a 200 bed hospital where 90% of the patients die each month. And yet, sadly, Calvary Hospital is always fully occupied, ofttimes with a waiting list. Dr. Michael Brescia, the Medical Director, and the entire staff of Calvary Hospital know full well the messages of love of *Gaudium et Spes* and *Evangelium Vitae;* they give daily witness to these truths as they incorporate them into their activities; they work hard to make sure that the principles enunciated in the *Ethical and Religious Directives* are reflected in their facility's programs; they live the Gospel of Life and the Gospel of Love each and every day.

Several months ago Dr. Brescia told me the story of Bill. I would like to share this short but poignant story with you. Bill was a 42- year old man who had a loving wife and three little girls. He had come to Calvary to die. Every day at 3:00 P.M. Bill would scream out in pain and anguish. No combination of medications could control his agony. After the second week of Bill's stay at Calvary, Dr. Brescia sat in Bill's room, held his hands and heard his story. You see, Bill worked at home and each day at 3:00 P.M. his girls would come

home from school, race into the house and hug him tightly. Bill knew he would never experience this again, and the pain and despair of knowing he was losing his beloved family was too great to bear. From that day on, each day at a quarter to 3:00, Dr. Brescia would gather all the Calvary staff available and go into Bill's room and hug him tightly. They never again left Bill alone at that sacred hour – right up to the day of his death, three weeks later. Bill's passing was peaceful, despite his losses. "It was heartbreaking", recalled Dr. Brescia. "We can control pain with drugs", said Dr. Brescia, "But it's far more difficult to heal the emotional pain of not only the patient but the family as well."

In an age when death is often hastened, Calvary stands out as a place where the many faces of suffering – spiritual, emotional, mental and physical – are relieved. It's a place where the dying and their families deal together with the hard questions: Where am I going? Why am I afflicted? How will my family carry on after I am gone? Calvary is not a home for despair but a place for grace and dignity; it is a place where life begins not ends, and each patient is given a commitment upon entry that they will not die alone. One needs only to walk the halls of Calvary and see the joy radiating on the faces of staff, patients and family alike. All are walking the same journey together, sharing in the Gospel of Life and the Gospel of Love.

Over fourteen years ago John Cardinal O'Connor came to the Archdiocese of New York. One of the immediate crises he faced was the epidemic of AIDS through New York City, with few if any physicians and hospitals wanting to care for these outcasts of society. They were dying, they were considered ugly and dangerous; many were poor and homeless; others were drug abusers or prostitutes. The Cardinal made an immediate decision; the Archdiocese of New York would open its arms and its hospitals and nursing homes to these most desperate and dying people. His Eminence acted quickly, and St. Clare's Hospital in New York, owned and operated by the Archdiocese, became the first AIDS hospital in the State of New York.

But the beauty of this story comes from something even more remarkable than that courageous response to the suffering of the terminally ill and dying. It comes from Cardinal O'Connor's belief that in death and suffering itself beauty can be found and relished. Each week, two or three times a week, for over a year, Cardinal O'Connor silently and secretly went to St. Clare's Hospital. He visited in the darkest of hours of the night when most others were safe and comfortable in their sleep. Each night His Eminence would sit at the bedside of these patients, washing their sores, changing their bandages and listening to their stories. It was only after having visited over 1,000 of these desperately ill patients that Cardinal O'Connor felt he understood their pain and could feel their anguish. He has from time to time shared with people the joy and beauty of his experience – a story of our Gospel of Love and Gospel of Life.

"Her Gift to me was so very Splendid"

I daresay that all of us who were blessed enough to have had relationships with our grandparents or elders within our families can recall with warmth and joy the gifts of such trans-generational connectedness; the elderly within our family structures gave us a sense of life cycle, of what the future might be like for us as we approached their age – that there was indeed a future to look forward to. I myself thought that my maternal grandmother was eternal; from the earliest of my recollections I was convinced that she would never die. When, at the age of 28, I received a telephone call bringing me the news that my grandmother had died – she herself being the age of 96 – I gently slid to the floor, sat in a huddled mass and cried as I had never cried before. She wasn't supposed to die, you see. She represented eternal life for me – all the things that I knew somehow were supposed to transcend time and space. Her wisdom and grace had overpowered me my entire life. Her gift to me was so very splendid, it was the gift of humor and song and dance, of love of beauty in nature, of the importance of family ties and the joy associated with gift giving, of the essential beauty of life itself – of the messages of the Gospel of Life and the Gospel of Love.

These lessons can only be transcended by the elderly and wise to the young and foolish. And by the goodness and graciousness of God we may learn these lessons. And we in our own time of life's autumn, will hopefully be able to impart these gifts to our own young, and they in their own time to theirs. Such are the gifts the elderly give to us – the Church. The value of the elderly in our Church and each of us individually as embodiments of our Church, is a joyous story indeed.

Jesus as a young boy sat in the temple with his elders, teaching and learning, sharing and witnessing the wisdom of their years. Today, in our society we seem to have arrived at an implicit pact with the elderly; in return for better medical care and supportive housing, we expect them to go off on their own, play bridge or golf, and leave us to our own so that we can get on with life free of obligations to them and their needs.[18] Our implicit message is that while we will extend ourselves to certain degrees, we basically consider them to be useless and therefore no longer active parts of our lives. By doing so we have corralled in retirement communities and nursing homes vast sources of wisdom, insight, experiences – love and beauty and life – to the dreadful loss of the rest of society. We within our Church today need to find the courage to confront our own shadows and work towards a better understanding, appreciation and acceptance of the beauty and remarkable contributions offered to us by our elderly.

Summary

The Gospel of Life and Gospel of Love challenge us to give witness to the wonders of life at all stages. The health care ministries of our Church deal significantly

with the aged and infirm, and these elderly offer us wondrous opportunities for giving such witness. Drawing us away from this opportunity are the complexities and challenges of our society which constantly pressure us to provide care in the most expeditious and economical fashion, often suggesting we take measures which are contrary to our moral-medical and ethical principles. We are most fortunate indeed however to have at our disposal the clear and concise message of our Holy Father, in his encyclical *Evangelium Vitae.* This message of encouragement allows for no confusion or equivocation. At the same time it encourages us to seek after the gift which is ours for the mere asking—the gift of what caring for the elderly brings us in return. The wisdom and beauty of the aged rewards us time and time again, as a fountain never ceasing to flow. Several years ago, the Catholic Health Association issued a report addressing the needs for long term care policy revision, entitled *A Time To Be Old; A Time To Flourish.*[19] This report attempted to respond to our Holy Father's question, "With what resources and in what forms will it be possible to promote and ensure an effective combination of real assistance to the elderly, so as to guarantee them a worthy and fitting lifestyle in keeping with their dignity...?".[20] With the grace and goodness of God, may we never forget that each patient has the potential of becoming for the giver of care, what my maternal grandmother was for me—the personification of life eternal, the living Christ made flesh amongst man,—the Gospel of Life and the Gospel of Love.

Dr. MARY HEALEY-SEDUTTO, PH.D.
Director Health & Hospitals
Archdiocese of New York

Note

[1] *Origins*, Vol. 17, 1987, p 292.

[2] POPE JOHN PAUL II, *Greetings to the Fifteenth Workshop for Bishops of the United States*, organized by the Pope John XXIII Medical-Moral Research and Educational Center, Dallas, January, 1996.

[3] VATICAN COUNCIL II, *Gaudium et Spes*, No. 1, Vatican City, Libreria Editrice Vaticana, 1995

[4] Ibid No. 52.

[5] *Developing Leaders for the Catholic Long Term Care Ministry*, Catholic Health Association, St. Louis, No. 216, 1997 and *Mission and Ministry: Catholic Long Term Care Services*, Catholic Health Association, St. Louis, No. 417, 1997.

[6] Dimensions of the Healing Ministry, James E. Hug, SJ, Catholic Health Association, St. Louis, 1989.

[7] *Generating a Truly Catholic Response in Difficult Times*, James F. Hug, SJ, An address given at the 71st National Catholic Health Assembly, Catholic Health Association, 1987.

[8] *The Doctor and the New Evangelization: The Nature of the Human Body*, Juan Vi_as Salas, Journal of the Federation Inernationale des Associations Medicales Catholiques, Sept., 1994, p15.

[9] *For Churches, a New Kind of Ministry to the Poor*, Iver Peterson, N.Y. Times, July 12, 1998.

[10] JOHN PAUL II, *Evangelium Vitae*, No. 1, Vatican City: Libreria Editrice Vaticana, 1995.

[11] Ibid No. 2

[12] Ibid No. 57, 62, 65.

[13] Ibid No. 12

[14] *Pastoral Strategies for Overcoming the Culture of Death*, Monsignor James J. Mulligan, an address delivered at the Fifteenth Workshop for Bishops of the United States, Dallas, 1996.

[15] *The Ethical and Religious Directives for Catholic Health Cares Services*, National Conference of Catholic Bishops, U.S. Catholic Conference, Washington, DC, 1995.

[16] *Economic Justice for All: Pastoral Letter on Catholic Social Teaching and the U.S. Economy*, National Conference of Catholic Bishops, U.S. Catholic Conference, Washington, DC, 1986, #115, #267-70, pp. 31-40.

[17] JOHN PAUL II, Evangelium Vitae, No. 64

[18] *Leading With Soul; An Uncommon Journey of Spirit*, Lee G. Bolman and Terrence E. Deal, Jossey-Bass Publishers, San Francisco, 1995.

[19] *A Time To Be Old; A Time To Flourish, The Special Needs Of The Elderly At-Risk*, Catholic Health Association, St. Louis, 1987.

[20] POPE JOHN PAUL II, Address to the National Conference of the Italian Federation of the Family Advisory Bureau of Christian Inspiration, 1987.

MASSIMO PETRINI

The Elderly Facing Death

Introduction

Death is a reality of life, a condition of living. During our epoch, especially in the case of nations which have a high standard of living, we have seen a very marked decline in infant mortality and a greater control over certain kinds of illnesses in the young and older generations. As a consequence of this development, most of the people who die today are elderly and death takes place in the main in a hospital or a nursing home. Medicine has had the capacity to improve the quality of life in old age but not the ability to raise life expectancy beyond the limits expressed in the Old Testament in the Book of Genesis, where one can read: "My spirit shall not abide in man for ever, for he is flesh, but his days shall be a hundred and twenty years" (GN 6:3).

Birth and death are two experiences which are shared by all human beings but historically they have been seen in a very different light. While birth has been seen as a positive event, death has been veiled in the mystery of sadness (Miller, 1989). Awareness of death, even if in theoretical terms it begins with our birth, in reality becomes greater first and foremost during old age and in particular when an individual's marriage partner dies and when an individual's friends die, and by these routes loneliness seems to be the dominant feature of the experience of the elderly person who outlives his contemporaries (Kastenbaum, 1978).

An initial observation is called for at the outset. Death is not the first fear of the elderly person. His primary concerns are suffering, the possible loss of self-sufficiency – that is to say that he will have to depend on other people in his daily life, and (something which is very frequent) the actual process of growing old and the possible onset of loneliness. The most important hope of the elderly person is that he will remain in good health; his greatest fear is that he will fall ill. The elderly person sees illness as a his chief enemy, realises with pain that he is more vulnerable to illness during old age than at other periods of his life, and with the passing of time ends up by seeing illness as an integral part of himself. Indeed, if a young persn sees and experiences illness as an aggression – that is to say as if an enemy had become established in his body which has to be fought to the point of elimination – in contrary fashion the elderly person experiences illness as something which is intrinsically bound up with his body and as something which is inevitable.

A second observation should also be made. What is being said here refers to what we define as a Western cultural context. The realities and issues are very different in an African or Asian cultural context where the event of the death of the elderly person has personal, family and social connotations which are still anchored in traditional models which in turn have their own special features and characteristics.

Lastly, a third observation is required. In order to draw near to the life experience of elderly people it is necessary to bear the spiritual perspective in mind as well. This is of contemporary relevance in the world of medicine as well, given that in a recent article in *The Lancet* (one of the most important medical reviews in the world) it was asserted that spirituality is the "forgotten factor" of medicine and that therefore it was to be hoped that spirituality would be introduced into the curricula of medical studies.

This proposal springs from the belief that each encounter with illness generates questions on the part of the sick person about the meaning of his new life situation and about the reality of death.

There are many ways of living old age – passive acceptance, resignation, and the inability to live in the case of those who wish to don "the eternal mask of youth". But in addition to these responses there is also a serene and aware acceptance of the physical, spiritual and psychological changes which take place during the process of growing old.

Whatever the case may be, the situation of suffering, of illness and of disability removes every defence and the person finds himself on his own face to face with the uncertainty of the future. One of the commonest forms by which the need for this kind of spirituality is expressed – and this is especially the case with the elderly – is prayer.

Today it is a commonplace view that old age and disability lead the individual to find a meaning in terms of value to his own life which rises above that of mere productivity – something which today seems to define the role of the individual in social terms.

In order to investigate and explore the religious universe of the elderly person and the special features of his relationship to God when he finds himself in a condition of acute illness, a questionnaire was distributed to the patients

of the gerontology ward of the Faculty of Medicine and Surgery of the Catholic University of the Sacred Heart of Rome (Petrini, Caretta, Carbonin, 1996).

The set of people in the sample under consideration was made up of 105 men and 105 women of 65 or over years of age, all of whom were of the Catholic faith. The data revealed a high percentage of people who said that they were religious believers (97%), and of these 51% were women and 46% were men. Another question asked by the questionnaire referred to the frequence of prayer. 22% of man and 45% of women declared that they prayed often, and 15% of men and 7% of women answered that they prayed occasionally. 9% of men and 10% of women said that they read Holy Scripture often, as opposed to 23% of men and 28% of women who replied that they did so occasionally. We can easily see that in Italy elderly people have only a slight knowledge of Holy Scripture but that on the other hand it can be observed that a religiosity of a traditional-devotional character is very marked indeed.

In the light of this research and these discoveries the fundamental question we must ask relates to what the elderly person believes or thinks about his own possible death. An attempt will be made to provide an answer to this question but before trying to sketch its outlines a specific observation is required: there is a close connection between the idea of death and the idea of loss. Many factors act to bring about this "loss" which is connected to many dimensions, and this is especially the case with elderly people. With the advance of age the person encounters a series of losses – at a physical level (for example hearing, sight, physical strength and capacities); at a psychosocial level (work, the role hitherto performed within the family or in other spheres), and at an affective level (the death of near ones).

Furthermore, it is often not so much the moment of death which creates fears or anxiety but rather the suffering linked to the process of dying, or loneliness, or the reality of abandonment by the family.

When a self-evident pathology appears whose prognosis is terminal new forms of "loss" enter into the fabric of the life of the elderly person and these are:

– loss of control of his own body;

– uncertainty about events after death;

– inability to go on providing for other people:

– the impossibility of finishing projects already begun;

– the inability to exercise control over his own life;

– the loss of a life condition where there is no pain.

It should also be pointed out that the approach of death changes the way in which time is used and attention comes to be concentrated on the present even though this does not necessarily lead to a reduction of the extent to which the elderly person worries about death. Living day by day can become more important in influencing experience than thinking about life as being something which is bound up with future projects (Kalish, Reynolds, 1976).

It may be said that the elderly person has lived and continues to live a series of little and large deaths – for example the death of his near ones and an image of himself which constantly "dies" and continually renews itself. At the same time old age for many people, and this is something which is all the more true in today's world, is a sign of marginalisation and social death – family ties become weaker, roles lose their substance, and personal identity enters into crisis (Sandrin, 1994).

Contact with the death of other people or of relatives with the resultant loss at a physical or social level (something which has already been mentioned in this paper) prepares the elderly person for an acceptance of the idea of death. Research carried out into the attitudes of elderly people towards death tend to demonstrate that fear of death diminishes with age. In general death is accepted, indeed to such an extent that elderly people often plan the event. The sentiment of an acceptance of death depends, it might also be observed, on an acceptance of life as a whole (Gori, 1993).

It seems well demonstrated that elderly people have a feeling of fear of death which is less keenly experienced then is the case with young people (Hayslip *et al*., 1981; Pinder, Hayslip, 1981). Many factors determine the nature of the relationship between age and death. First and foremost, we should make reference to the person's state of health or rather the personal assessment that a person has of such a state because this latter is something which seems to be more important as a predictive factor of death than the objective state of health itself (Mossey, Shapiro, 1982).

To this should be added socio-environmental factors such as institutionalisation, loneliness, unhealthy living quarters, and low levels of instruction, all of which interact with this relationship (Mullins, Lopez, 1982). It seems, on the other hand, that factors such as the presence or levels of pensions, or satisfaction with one's own life, do not have any significant influence (Bell, Batterson, 1979).

The various data produced by the research carried out in this field confirm what would appear to be obvious, namely that the attitude of the elderly person towads death changes according to cultural traditions and ethnic factors, and in relation to personal religiosity (Bengston *et al*., 1977; Kalish, Reynolds, 1976).

It seems, therefore, that one can conclude that many factors can interact in determining the attitude of elderly people towards death. For this reason, generalisations are difficult. One can, however, safely affirm by way of example that ideas about death run from seeing death an an enemy, a stranger and a failure, to perceiving it is an intimate fact, a reunion, and as a natural consequence of living (Kastenbaum, Aisenberg, 1976). From such a perspective it is possible to emphasise that an understanding of death as meaning meeting one's near ones once again is very widespread, and in the case of elderly people very much looked forward to.

When we come to consider the Italian ethnic and socio-cultural context, the prevalent features of attitudes towards death can be adumbrated as follows (Aveni Casucci, 1984):

– a general tendency on the part of elderly people towards resignation and accepting the inevitability of death in a positive spirit;

– a prevalent attitude especially in males of not being afraid of death;

– the presence of a greater and more constant fear of death in elderly women;

– an agnosticism which was primarily male compared to the presence of quite a high percentage of females who believed in a life beyond this;

In conclusion, the special needs of dying people spring from three kinds of factors:

– elderly people are more subject to factors which cause death which derive from chronic illnesses, especially those of a cardiovascular character or cancer;

– the affective support from the family which the elderly person receives is especially important. In the case of men this is largely entrusted to their wives; in the case of women, who are often already widowed, it is entrusted to their adult children and especially to their daughters when, of course, this is possible.

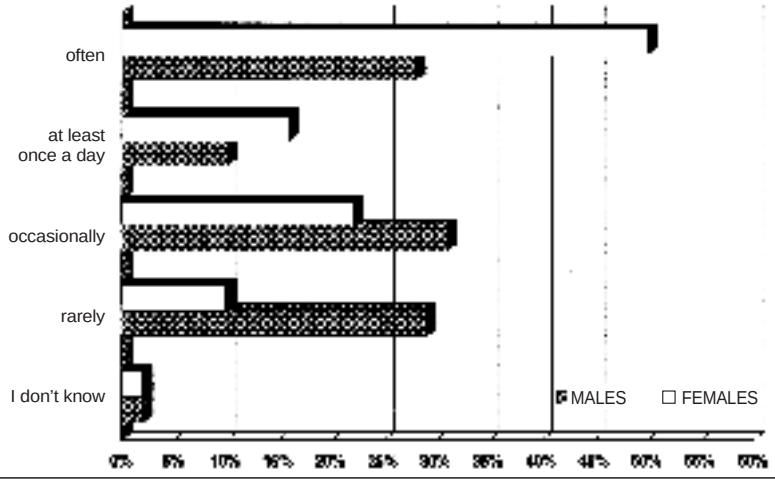
– elderly people tend to perceive imminent death as something which has been foreshadowed during their life span in the form of a large number of separations.

These three kinds of circumstance, namely "cause of death, family support, and perceptions of the future" may be seen as being emblematic of the circumstances in which dying elderly people live.

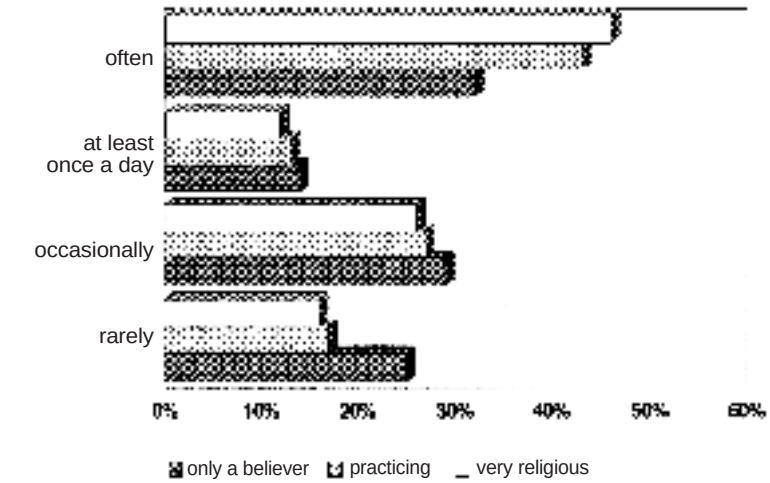
Spirituality and Old Age

In medical and welfare practice in general the spiritual dimension is a subject which is increasingly evident in scientific reviews and is of the very greatest importance when we come to consider the elderly. Some of the research which has been carried out shows that in the elderly person the image of God is connected in various ways to their state of health. Indeed, it has been revealed that the elderly constitute a social group which has very high levels of religiosity (Koenig, Moberg, Kvale, 1988). Many elderly people see faith as a factor of great importance in relation to the stressing events of life such as those connected with health, illness and death (Koenig, George, Siegler, 1988) and believe that prayer is a starting point from

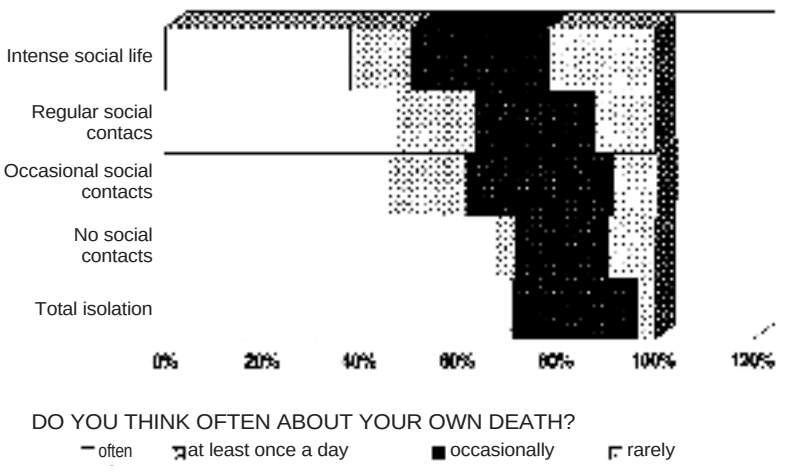
Tab. 1 - DO YOU OFTEN THINK ABOUT YOUR OWN DEATH?



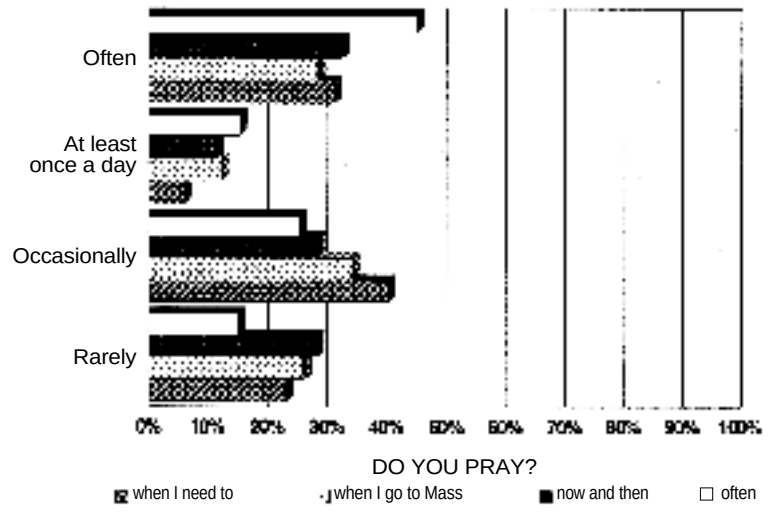
Tab. 2 - DO YOU OFTEN THINK ABOUT YOUR OWN DEATH?



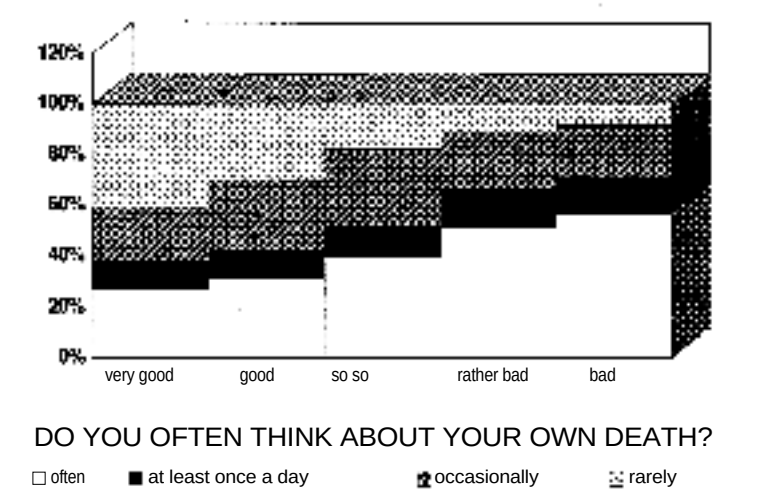
Tab. 3 - THINKING ABOUT DEATH AND FREQUENCY OF SOCIAL CONTACTS



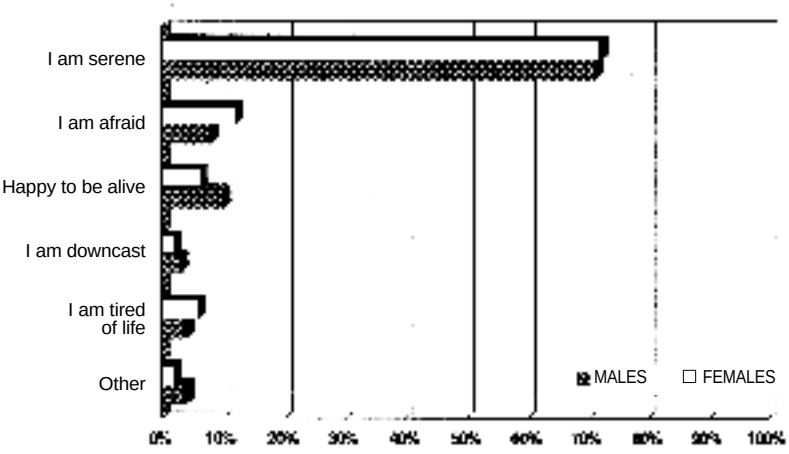
Tab. 4 - DO YOU OFTEN THINK ABOUT YOUR OWN DEATH?



Tab. 5 - HOW DO YOU SEE YOU STATE OF HEALTH?



Tab. 6 - WHEN YOU THINK ABOUT YOUR OWN DEATH HOW DO YOU FEEL?



which to face up to painful symptoms (Bearon, Koenig, 1990). In the Italian cultural context and within the framework of a wider study dedicated to understanding the attitudes of elderly people towards death (n=3,000) it was shown that 97% declared themselves to be religious believers. It was also demonstated that the percentage of elderly people who said that they prayed "never or almost never" was negligible (Petrini, Sgreccia, 1991; Petrini, Caretta, 1997).

It has been asked whether the contemporary generation of elderly people is more religious or whether the individual becomes more religious the older he or she becomes. In other words: does faith remain constant with age or does it increase with the advance of age? It is believed that it is possible to answer with the assertion that there is a growing awareness that growing old can itself increase a person's interest in religion. Indeed, it is thought that it is the existential problems and questions of our time which lead the individual to re-examine his attitude towards God or perhaps to embrace a more religious vision in order to face up to the stress which the changes in his life bring about (Koenig, 1997). On the other hand, when one examines at which age people pray the most it is clear that prayer is frequently practised in all the ages of life but that it is more frequent amongst the elderly (60 years and over) and is more marked amongst the female section of the population (Levin, Taylor, 1997).

At the same time religious beliefs, at least in certain ethnic groups and religious faiths, have been shown to be able to influence the timing of the event of death itself, postponing it to "awaited and wished for" religious celebrations and festivities (Phillips, Smith, 1990).

A previous research project had shown that elderly people with deep religious beliefs displayed less anxiety in relation to death (Wass, Christian, Myers, Murphy, 1978-1979). Other research projects demonstrated, however, that only in the case of those who were the most traditionalist or who had cultivated a religious sentiment for

most of their lives did there seem to be a lower level of anxiety in relation to death (Thorson, Powell, 1989). In contrary fashion, participation in religious rites and services or a pastoral function did not seem to have an evident influence in bringing about a more positive attitude towards death (Watson, 1982). However, it has been shown how religious faith is a spiritual help when it comes to the thought of death although to a lesser extent than other factors such as the affection of spouses or a life which has been lived to the full (Mathieu, 1972; Alvarado, Templer, Bresler, 1995).

In this way it can be asserted that faith is an important factor for the elderly person and that an understanding of these perspectives can therefore be of importance in geriatric practice (Koenig, 1988; Reyes-Ortiz, 1998; Reyes-Ortiz, Ayele, Mulligan, 1996; Petrini, 1997).

Attitudes Towards Death

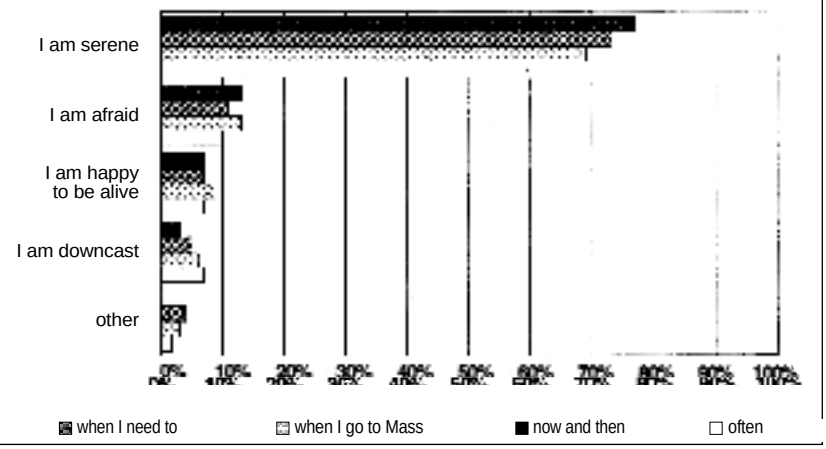
The data presented here are the outcome of a research project carried out on a very large sample (n=3,000) of the elderly population of 65 years of age and over, from both rural and urban settings and of various states of health. The data initially gathered singularly from the two residential settings are here presented together because no significant differences were detected. The most relevant findings of these data will now be discussed.

The first discovery of this research was that elderly people were ready and willing to discuss the subject of death without any particular reservations (Table 1).

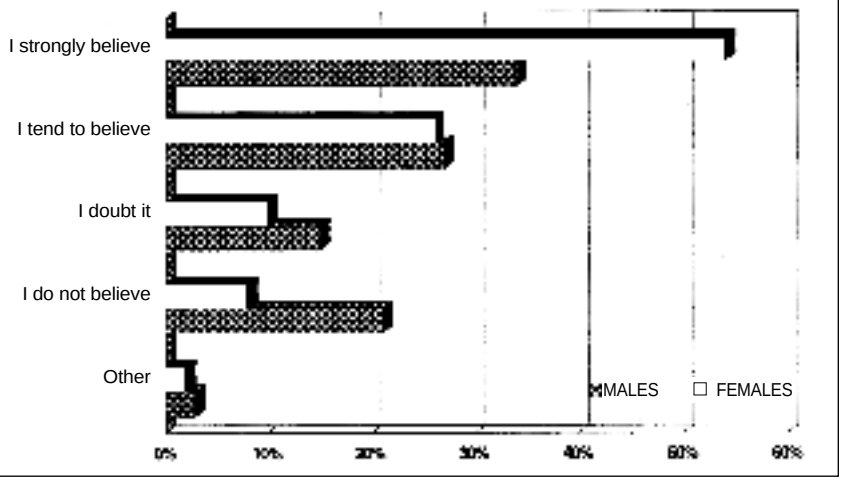
It is clear that thinking about death is more common amongst women than amongst men, something which is confirmed by other research carried out in this field. Correlating thinking about death with levels of religiosity, it emerges that the elderly person who considers himself "very religious" thinks "often" about his own death in a way which is markedly different to the aproach of the elderly person who considers himself "only a believer" (Table 2).

Loneliness is a factor which should be taken into account when discussing attitudes towards death. Indeed, it is to be observed that thinking about death is more frequent amongst elderly people who live in a situation of total isolation. In contrary fashion, elderly people who have some social contacts

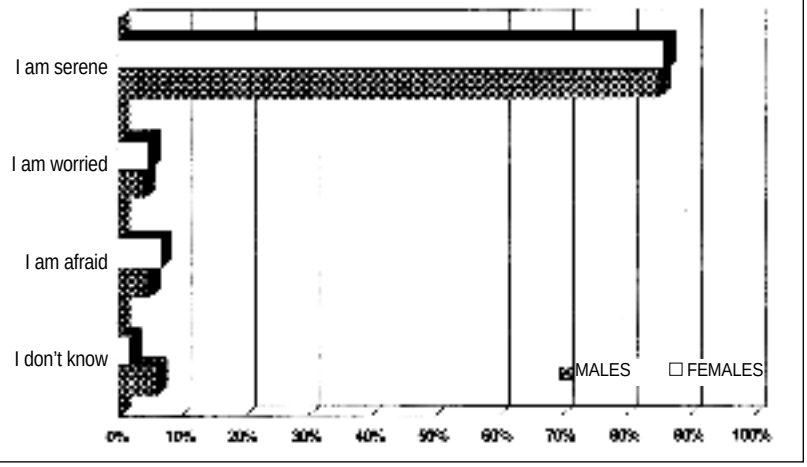
Tab. 7 - WHEN YOU THINK ABOUT YOUR OWN DEATH HOW DO YOU FEEL?



Tab. 8 - DO YOU BELIEVE IN LIFE AFTER DEATH?



Tab. 9 - IF YOU BELIEVE IN LIFE AFTER DEATH HOW DO YOU SEE YOUR ENCOUNTER WITH GOD?



think about death less frequently (Table 3).

It is not possible to detect a significant correlation between thinking about death and the frequency of prayer, although it is to be observed that people who say they pray often think frequently about death (Table 4).

Considering the subjective assessment of state of health we have observed that elderly people do not seem to demonstrate anxiety or widespread worry about death. This is only true, however, if their conditions are stable. If a crisis breaks out, as for example in the case of admission to an institution for treatment or to a nursing home, then this leads them to think once again about questions concerning death (Tables 5 and 6).

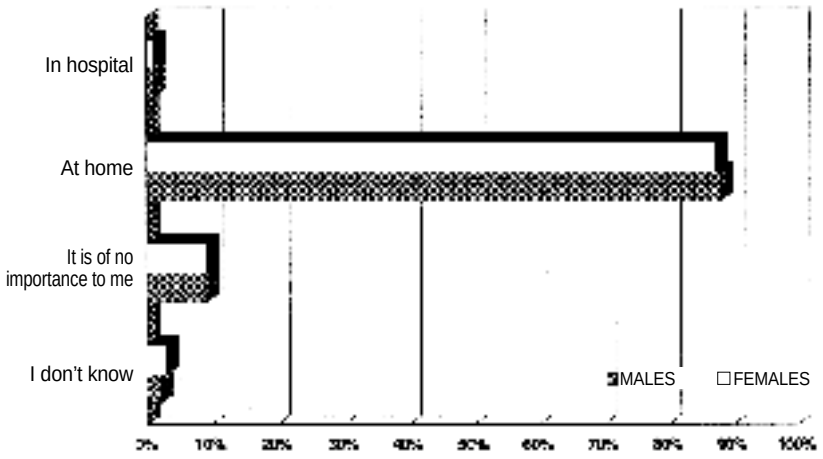
It is clear that the feeling of serenity with which death is countenanced, irrespective of gender, is widespread. The feelings of serenity or fear associated with the thought of dying do not seem to be influenced by prayer. Indeed, there are no significant divergences in this correlation (Tables 7 and 8).

There is a significant difference between the two sexes when it comes to the reality of believing "strongly". In percentage terms, the female part of the population believes more in the existence of life after death. This is a belief which does not vary with the increase in age (Table 9).

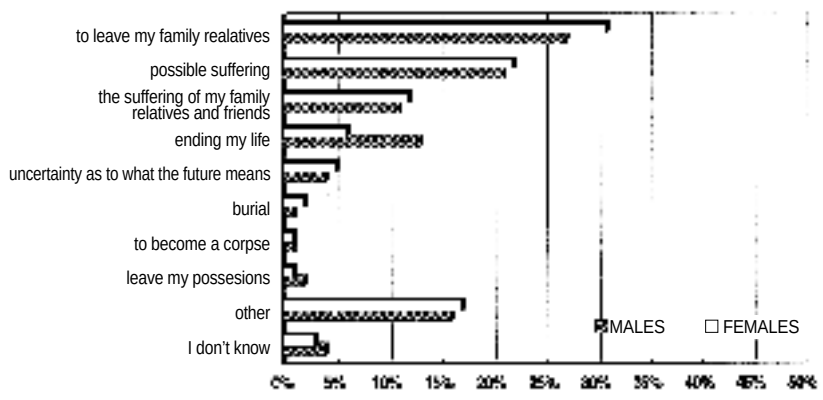
A very high proportion of those interviewed said that they felt "serene" about the prospect, and this was irrespective of gender.

In response to the next question about the place where they would prefer to die, a very high proportion of those interviewed (the same in both sexes) said that they would like to be able to die in their own homes. This is a fact of marked importance which is also of notable relevance to welfare planning, but which is, unfortunately, contradicted by the contemporary social-welfare way of doing things, at least in Italy, where the hospital is still the predominant point of reference in this area. We have before us a situation in evolution and thus these data could change with the spread of domestic welfare support, but equally it has to be recognised that in the future we will have to take into consideration the fact that the family will be increasingly less able to meet the welfare needs of its weakest members because of demographic needs which are well known and the limits which exist to home welfare support for which a minimal family input is required to be effective (Table 10).

Tab. 10 - IF YOU COULD CHOOSE, WHERE WOULD YOU LIKE TO DIE?



Tab. 11 - WHICH FOR YOU IS THE MOST INTOLERABLE ASPECT OR CONSEQUENCE OF DEATH?



The wish to die in one's own home certainly brings into view the need to spend the final stage of one's life in the company of one's own family members (Table 11).

Even though there are differences between the regions we have here clear evidence of the strong family ties which still exist in Italy, and this is something which has been revealed by the other research which has been carried out into geriatric issues and subjects. Until a few years ago socially relevant data indicated strong elements of distance of elderly people from their families, but this view has been subsequently revised in the light of evidence to the fact that in advanced age certain ties become stronger (above all between brothers or sisters) or that certain relationships which had previously been of secondary importance become reactivated (Scabini, Donati, 1989).

All this, however, should not lead us to forget the stress to which the family can be subjected even where the elderly person is in an institution where he or she receives constant care and treatment. Certain research has shown that in the case of family members involved in helping a chronically sick member or an elderly disabled relative, stress can cause a deterioration in

their state of health (Geroge, Gwyther, 1986). After identifying the consequences of the provision of help in a family domestic environment, research is now directed towards the study of the impact of stress which the admission of an elderly member to a hospital and his or her return to the family context to die, can have on the family itself. These data can be useful in evaluating and assessing the difficulties which can be met in channeling the personal resources which were previously employed in providing help into the subsequent experience of mourning (Bass, Bowman, 1990).

The Idea of Death in Nursing Homes

One in four people who are over 65 are likely to spend a part of their life in an institution which provides constant care. In the Anglo-Saxon world these places are termed "nursing homes" and in Italy they receive the apppelations "Casa di Riposo" or "Residenza Sanitaria Assistanziale". It is still the case today that the "popular" image of these institutions is coloured by feelings such as abandonment and neglect, if not the idea that they are somewhere where one goes to die. In a society which exalts independence and personal autonomy this is something which can be explained very easily – the nursing home clearly appears as a place of dependence and loss. Furthermore, in a culture which appreciates the advances achieved by biomedical research which far too often have been wrongly emphasised by the mass media and have thereby given rise to futuristic expectations (which in reality are very far off from being realised) and in a culture which pursues the dream of a "youthful" growing old, the nursing home evokes images of intolerable weakness.

It is certainly true that the nursing home can involve certain elements which are destructive of the person to such an extent that the idea of death takes on connotations which go beyond mere physical death and that one can therefore talk about "social death". Indeed, often at the moment of (frequently unwanted) admission the elderly person has to face up to one of the most dramatic changes of lifestyle which he or she has ever undergone – namely, separation from home, from the things with which he or she is familiar, from the community, and the loss in dramatic fashion of traditions and habits. For some elderly people institutionalisation has connotations of death (Caretta, 1997).

A research project which is very sensitive to the climate of life within geriatric institutions (Collopy, Boyle, Jennings, 1991) has declared that: "in the geriatric institution people live a community life with very little privacy. Interpersonal relationships are weak, many elderly people live in isolation and in a kind of defensive shell. Their mobility is almost non-existent, and the same may be said about their opportunities to gain access to society. Social experience is very low and the staff on hand to help them seems to lead a separate existence. The life of the people who live in these homes is directed in a subtle fashion towards a system of submission to a daily routine, to work which is not in the least creative, and to activity where self-determination is denied. The members of the home are necessarily deprived of their family relationships and only with difficulty do they manage to encounter substitutes who represent, even to a very weak extent, an imitation of those friendships which are enjoyed by elderly people who live in their home environments.

The result of all this, unfortunately, is a gradual process of depersonalisation. The resident in a nursing home has very few opportunities to develop the talents which he or she possesses, which thereby undergo a process of atrophy and disuse. He or she becomes resigned and depressed and displays no interest in the future or in things which are not immediately personal (the selfishness of the elderly!). At times he or she becomes apathetic, silent, and fails to demonstrate the least initiative. His or her behaviour and personal hygiene deteriorate. At times he or she seems to take refuge in a private world, in a fantasy".

It is therefore more than natural that many elderly people speak as though they wished or were waiting for death. This is the request for death which has been defined as being "the euthanasia of abandonment". The nursing home, therefore, has a dehumanised climate, at least for the residents who were the actual subjects of this research, and this is something which influences the professional workers within the home in their approach towards the residents.

Even though the elderly person is still alive his or her losses are manifold. Amongst these are to be included the processes of institutionalisation itself. The person becomes ever more alone and is constantly reminded of the fact that he or she too will die. In the nursing home this situation is accompanied by the loss of "colleagues". The fact of being constantly surrounded by loss is a reality from which he or she cannot escape.

Death is not spoken about but certainly in the nursing home this is an event which is ever present and which thereby becomes an aspect of the "fundamental structure" of each individual existence (Caretta, 1997).

This area has been the subject of further research by us carried out into a number of nursing homes in the south of Italy, and more specifically in the region of Naples (n=300, average age:77). In this re-

search project, some of whose results are reproduced in this paper, it emerged that 66% of those interviewed were satisfied with their past lives and understood old age in the following ways: 40% saw it as a part of the life cycle, 30% as an age which involved greater suffering, 20% as an age marked by greater wisdom, and 10% as a useless life. Prayer, faith and memories were in increasing order the most important ways by which this stage in life were tackled. However, there were elderly people with whom such factors were of no help (3%) and who were burdened by sadness and resignation. A further fact on suffering and death demonstrated that 37% saw such elements as closely connected to old age, 29% defined them as being experiences natural to life, and 25% considered them as trials to be overcome.

Three conclusions follow from the data and results of this study:

– The ways in which an elderly person faces his or her life situation is different from the approach of young people;

– faith and prayer are the best personal resources, in addition to memories, even in the nursing home. This is because death is often seen as a reunion with deceased loved ones;

– even in the nursing home people do not display an evident fear of death.

Conclusions

Two apparently contradictory attitudes are present in our society which, however, express the same fundamentally aggressive approach towards old age and death: the trend towards the removal and the elimination of elderly people from the sphere of consciousness and the trend towards commiseration and welfare. The second approach, too, even though it may hide behind a mask of charitable motivations, often maintains the elderly person in a position of passivity and dependence, a veritable anticipation of personal death itself.

The reason for all this is to be found in the fact that there is a special emotional link between the idea of old age and the idea of death, and the attempt to render death "non-visible" makes the elderly person "invisible" as well. The anxiety we experience when talking about death and dying conditions our attitudes towards old age and towards those who are experiencing it. Death and growing old are closely connected at an unconscious level.

An awareness of these factors also plays an important role in health care planning. It is especially the case that in providing care to elderly people in the terminal stage of an illness the greater the knowledge about the people being helped the more it will be possible to help them in a suitable way, that is to say in a way which meets their real physical, psychological and spiritual needs. It must be borne in mind that according to calculations which have been made, roundabout the year 2000 over 50% of patients will be over 65 and (as has already been pointed out) it has been observed how important for the people belonging to this age band such elements as faith, prayer and spirituality in general really are in relation to health. We are talking here about a state of health which must be understood in a broad sense: there is the state of health of the disabled person, the state of health of a person suffering from chronic illness, the state of health of a person at the terminal stage of his or her illness, and a state of health in death. Health must be seen as being the ability to know how to tackle situations of stress, and in this area to know how to manage with courage and with faith the path towards the last act of life on this earth.

Igino Giordani, an eminent lay figure of the Catholic world, describes this path in the following terms: "As the years gradually pass the elderly in many cases turn to religion or become more religious. They call this evolution, involution; this progress, regress: senility. However, in reality one is dealing with an instinctive perception of the nearness of God and his judgement; the nearness, to put it in better terms, of home. The leaves fall from the tree, the trunk opens its branches to heaven; it has water and fogs and storms; but it looks upwards no longer deceived by leafy boughs, no longer deceived by what happens. It is already familiar and it has already experienced what remains" (January 1960).

Professor MASSIMO PETRINI
Centre for the Promotion and Development of Geriatric Care, the Catholic University of the Sacred Heart, Rome

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Round Table

The Elderly in Different Religions

CLEMENTE RIVA

The Elderly in Judaism

1. A Jewish author recently wrote: "In Judaism elements of negativity or of positivity are nothing else than the outcome of a society, such as Jewish society itself, which is organised as a protective structure for its weakest members in the name of an ideology directed towards the defence of the dignity of man, independently of contingent conditions and located in a sacred space". It seems, therefore, logical "that the human condition of an elderly person in Jewish society, too, should be governed by the norm which places his existential position in the sacred space of life to the fullest extent".

In *Leviticus* there is a fundamental position of ethical principles which involves a commitment to the defence of the weak, the poor, orphans, widows, foreigners, and people afflicted by physical handicaps. "Man is the object and the subject of ethical attention", as a precept lays down, "*wish for your neighbour that which you wish for yourself*". Upon the solidarity which exists between the members of the Jewish community depends its capacity for cohesion. And the duties towards old age in Judaism, in addition to being a question of emotional ethicality, are also "the affirmation of a collective relationship where Jewish society progresses as a positive expression of its own being".

2. A few days after receiving the invitation to give this paper I met the Chief Rabbi of Rome, Prof. Elio Toaff. After telling him about this invitation he immediately made a suggestion: "Go and read the passage from Sirach 25, 4-6, where you will find the elderly described". I went to find the text, Here is how in effective terms it describes the nature of an elderly person: "*What an attractive thing is judgement in grey-haired men, and for the aged to possess good counsel! How attractive is wisdom in the aged, and understanding and counsel in honourable men! Rich experience is the crown of the aged, and their boast is the fear of the Lord*" (v. 4-6). Thinking of the figure of Rabbi Toaff, a venerable elderly man of 83 years of age, and of his moral and spiritual stature, I find in him the expression of what Holy Scripture sets out in the text from Sirach.

But this passage which I have just quoted is preceded by a statement of great wisdom: "*You have gathered nothing in your youth; how then can you find anything in your old age?*" (v. 3). Wisdom and experience in the elderly are the fruit of a commitment to consistent loyalty and life throughout life from youth to maturity. It is no sudden fruit. Holy Scripture in the same chapter states that "*the corruption of an elderly man is a horrible thing*" (v. 2). The Lord invites the elderly to have courage: "*Speak, you who are older, for it is fitting that you should*" (32, 3). Naturally enough, modesty and balance are required because "*Lightening speeds before the thunder, and approval precedes a modest man*" (32, 10).

3. The same day that I met Rabbi Toaff I also met Rabbi Prof. Poattelli, and both encounters took place at the synagogue of Rome. I told him, too, about the invitation and he suggested that I read a recent article by Prof. Sergio Serra of Jerusalem bearing the title "Judaism and Old Age" which had been published in the "Israel Monthly Review" in memory of a friend of his who had recently died, namely Baruch Sermoneta. It is a valuable study which I will refer to during the course of the whole of this paper.

When we discuss old age we should bear in mind that it is itself a part of life. It is a period of life which must be lived to the full with all the aspects of the situation in which the individual finds himself, and it must be done with all the richness which has been accumulated over the years.

At times old age is portrayed as an illness. This is a mistake. In every age of man illnesses can occur. It is true that old age draws us closer to death, but death itself is an event which belongs to life. And life at every stage in its development is always a gift of God, and as such must be welcomed and lived with gratitude towards the

Creator. And just as the various stages of life must be prepared for, so old age, too, must be prepared for, and this so that we know how to grow old in serenity even if the difficulties that we have to deal with actually increase.

Human life and old age itself must be seen in their different spiritual, cultural, social and physical aspects. And all these aspects involve reflections and lead us to achieve important conclusions.

4. Let us begin with the spiritual and ethical aspect, bearing in mind, however, that the various aspects interact with, and influence, each other. In examining one, therefore, we must also bear in mind the others. In addition, we should also be aware of the importance of social life together. The joint presence of other beings establishes a beneficial communion for each being. Of importance here is the observation of A.J.Heshel, who stated that "to be means to be together with other human beings. Existence is co-existence". In the people of Israel there is an ethical tradition which holds that "the principle of the sacredness of life is essential, and that from this springs the right to life, to the dignity of life, and to its inviolability. This involves reference to the divine will which created man in his image. And this is true for all men. In this way every act of communion with God cannot be isolated or hidden away but must take place in conjunction with our fellows without whom we are like leaves stripped from the branch".[1]

In Judaism the reality of longevity, asserts Prof. Serra, "is a blessing and is thus a positive aspect of the creative action of God". Longevity is not only something which is good but is also a sign of a good relationship with the Divinity which is based not upon a subjective relativism but upon a requirement determined by the universality of certain logical moral values which answer to certain fundamental shared facts to be found in mankind.

From this there flows the responsibility to develop a commitment to guarantee and to improve one's own existence and that of one's neighbour. This duty binds everyone in an ethical sense to avoid, overcome, and where necessary care for, the suffering and the trials which are to be found in human life. A clear idea which gives great weight to the notion of life is what is called for here. Hence the great spiritual value of old age which is placed om the ethical and moral horizon of the existence of life. If life is a gift and a close relationship with God the creator, then how can one seriously approve the wish to die, or even more the practice of euthanasia?

5. Life is a gift from God and is communion with God who created the human being in his image. Life is thus in the hands of God. God is the Lord of life. Abortion and euthanasia are ruled out. In the *Quelet*, despite the emphasis placed on physical and mental decline, reference is made to our relationship to our beginnings and to the end of our life in the following way (XIII, 7): "*Your body will return to the dust of the earth from which it was taken; your living spirit will return to God who gave it to you*". And the preceding verse reads: "*Enjoy your life. Life will end like a thread breaks etc...*". This means: you must not break it because it is a gift of God.

In Judaism life is seen both with reference to itself and in a wider perspective. It is said that we have a past, a present and a future, but it is the present which is the most important. The past is our inheritance and our memory; our future is resurrection and new life. I would like to cite a thought expressed by Prof. Rita Levi Montalcini: "As human beings we have the good fortune to be able to send a message which goes beyond the length of our own life. I believe in this. Death does not worry me at all". And she goes on to observe that a human mind is very much greater that all material instruments because we possess consciousness, something whose workings so far we know very little about "even though we are perfectly aware that we have it". And it is "this formidable human capacity which separates us from the other species".

The relationship between old age and consciousness is interesting. It is true that when we become old there are various kinds of limitations. But consciousness continues to live. And it is no accident that in the Bible the Lord bestows upon the elderly not only venerableness but also such important virtues as prudence, wisdom, and balance, and in this way suggests that the elderly should guide his own people. The passage from *Sirach* which is quoted above also refers to the duties of elderly people, of those who have "grey hair", and whose chief role is that of "*displaying good sense, giving good advice, etc...*" because they are thoughtful and above all else because they are loyal to the Lord.

6. After living a good life we find in the Bible certain corresponding forms of behaviour suggested by God the creator. The first is suggested in the *seventh day* after the creation of the world and of man. It is rest. In the *Book of Genesis* it is explicitly stated that: "Thus the heavens and the earth were finished, and all the host of them. And on the seventh day God finished his work which he had done, and he rested on the seventh day from all the work he had done. So God blessed the seventh day and hallowed it" (Gen. 2:1-3). In considering the historical epoch of the creation and comparing it to human life, one is led to declare that man, too, should rest. In part this is true, but in part it is not. To do nothing is not to sanctify the seventh day of the Lord. Rather it involves suspending certain activities and dedicating oneself to the

worship of God and to love for one's neighbour. It is important for elderly people to set a good example to young people in sanctifying the sabbath day, enlightening them in the faith, in praise of the Lord, in and love for their neighbour.

The sabbath rest also means for the elderly person the regaining of energy, and especially of physical and mental energy. When reference to the decline of the elderly man, rest is seen as a medicine.

It is naturally also wise to *prepare oneself* for old age and to fill one's organism during youth with a spiritual baggage with which the "*winter of life*" can be tackled. Without such a baggage man will suffer old age, and this will appear as something which has no meaning – faced with growing years and bad days he will say: "*I do not like them at all*" (Qo 12:1).

7. During old age all children have the duties of respect and regard for their parents. Given the advance in medicine of our time and of improvements in the environment there is a primary social duty to educate citizens with new directions and new methods "so that they acquire a practical relationship which is more fitted to the ideals of the sensitive phenomenon of the Jewish tradition".

Various problems thus arise in relation to old age. The first problem is that of loneliness and isolation. There are economic difficulties and difficulties of other kinds. The masters recommend the achievement of as much independence as possible in matters of self-help. But when the needs of the elderly cannot be met in this way it is up to the members of the family to establish a climate of harmony within the family and of ethical respect through silent cooperation. When situations of poverty arise the rich have the duty to act and solve such problems. If the woman is a widow the heirs have no right to make her leave the place where she lives. When the home is rented the Jews must pay her the sum which is required. The widower is invited to remarry and to have children.

The scholar Maimonides emphasises the duty that one has to study one's whole life long: "Until when should I study the Torah? Until the day of my death". Roundabout one's sixties it is necessary to detach oneself from work, military service, administrative activity and public activity.

A second problem is that of giving a pension to those who are no longer able to support themselves or carry on working. It is up to young people to provide moral help to the elderly. And through elderly people traditional principles should be conserved. The tradition of the Jewish people is very important and traditional values do not involve mere repetition but imply adaptation to modern times.

Judaism, it must be stressed, establishes a bond of solidarity with elderly people.

His Excellency Mons.
CLEMENTE RIVA
Auxiliary Bishop of Rome

Note

[1] S.ISRAEL, 'Civiltà Ebraica', in *Ricerche Religiouse*, XIX, 3-4 (1948), p. 312.

MAURICE BORRMANS

The Dignity of the Elderly Person in the Muslim World

In many Muslim countries Christians and Muslims very often co-operate in providing services and care to elderly people. These elderly people can be in good health or subject to illnesses which make their old age difficult. Indeed, in these countries there are many female Catholic religious who place their professional skill and their caring attention at the service of Muslims and of Muslims who are advanced in years. In Algeria, for example, the Little Sisters of the Poor look after a large number of elderly men and women in the nursing homes which they administer in Oran and Annaba, and these people come from the poorest of the Muslim areas. In Yemen the Missionaries of Charity of Mother Teresa take care of abandoned elderly people and handicapped young people in San'a, Modaidah and Ta'iz. These are only two examples amongst many which make us reflect on the fact – well known by all Muslims – that "elderly people" must be respected, taken care of, and helped at the end of their pilgrimage on this earth.

Indeed, the faithful of the Muslim religion are well aware of the following passage from the *Surata of the Night Journey (sûrat al-Isrâ):* "Your Lord has said that you must worship none but Him. He has prescribed good will towards your father and your mother. If one of them or both of them have reached old age and live with you, do not say to them "Go away!", do not reject them, but have words of respect for them. Direct towards them the wing of tenderness and say: "My Lord. Be merciful towards them, as they were with me when I was a child and when they brought me up"" (17, 23-24). Is one not dealing here, perhaps, with an act of gratitude towards those to whom one is indebted because of the gift of life and because old age with its limits and its passivity requires such an approach? The Koran makes the following statement on the subject: "God is He who creates you weak; after weakness he gives a certain strength, and then, after giving strength, he reduces you to weakness and old age. He creates what He wants. He is He who knows everything, the Omnipotent One" (30, 54).

Each and every human being thus perceives the biological stages which are themselves proof that God intervenes as He sees fit: "It is He who created you from the dust, then a drop of sperm, and then a clot of blood. He made you be born little so that later you could reach maturity and then become old – some of you will die later – and reach a fixed term", because "He it is who gives life and bestows death" (40, 67-8). As can be seen, the Koran teaches Muslims what the Old Testament transmits to the Jews and to Christians with a great deal of wisdom. One is always dealing with the same submission (*islam*) to the will of God which requires that mothers and fathers are honoured, and their children are obedient to them, all life long, including during their old age. Does not the *Surata di Luqmân* (31, 13-34) summarise after its own fashion the whole of the teaching which a father should hand down to his son in a way which is clearly within the framework of Biblical wisdom, which in turn thus becomes Koranic wisdom?

Muslim societies see themselves in this tradition and have always laid great emphasis on respect for the "elderly". The word "*shaykh*" refers both to the elderly person and to the person who is expert in learning and especially in religious learning. And the "*al-Salaf al-ṣâliḥ*" are the "pious elderly" who must be imitated in a way which is distrustful of those innovations which do not respect the traditions which such people represent and transmit. A child is very often referred to as *"al-jâhil"*, meaning "the ignorant one", and the elderly person is described as "he who knows". It is widely known that kindred ties are highly valued both in the Koran and the Sunna – the tradition which goes back to the Prophet of Islam – within the framework of the imperative expressions of solidarity of the "wider family" *(al-'â'ila)* where elderly people occupy a very special and valued position. Did not Mohammed himself declare: "the person who has failed to do his duty towards his own parents will never go to paradise"?

What does the Sunna say about old age? It is known that it urges filial piety after "the prayer uttered at the canonic time" and before the "holy war according to the design of God", and that such piety is to be expressed in particular towards mothers: "a man met the messenger of God and said to him: "messenger of God, who amongst those with whom I have good relations is most deserving of my attention?". "Your mother", replied the messenger. "And after her" – "your mother". "And after her?" – "your father"". It follows from this that "one of the most serious sins a man can commit is that of cursing his father and his mother".

Ibn 'Umar relates an edifying story about Mohammed: "One day three men were walking along together and were surprised by a shower of rain. They took shelter in a cave in a mountain but a falling boulder blocked the mouth of the cave and prevented them from leaving. They asked themselves what were the best actions they had performed out of love for God, and they did this in order to call on God in the name of

these actions – something which would then have set them free. One of the men said: "Oh God! My father and my mother were elderly and I had children. I was the shepherd of the flock and I fed the sheep. When I came back in the evening I milked the sheep and began to give my mother and father milk to drink before I turned my attention to my childern. One day I was in a distant meadow and I came back home after darkness had fallen. My mother and my father had fallen asleep. As usual I went out to milk the sheep and then I took the milk to my parents' bedside and tried to wake them up because I wanted to serve them before my own childern. The children did not stop crying at my feet but despite this I went on until dawn broke. Because you know that I did this for you, move the boulder so that we can see the sky!" And God immediately opened up a space through which the three men could then see the sky."

We also know how much care is owed to elderly people – they always take precedence and must be favoured before a younger person in every dispute or in the giving of evidence. But old age does not necessarily mean wisdom and devotion! The temptations are many in number. Indeed, as the *hadith-s* says: "God proclaims himself to a man who has delayed his end when he makes him reach the age of sixty-five" and "the heart of an elderly man does not stop being young, and this is due to two causes: love for the goods of this world and long-standing hopes". Indeed, "the son of Adam becomes older and two things grow with him – love for wealth and a wish to live for a long time". It is for this reason that every elderly person must listen to the following admirable sentence by Mohammed, and with greater care than is the case with any other of the Prophet's pronouncements: "be in this world like a stranger or a passer-by". And as the sage Ibn 'Umar declared: "When you are in the evening do not hope to see the morning and when you are in the morning do not hope to see the evening. Take from your health for your illness and take from your life for your death".

Popular wisdom in the Arab-Muslim countries expands in its proverbs on what the Koran and the Sunna have canonised as being virtues and traditional customs. Is not the elderly person the "*al-kabîr*", an adjective which means "great"? The alliteration "*Al-kabîr 'aqlu kabîr*", can be translated as "who is great in years is also great in intelligence", and this is because "*akbar min-nak bi-shahr akhbar min-nak bi-sana*" ("who is older than you by a month has more than a year's experience than you") and because "*al-kibar 'ibar*" ("the advanced age is an exemplary life")! But the psychology of the peoples of this Arab-Muslim world also knows how to distinguish between the virtues and the vices and is aware of the respect which is due to the "elderly" and the "burden" which at times they represent for their nearest relatives.

Indeed, although "there is nothing wrong in being old", "*al-shayb mâ hû 'ayb*", nothing prevents evident social uselessness or a bad character derived from an ill-conducted life from giving rise to harsh proverbs. Thus at times it is said that "*ibn as-sittîn li-s-sikkîn*" – "who is sixty years old deserves to have his throat cut"! It is certainly true that traditional society is at times harsh with its own elderly people and gives them jobs suitable for children or young shepherds. Thus, for example, an Algerian proverb declares: "*ash-shîbânî li-s-sarḥa wa-l-'ajûz li-rraḥâ*", which means "the old man should look after the flock and the old woman should take care of the mill", and a Lebanese proverb observes "'*Antar lammâ khatyâr ra"ûh al-bûsh*", which means: "when Antar (a legendary hero) grew old he used to take the animals to pasture".

The life of elderly people, therefore, is always threatened *(li-yobrod al-ḥajar)* and the moment when this world is left comes for everybody. And, as the *hadith* declares, it cannot be said that every individual is really ready for this "great journey". One proverb asserts: "*shibnâ wa-mâ tubnâ*", which means: "we have become old and we have not yet converted"! It is therefore increasingly imperative for Christians and Muslims, sincere believers and men and women of good will, to unite their skills and capabilities in order to ensure that old people have a serene and respected old age. This duty is even more urgent because times have changed and traditional societies, which through solidarity once provided "elderly people" with guarantees and safety and whose cultures bestowed wisdom and prestige upon them, have given way today to modern societies where exaggerated individualism runs the risk of giving rise to a neglect of the importance of kindred ties and of the role of elderly people within families. In these modern societies, furthermore, technological knowledge means that the young generations know much more about scientific advance than their elderly counterparts.

Hospitals, clinics, hospices and other such institutions should thus bear witness to an agreed and renewed initiative in favour of the elderly. This is particularly the case because one is dealing here with helping individuals to prepare themselves for receiving and living the mystery of death with faith and hope, whatever the religious tradition to which they belong may be. I have been told that there are female religious nurses who have helped dying Muslims in Libyan hospitals to raise their right arms so that with their index finger stretched towards the sky such Muslim believers could die proclaiming that there is no other god but God. I also met an Algerian Muslim medical doctor who was spending a period at the Policlinico Gemelli in Rome for work experience and who took a cross off the wall and offered it to an elderly Catholic Roman woman who was about to die. In such circumstances there are no longer any boundaries and believers are called to help each other in order to go beyond the frontiers of individual faith.

Prof. MAURICE BORRMANS
Professor at the Institute of Islamic Studies of Rome.

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USHA MEHTA

Hinduism

Hinduism essentially being a way of life with a broad and universal vision, has no church or no fixed dogmas. It, however, is conscious of the fact that religion permeates the life of an individual at every point and that there is always a "Great Beyond" beckoning to all the seeking souls. The ultimate end that is sought in Hinduism, is "Moksha" or self-realisation, consistent with the comprehensive and integrated outlook adopted by it. The three other ends (Ppursharthas) accepted in it are "Dharma" (Righteousness), "Artha" (wealth) and "Kama" (fulfilment of desires). Thus, Hinduism accepts that man cannot live without bread but it also enjoins as Christianity does that man does not live by bread alone, nor by his work, capital or power.

Ashramas

So far as the social aspect of an individual's life is concerned, "Varnashrama Dharma" i.e. the four-fold social organisation based on "Varna" i.e. caste and "Ashrama" i.e. the stage of and individual's life forms its basis. Manu, the law-giver enjoins a four-fold division base on the psychological make up viz. "Brahmins" i.e. men of thought, "Kshatrya" men of action or warriors and "Vaishyas" i.e. the businessmen and Shudras – those not included in the three preceeding classes. At the individual level, life is divided into four stages called "Ashramas" viz "Brahmacharyashram" (the stage of education), "Crihasthashram" (the stage of family life), "Vanprasthashrama" (the stage of semi-retirement) and "Sannyasashrama" (stage of renunciation) with a view to merging in the Divine i.e. attaining final liberation of "Moksha". Each one except the last is of 25 years duration. This classification tries to shape to society and give an edge to human existence, Manu also gives an outline of the purpose and preparation of each stage. After going through student-stage and having fulfilled his duty towards his family as a householder, the individual is advised to gradually withdraw himself from his emotional attachment to the family, making room for the younger members, try to develop self-awareness, practice "yoga" and prepare for the fourth and the last stage of detachment from the finite as finite and attachment to the finite as the embodiment of the Infinite thus emphasising that human life is a pilgrimage to the eternal life.

The family-system followed in India since ancient days was the joint-family system and the householders were enjoined to look after not merely their own parents but also other elder members of the family including old grannies and grandpas and uncles and aunts.

Sad plight of the aged

However, with the passage of time and because of several factors including the growing number of the aged in the society, industrialisation and consequent urbanisation, women going out for work, breaking down of joint-family system, increasing competition in almost all fields of life leading to the pursuit of material prosperity, deterioration in moral and humanitarian values and others, the whole social milieu has changed. The number of the aged is gradually growing in India as in other countries of the world. It has gone up from 5.6 million in 1950 to 6.9 and is expected to reach 8.6 coming to about 76 million in 2010. As against this, there is a decline in the young population which has come down to 63.7 per cent in 1990 and is soon expected to be 47.4 per cent. As a result, there is a consistent decline in the young-age dependency ratio and an increase in the old age dependency ratio.

Urbanisation and the premium on space, rising prices and other factors have widened the generation-gap. Children instead of wanting to listen to grandpa's stories and eating delicious dishes prepared by grannies, want to watch the TV or retire to their own private rooms and eat ready-made food. To escape insults not only from their own sons and daughter-in-law but even from their grandchildren, some of the old couples prefer to migrate to their native villages but not all of them can maintain themselves on their meagre income nor are the children in a position to send them regular money-orders. Because of these and other reasons, many old men and women feel lonely and lost, unwanted and forsaken. Many become almost heart-broken and for some of them old age becomes a wait for death. An old widowed friend of our family was staying in Mumbai with his son. Once, some highly placed foreign officers from a big multinational firm were invited for dinner at their place. All the family-members including the father were in-

troduced to the guests; however the father was introduced as a cook and not as father. This hurt the old man so much that he left the son's house for his ancestral home and died soon thereafter. Also, some cases of suicide have been registered especially in big cities like Mumbai and Chennai either because of disputes over property or lack of living space, temperamental incongruity or utter inhumanity. The plight of women and especially widowed women is worse than that of men. They are neglected and side-tracked, bullied and insulted. They are not only treated as trouble-makers but are blamed for all the miseries that the family may have to face. They are not allowed to participate in feasts and auspicious ceremonies.

Government measures

The Constitution of India provides for the social-security of the citizens. Article 41 states that the government, shall, within the limits of its economic capacity, make effective provision for public assistance to the disabled, the aged and others. Also, they have been given some relief by certain provision in a couple of other acts including the income-tax act, and the criminal procedure code. After the international conference of population and development held at Cairo, in 1994, India has taken some steps with the aim of providing financial help, developing systems of health-care, enhancing the self-reliance of the aged and enabling them to work independently. Recently, senior citizens have been exempted from paying income-tax. Also, government officials like officials in most of the big private companies and trusts are given pensions.

The main thrust of most of the programmes undertaken by the government is towards providing non-institutional services that are family and community-based. Also, with a view to keeping the families integrated, an attempt is made to give incentives to the families for take care of its elderly members. It has been suggested that in view of the many disabilities suffered by women, special attention may be paid to their problems and special schemes be floated to help them overcome their difficulties.

Old-age homes have been opened in almost all parts of the country. Part-time medical officers and trained social workers are engaged to manage the centres. Mobile medical services are provided in rural areas. In some of them different systems of medicine homeopathy and Unani and others are allowed to operate.

Provision is made for free or semi-free beds for senior citizens especially for those from the lower income-groups in government hospitals. In some hospitals patients are given aids like dentures, glasses, vitamin pills either free or at a nominal cost.

Apart from medical care, legal assistance, help in insurance and in bank-services are provided. An amount of Rs. 22981 lac was spent on these schemes during the last 5 years. This is a paltry sum compared to the huge number of the senior citizens in the country. However, the plea of the government is that it has been made very clear in the Constitution that the government will help the aged only within the limits of its economic capacity, keeping in view its more urgent priorities like defence, overall security, economic growth and so forth.

Voluntary organisations

Fortunately, many voluntary organisations and charitable trusts initiated activities for helping the aged even earlier than the government. Though such organisation did function even in pre-independence days, there has been an increase in their numbers and a spurt in their activities since 1980. Of course, the credit for this goes to the importance given to charity in almost all the religions followed in India – Hinduism, Islam, Jain, Christian, Buddhist, Sikh, Jew and others – as also to the international conference on the aged and constant contact with leading organisations and senior workers from other countries in the world promoted mainly by devoted and sincere workers in this field.

The main organisation working for the welfare of the senior citizens – the Indian federation for the aged was established in 1988 with the aim of co-ordinating different agencies in all parts of the country and government and semi-government agencies in this field.

In 1983-84, the government began implementing the central scheme of financial assistance to voluntary organisations for building and running old-age homes and day-care centres, whereas some of the innumerable regional, national and international organisations and private and public trusts running all over the country provide all-sided relief including medical, financial, residential, legal, and psychological aid. There are some which concentrate on any one or two specific groups like women, the handicapped, the tribals or specific causes like leprosy, heart-troubles, tuberculosis, neurosis, ashthma and others. As an illustration we may cite the "Help-age Foundation" which has the aim of creating awareness and understanding of the changing scenario of the society caused by the increasing number of the elderly and their social, economic, psychological and age-care needs, to raise funds for the creation of infra-structure through the medium of social service organisation for providing benefits to the elderly, and to highlight the contribution of the elderly citizens in enriching society. Its activities include providing consultancy, training to social workers and financial support to allied organisations. It helps more than 500 voluntary agencies and operates about 1,000 service projects.

Religious trusts

Many religious trusts belonging to major religions of India, viz. Hindu, Muslim, Christian, Zorastrian, Ja, Sikh and others give substantial help for deserving cases including education, care of underprivileged especially women and the deprived sections of society, welfare of animals, protection of the environment, preservation of historical monuments, including temples, mosques, churches and Gurudwaras, protecting and promoting their culture and way of

living and others. However, their main income is directed towards building of hospitals and providing relief and education to people. Some of the hospitals built by these trusts were started with a view to providing medical relief only to members belonging to their religion or community. However, in view of the Indian state being secular, this practice has been stopped and now all the government-run and public hospitals have to admit patients from the whole of the community.

Most of the trusts managed by the Hindu temples have built numerous hospitals and helped innumerable patients by giving financial support for very expensive research and medicine. In the hospitals run by the Hindus arrangements are made for social workers to come and read passages from the Bhagvad Gita and other Hindu scriptures to the patients. Some of them have confessed that this practice has helped them both in healing their physical wounds and reducing their mental worries. Such trusts exist in almost all parts of the country and especially in pilgrim-places.

The Ramkrishna mission runs hospitals in almost all the regions of the country.

Over and above the activities generally undertaken by the organisations working for the welfare of the senior citizens including providing houses, libraries, gardens, recreation centres, cultural centres, hobby-centres, tours to historical places, lectures, seminars, financial and legal aid and others, organisations meant specially for medical help and providing medicines at cheap rates, hold awareness, training and counselling courses and camps for their members and also for nurses and social workers. They also provide for funeral rites and post-death rituals. Hospitals do not officially engage priests but keep in contact with priests who are easily available and are in a position to conduct the ceremonies in line with the rules laid down in their respective religious texts. Also, a list of social workers willing to render help to the patients both during their stay in the hospital and after their discharge is maintained and they are given direction regarding the selection of books to be read, devotional songs to be sung, topics to be discussed, and hobbies to be cultivated.

One of the distinguishing features of medical practice in India is that in some of the centres more than one system of medicine, viz. alopathy, homeopathy, ayurved, magnet-therapy, accupressure, nature-cure and others are practiced simultaneously, and the patient is given the option to follow the one he likes. Though in most of the centres alopathy is practised as a general rule, ayurved and homeopathy are also getting more popular, ayurved because it is an indigenous system depending on herbal medicines found in the Himalayas and other mountain terrains and the latter because it is comparatively cheaper than alopathy.

Thus though we have miles and miles to go before we can provide adequate aid to the aged, there is no doubt that both the government and voluntary organisations have made efforts to bring relief to the elderly in the society and make their lives a little more healthy and happier than they would otherwise have been.

Renunciation

However, ultimately, it is only the individual himself who has to make the effort to face the vagaries of age and become his own friend. As the Bhagvadgita rightly points out "A human being is his own friend and his own enemy". It is he who can make or mar his future. He has to fight his battle and for this he has to adopt a code of conduct, train his body and mind observing strict discipline in his personal life. Some of the rules recommended by experienced doctors are "Eat less", "talk less", "develop a hobby", "take light physical exercise", "be slow to smite (if at all) and quick to pardon", "try to adjust to changing times and changing generations", "try to do some social work to the extent possible", "learn to laugh at yourself at times" and "last but not least" have faith in yourself, and in the Almighty for as the Bhagvad Gita preaches "a doer of good deeds never perishes". The practice of "yoga" – concentration and meditation as an age-old method of gaining self-control recommended in many ancient Hindu scriptures taught in some of the hospitals and health-centres – has proved to be estremely helpful in developing self-imposed discipline. This has been tried by some persisting individuals with remarkable success.

An 80-year old business-executive who did not merely develop an interest in Sanskrit but also learnt it and translated its very pithy and catchy sayings into English, made them very popular. The most miraculous cure was that of an old man suffering from paralysis who climbed some very stiff peaks of Himalayas after all other treatments had failed. It was his faith in God and in himself that made this possible. This makes it very clear that in the last resort it is faith in oneself and the attitude of detachment prescribed specially for those who have reached the final or "Sannyashram" stage of life or renunciation as preached by Manu that comes to one's rescue by giving a reassuring message:

"In spite of darkness, light persists,
In spite of death life persists".

Prof. USHA MEHTA
Professor, University of Mumbai, India

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BHIKKU HUI-MIN

The Buddhist View of the Elderly and its Implementation in the Republic of China

1. Buddhist Viewpoints on the Elderly and their Welfare: Self-Awareness, Filiality, Altruism

In 1995, the elderly in Taiwan numbered 1,545,000, composing 7.28% of the entire population. Welfare needs for the elderly include health and medical services, economic support, education and recreation, residence and care, and psychological and social adjustment. (Hsieh Kao-chiao, 1994.)

The basic teaching of Buddhism is 'Conditioned Genesis'. This implies that life is not eternal, but simply a continuum of similar circumstances. Society is not unique, but rather a set of related conditions. This recognition produces the wisdom of self-awareness and the mercy of altruism.

For this reason, Buddhism stresses the importance of finding ways to make society aware of the elderly problems, and put into motion appropriate altruistic measures.

First, the Buddhist doctrine of Conditioned Genesis teaches that through birth are conditioned ageing and death, so everybody should be aware that being elderly is a natural stage of human life. This does not mean that the elderly are obsolete and just waiting to die. It should be a time of rich harvest, accomplishment, and respect.

The definition of the "elderly" changes with the times and the state of a nation's development, so it is not entirely appropriate to use the age of 65 as a definition of a person's being young or elderly.

In 1994, the Venerable Sheng-yen in Taiwan promoted Buddhist Longevity Celebrations. A famous Chinese poem relates the bitter-sweet flavor of old age:

The setting sun
is infinitely beautiful,
But it means that twilight
is close.

Master Sheng-yen rewrote the poem to read:

The setting sun
is infinitely beautiful,
But it does not mean
that twilight is close;
The future is as beautiful
as brocade,
The glorious sun will arise
again in the east.

His implication is that old age is as beautiful as the setting sun, but this should not be taken as a hopeless condition approaching twilight and the darkness of night. Old age is a second spring. After retirement one can rediscover the power of one's life, the value of human life, and contribute the light of wisdom and the warmth of enthusiasm to help society.

"The glorious sun will arise again in the east." The Buddhist standpoint is that nothing is permanent, but the wish to contribute altruistically to society may be boundless. If there are wishes that cannot be completed in this life, they may be completed in the next life; efforts may be continued for eons, until Buddhahood is finally achieved.

That which I have not achieved in this life I can leave for the next generation. That which I cannot do myself this time, and the next generation is incapable of completing, I will do in my next life! If you always keep this idea in mind, you will not feel forlorn in your old age, and you will not feel lonely even if you are alone. (Shih Sheng-yen, 1994)

In addition, Buddhism, which originated and developed within traditional Eastern cultures, places great importance on Oriental social creeds which emphasise that children have filial obligations towards their parents and elders. Such concepts are expounded upon in sutras such as the Parents' Kindness Can Never Be Repaid Sutra. Therefore, Buddhist groups or Chinese society basically use the Elderly (Parents) – Household axis as the foundation for solving problems concerning the aged. Hence, with regard to problems concerning personal benefits such as senior citizens' residence and living requirements, the family structure naturally is seen as the main source of support.

While in Western nations medical care for the aged has already become a space for the development of new services provided by religious welfare groups, Taiwanese Buddhist groups still encourage three generations in the same household, and hesitate to stick the elderly in old folks' homes. A return to traditional filial ethics is seen as the best policy for solving problems concerning care for the elderly. (Wang Shun-min, 1997). As the founder of the Buddhist Compassion Relief Tsu-Chi Foundation, the Venerable Zhengyen explained:

"Actually, in Chinese society, what old people need most is the affection between relatives, so society should be encouraged to reestablish traditional filial virtues. The hope that young people will be grateful to their parents and be filial to them is the fundamental method to solve these problems. However, the social structure has changed, with the nuclear family replacing the extended family. … Many old people live alone and have to fend for themselves. This is a sad state of affairs. We hope that communities become like clans, with the idea that the community is a big family. Everybody can take turns, when they have free time, to express their concern for the community's elderly." (Tzu-chi Monthly, #377:97)

"Times are changing. Mainland China is modernizing, and Taiwan is westernizing. Family concepts are fading away. In the old days, four generations under one roof earned the envy of others, but today, old people are considered burdens, and not welcomed by young married couples. However, Tzu-chi members are just the opposite. We not only carry on old traditions, keeping our parents close by so we may take care of them, but we often have the problem that each of several children wants to take the old folks into their own home." (Yun-ching, 1995:138)

In summary, the Buddhist standpoint on issues concerning the elderly is that old people should become self-aware according to the doctrine of 'Conditioned Genesis', realizing that old age does not mean a useless lull waiting for death. Old age should be a time of rich harvest, accomplishment, and respect. Emphasis should be placed on filial obligations to parents and elders. All of us should vow to contribute through life after life in altruistic activities.

2. Buddhist Viewpoints on the Elderly and their Welfare: the Earthly Buddhism and Pure Land Buddhism

Traditionally, Buddhism has taught people to "get rid of the secular attachment, concentrate on the Amitabha Buddha, vow to be reborn in the Lotus World, namely, the Western Pure Land of Utmost Bliss." This has especially served as a creed and spiritual goal for old people. This is why the core members of such Buddhist organizations as Amitabha Buddha recitation groups and "lotus associations" are generally the elderly.

Human life is full of disasters and tribulations, and the suffering of old age, sickness, and death, which prompt people to look toward the Pure Land. According to the Buddhist doctrine of the two levels of meaning of the Pure Land, ordinary mortals may vow to be reborn in other worlds, which have already become pure lands, such as the Western Pure Land of Utmost Bliss created by the Amitabha Buddha. They may also, in imitation of the boddhisattvas, purify and establish worlds that in the future will become pure lands. Therefore, the Pure Land is not here and now, but in the future, and elsewhere.

Such tendencies may lead to an overemphasis on future worlds at the expense of present realities, and even to solely focusing on leading the spirits of the dead to Amitabha Buddha's Pure Land. For this reason, Master Tai-hsu (1890-1949) advocated 'humanistic Buddhism.' Following in his footsteps, Master Yin-shun (1906-) called for a return to the original meaning of Buddhism, which was never divorced from earthly concerns, rather than overemphasis on gods and divine phenomena beyond the realm of human affairs. Granted that the human world we live in, full of sorrows and cataclysms, is not a pure land; it is for precisely this reason that we should vow to establish an earthly pure land. (Bhikkhu Hui-min, 1997)

These concepts and related activities of the earthly pure land here and now have become the mainstream of Buddhism in Taiwan today. Associations such as Tzu-chi Foundation, Fo-kuang Mountain, and Dharma Drum Mountain and their congregations are based theoretically on such ideas. However, teaching the elderly to "let go of your attachments to this world, recite Amitabha Buddha with all your heart, and vow to be reborn in the Lotus Pure Land of Amitabha" complements, rather than contradicts, the social activities pursued by earthly pure land adherents.

3. Social Action of Earthly Buddhism: Elderly Welfare Areas in Temples

a. Temples may act as mediating structures for family and society: (community-based Buddhist services)

According to the data of distribution of Buddhist associations and all religious associations throughout Taiwan (Original source: Department of Statistics, Ministry of the Interior, Government of the Republic of China, 1995),

throughout Taiwan the distribution of Buddhist organizations is not relatively much higher than that of other religious groups (Taoism, Christianity, and others): 1.3%, 12.9%, 12.5% and 12.8%. However, the relation of average building space, land and use to chary is very high: 212%, 280% and 167%. This geographical distribution and the changing structure of urban areas indicates that Buddhist temples may act as mediating structures between family and community or society. Point (family), line (temple), and plane (society) may be thoroughly integrated (Wang Shun-min, 1998), in accordance with the government's policy of stressing the community's role in social welfare.

The structure and role of the family is changing, so that families may find themselves incapable of caring for old folks, who are left to look after themselves. Legislation concerning the welfare of the elderly is still being developed. Market forces concerning senior citizens have yet to reach the stable stage. As family, legislation, and markets reach their structural limits, the government's policy of community-based welfare meshes with the Buddhist ideal of working among the people: community-based Buddhist services.

b. Possible choices for community elderly care by community based Buddhist services

According to the level of specialization, we can divide community elderly care into three levels: high, medium and low. According to the contents of services rendered, we can divide them into two kinds of care: of a supporting nature and of an informative nature. Therefore, there are six possible choices for community elderly care by community based Buddhist services.

1. High, supporting: housing for the elderly, housing security assistance, terminal care,
2. Medium, supporting: food services, home care, at home service, job location service, emergency assistance, daytime care.
3. Low, supporting: housekeeping service, friendship visits, telephone visits, transportation service, neighborhood service, respite service.
4. High, informative: legal service, insurance service, case introduction.
5. Medium, informative: old folks' studies, family education, mental hygiene,
6. Low, informative: cultural activities, recreation, information services

This table portrays an ideal type for elderly assistance areas in Buddhist temples. When we further consider the characteristics of the elderly (sex, age, education, income, health), their ability to get about, their living conditions, and the resources available for them (Lin Sungling, 1993; Hsieh Mei'o, 1993), we may clearly see the need for more precise planning to serve the needs of the elderly. Furthermore, two reference points – the level of specialization and the types of services offered – should be taken into consideration while plotting the routes and limits of future community-based Buddhist services.

c. Vision for Elderly Welfare Areas in Buddhist Temples

Buddhist temples are ideally suited to provide services to the elderly for a number of reasons. There are a large number of temples of all scales. With strong congregations, they have the potential to call forth great social resources. They display little variance in the character of the clergy and the lay volunteers. Having for the most part grown up together, they are firmly rooted in their communities. With these qualifications, Buddhist temples display the following advantages for serving the elderly.

1. Efficiency

The government has only limited resources with which to provide support for the elderly. These services have to be provided according to regulations, and may not be available in locations convenient to every community. Local Buddhist temples have the advantages of mobility and timeliness. Therefore temples may act as emergency centers to provide rapid assistance to senior citizens in the community, thereby enhancing the efficiency of welfare for the elderly.

2. More acceptance

Government assistance often carries a stigmatization effect. Buddhist welfare organizations, with their emphasis on intersubjectivity, are more humane. At the same time, as the temples better understand local individuals' backgrounds and habits, as well as the characteristics of the community itself, services rendered are more easily accepted.

3. Better use of the community's leisure

Most of those who frequent temples are female, but active participation among married women is not high. In other words, there is still much room to develop women's participation in community activities (Chan Huo-sheng, 1994; Department of Statistics, Ministry of the Interior, 1993; Department of Accounting, Executive Yuan, 1992, 1991). For example, community temples may organize women to do housework for the elderly.

4. Economic assistance

Compared to the services provided to the elderly by the market and government regulated welfare organizations, temple based welfare services generally offer greater efficiency.

5. Integration

Temples not only offer the elderly facilities for religious activities, but can also help integrate government, business, and charity welfare resources, in order that the elderly may secure continuous, complete care, thereby becoming models of the 'care community.'

Dr. BHIKKHU HUI-MIN
Doctor of Letters (Univ. of Tokyo)
Vice director, Chung-Hwa Institute of Buddhist Studies
Taipei ,Taiwan, (ROC)

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JAMES FRANCIS STAFFORD

The Elderly Person and the Social Doctrine of the Church

The social doctrine of the Church is rooted in the Gospel and in Tradition and provides us with a "corpus" of thought in which elements of permanent value are present. It also constitutes a valuable system of comprehension by which to understand society and social relationships where economic, social and even cultural realities must be at the service of the person and not the opposite. In this approach the elderly person naturally finds his place, first as a person to be helped and then gradually as a person who, through his own abilities, charisms and life problems enriches the Church and brings new elements to her social doctrine.

We can examine these elements of the social doctrine of the Church under three distinct headings – the social role of the elderly person, his integration into society, and lastly his place within the Church.

1. The Social Analysis

First of all one can, and one must affirm, the need for the social doctrine in a society which creates marginalisation. The elderly necessarily belong to the ranks of the marginalised not only because the vast majority of them are poor but also because they belong to that category of people which nobody bothers about, living as we do in a society where the economic takes pride of place over the social.

The Need for the Social Doctrine...

One can with confidence assert that the social doctrine of the Church in its present day form took modern shape with Pope Leo XIII, and one can further affirm that this doctrine is rooted in the doctrinal treasure inherited from the teachings of the Bible. In Vatican Council II we find the profound motivations behind this doctrine being clearly restated. The constitution *Gaudium et Spes* (n. 76) upholds the duty and the right of the Church "to preach and teach her social doctrine, exercise without obstacles her mission amongst men, and give her moral judgement, also on things which concern the political order, when this is required by the fundamental rights of the person and the salvation of souls". This is because the Church is "both the sign and the safeguard of the transcendent character of the human person" *(ibidem).*

"The Church, down the unfolding of history, has formulated in the light of the Gospel, and above all else in recent times has widely taught, the principles of justice and fairness required by upright human reason and which are valid both for individual or social life and for international life" (GS, n. 63).

In a Society which Creates Marginalised People

The appearance with the advent of modern industrial society of human groups which were increasingly marginalised and excluded from a social system which is characterised by competition and profit, led the Church to take a position on the subject both to promote actions directed towards the sphere of charity and to condemn the injustices of this system and to propose moral principles oriented towards the upholding of respect for the human person.

Nowadays, in this "post-modernity" in which we live, the marginalisation of entire groups of the population has become much worse in character. This is so for two principal reasons. On the one hand, the economic dimension of things has now come to dominate the political and social dimensions, while on the other, with the process of globalisation in the economic field which is now underway, it is increasingly difficult to identify the financial and commercial power points which are in reality responsible for the destiny of mankind. This prevalence of the economy is a challenge to the social doctrine for which the three fields – the economic, the social and the political – are and will always be inseparable, while with regard to the implementation of this doctrine at a local or regional level it is necessary to take the phenomenon of globalisation into account.

Amongst whom the Elderly...

At the time of *Rerum Novarum* the social group which was marginalised and exploited was the proletariat. However, Leo XIII did not fail to include other categories, amongst whom he placed the elderly, in a global vision of the necessary charity of the Church, doing so with an explicit reference to the first Christian community. Quoting Tertullian, the Pope believed that the offerings made spontaneously by the faithful were "designed to help and to bury those in acute poverty, support the poor and orphans of both sexes, the old and the shipwrecked" (RN, n. 16). The Pope cited as possible sources of help "the friendly societies, the many forms of private insurance...charitable institutions for both sexes, for young people and for adults" (RN, n.29).

In the index of the *fourth edition* of the collection of social encyclicals issued by successive Popes from Pius IX to Pius XII (1864-1956), the phrase "old people" or "the elderly" does not appear. It is

only with the apostolic letter *Octogesima Adveniens* of Paul VI (14 May 1971) that elderly people are seen as one of the increasingly marginalised groups of a society in a state of transformation. Speaking about the victims of social changes, of the new poor, the text explicitly mentions elderly people and calls for the attention of the Church to be directed towards them "to recognise them, help them, defend their place and their dignity in a society hardened by competition and the pull of success" (OA, n. 15). The Third Synod of Bishops, for its part, in its document *De Justitia in Mundo* – which was also published in 1971 – offers a list of people "who are often neglected by families and by the community: the elderly, orphans, the sick and every other category of abandoned person". With the papacy of Pope John Paul II elderly people have been increasingly cited as being some of the people who are most in need of attention and love. The Pope has very often addressed himself directly to them to remind them of their mission within society and within the Church.

Those Who have no Voice...

The fact that the marginalisation of the elderly person operates at two levels should also not be neglected. The first level at which this takes place is the economic. Indeed, economic-material poverty is often to be encountered as a phenomenon amongst elderly people. But the social doctrine of the Church also speaks about another kind of poverty which is even harsher than economic poverty – that is to say the social exclusion of those who do not "have a voice" with which to defend their rights. The Apostolic Exhortation *Familiaris Consortio* speaks clearly about "the right of elderly people to a deserving life and a dignified death" (FC n. 46). In modern society the people who have a "voice" are primarily those who belong to the ranks of productive society. Other people are a burden and are therefore subjected to economic and social marginalisation and exclusion. Linking the attention which must be paid to elderly people to the need to respect human life, John Paul II emphasised in his much applauded "message to the world assembly on ageing" (26 July 1982) that: "Life is a gift of God to man created for love in his image and likeness. This understanding of the sacred dignity of the human person leads to value being given to all the stages of his life out of a need for justice and consistency. Indeed, it is not really possible to appreciate the life of an elderly person if one does not appreciate life at the moment of its conception. Nobody knows where things will lead to if life is not respected as an inalienable and sacred good" (*L'Osservatore Romano*, 26-27 July 1982).

At this point of our analysis we can affirm that the social doctrine of the Church is increasingly integrating the reality of elderly people into its vision of humanity to which it is itself directed. Going forward in this inquiry we can also see that in making itself the voice of the elderly and in exploring the meaning of old age, the social doctrine of the Church can provide a very necessary light to our present day world if it wants to give a meaning to those moments in life which seem useless -indeed which carry suffering, dependence and limitations of various kinds with them.

2. The Integration of the Elderly Person

The social doctrine of the Church lays emphasis on more than one occasion on the fact that the situation in which "groups of people live on the margins of society must be overcome" (*De Justitia in Mundo*), and as a result proposes to operate through precise initiatives at three levels: that of the family, that of the state, and lastly that which we might term the intermediate, or rather social groups and organised bodies. We will now analyse these three levels.

a) At the Level of the Family

The constitution *Gaudium et Spes* (n. 52) makes clear that the family – a unit in which different generations live together – is the foundation of society, the natural environment of the life lived by men and women. The elderly person, very often, is the founding element, the root and the memory of his family and it is therefore in his family that he must find his first integration. For their part the children, as living members of the family, must be near to their parents in the loneliness of their old age (GS n. 48), while the state, for its part, is obliged to help families so that they can offer this integration to the elderly. "It is urgent to promote not only policies in favour of the family but also social policies which have as their principal objective the family itself, helping it through the allocation of adequate resources and effective instruments of support both in the education of children and in taking care of elderly people, avoiding thereby the distancing of the elderly from the family unit and strengthening relationships between the generations" (CA, n. 49).

This approach is adopted on a number of occasions in the Apostolic Exhortation *Familiaris Consortio* where clear reference is made to the duties to engage in participation which are incumbent upon every individual member of the family. "All the members of the family, each one according to his own gift, has the grace and the responsibility to construct, day by day, the communion of the people belonging to it, making of the family a school of more complete and richer humanity" (n. 21).

Thus n. 27 of the same exhortation is dedicated to elderly people within the family. It stresses that urban development leads to the marginalisation of elderly people and to the loss of their role within the family. In the face of so many challanges "the Christian family...advancing in the footsteps of the Lord through a special concern for all poor people, must take special care of the hungry, the poor, the elderly, the sick, drug-addicts, and those without a family" (FC n. 47).

The special role that the family is called upon to perform is that of being the principal place of mutual help between the generations, as the encyclical *Evangelium Vitae* makes clear with force and in precise terms in n. 94: "A special place is to be attributed to the elderly... Their presence within the family, or at least the nearness of their family to them when the lack of living space in the home or other reasons means that such a presence is not possible, are of fundamental importance in the creation of a climate of mutual exchange and rich communication between the various ages of life. It is important, therefore, that there is maintained (or restored where a loss has taken place) a kind of "pact" between the generations so that elder-

ly parents when they have come to the end of their journey can find in their children a welcome and a solidarity which they had towards their children when they themselves entered life. This is required by the divine commandment to honour one's father and mother (cf Ex 20: 12; Lev 19:3). But more should be said on this question. The elderly person should not only be seen as an object of attention, nearness and service. He, too, has a valuable contribution to make to the *Gospel of life*. Thanks to the rich patrimony of experience which has been acquired over many years he can be, and he must be, a "provider of wisdom, a witness to hope and to charity".

b) At the Level of the State

The social doctrine of the Church argues that social progress, when obtained in the realm of moral order, helps to affirm and develop the qualities proper to the person (cf *Mater e Magistra,* n. 73). In helping to achieve the organic recomposition of social life together – as Pius XI proposed in his encyclical *Quadragesimo Anno* – this socialisation must meet the needs of the family by making sure that every member can take part in a suitable way in the common good, and this is particularly true of groups which are "without a voice". Amongst these the social doctrine explicitly places together all those who as human persons are the beginning, the subjects and the goal of all institutions (OA, n. 14). As such the elderly person must receive help when he is in need but he also be made able to participate in the construction of the common good.

The obligation of the state to ensure the integration of all of its citizens into society, and in a special way to take care of the elderly, involves a number of questions which today are not of easy solution. The lengthening of life spans and the rapid increase in the number of elderly people in all sectors has led to a flow of resources towards this whole area which is commonly considered to be unproductive. The first step which the social doctrine asks of the state is that it sees the rights of the person as being inalienable even in that stage of life which is not directly productive.

Indeed, it is certainly the case that the person should not only be seen in terms of his ability to produce. Old age is a stage of life. Old age is not a synonym for dependence. The nost negative aspects of growing old, in particular dependence and loneliness, can be faced up to only if they are seen as reasons for growth in humanity and perceived within a vision of the overall meaning of life and the destiny of each individual, as well as within a conception of society which integrates the riches of all the generations. In this sense, and to avoid an almost unsupportable burden for the state, one must think in terms of flexibility in the definition of the retirement age, thereby allowing people in good health to go on working. One must also reduce the number of admissions to institutes and to hospitals by encouraging suitable services which ensure that eldery people remain in their normal life environments. Initiatives and programmes involving ongoing training, such as universities for the elderly etc., should also all be fostered and promoted.

It should be remembered at this point that the social doctrine of the Church, in emphasising the rights of the person, sees life as being inviolable from its conception to natural death. The state, therefore, should condemn every use of euthanasia whether active or passive in character. To eliminate a life because it is seen as being no longer useful, or to furnish death in order to shorten suffering, must be practices which are condemned by the state in the name of respect for the life of each and every individual.

At the same time account must also be taken of the mentality (now rather widespread) which lays down that the state must ensure the "prosperity and wellbeing" of each individual and sees this as an essential right of every person. The encyclical *Centesimus Annus* warns us against the abuses practised against the individual which can come from a state which has transformed itself into a "state of prosperity and wellbeing". This broadening of the sphere of action of the state seeks "to answer in a more suitable way to many needs and requirements and to remove forms of proverty and privation which are unworthy of the human person. However, excesses and abuses have not failed to appear which have provoked harsh criticism – and especially in recent years – which has been levelled against the prosperity and wellbeing state – an entity which has been termed the 'Welfare State'" (CA, n. 48).

With special reference to the elderly,the encyclical *Centesimus Annua* lays stress upon the fact that in "acting directly and in deresponsibilising society, the welfare state causes a loss of human energies and an exagerated increase in public mechanisms...It seems, indeed, that the person who has greater knowledge about the needs and is most able to satisfy those needs of an individual, is the person who is nearest to him and who treats the needy as his neighbour. It should be added that often a certain kind of need requires an answer which is not only material in character but which is able to understand the deepest of human requirements" (CA, n. 48).

When one thinks of who is nearest to the elderly person one naturally thinks of the family. "Convinced that the good of the family is an indispensable and absolutely vital value of the civil community, the public authorities should do their best to ensure that families have all those forms of help – of an economic, social, educational, political and cultural character – which they need to meet all their responsibilities in a human way (FC, n. 45). It cannot be denied, however, that there are increasingly evident contradictions between the Christian vision of the family and the vision held by permissive society which at times often actually ends up by enjoying the support of the state itself. The state, however, should help the family to look after the elderly person within the family unit, thereby respecting the principle of indirect support.

c) At an Intermediate Level

From its very inception the social doctrine of the Church has defended the principle of indirect support according to which a society of a higher level of size should not interfere in the internal life of a society of a lower level of size, depriving it thereby of its responsibilities and duties, but should, rather, support it where needs arise and help it to coordinate its activity with the other component parts of society with a view to achieving the common good (cf John XXIII, *Mater et Magistra,* n. 23, and John Paul II, *Centesimus Annus,* n. 48). As applied to the whole area examined in this pa-

per, this means that elderly people themselves must take the initiative to participate actively in the life of society.

As has already been observed, the first document of the social doctrine of the Church – the encyclical *Rerum Novarum* (n. 43) – when listing the forms of help which could be given to those in need refers *inter alia* to friendly societies. The associations which nowadays help the elderly are many in number, active and flourishing. As has been emphasised, the elderly person certainly needs material help but even more he needs to be recognised as a responsible subject of his own life. The point made clearly by *Centesimus Annus* is highly relevant to the elderly: there is a need for associations and communities which prevent the individual from falling into an anonymous condition and from being merely a consumer of commodities, suffocated between the two poles of the state on the one hand, and the market on the other (n. 49).

In the case of the elderly the principle of indirect support should be especially applied to the specific needs of elderly people who are not independent, have no family relatives, or who have to rely on a low income. Certain welfare policies and the institutions to which they gave rise were understandable in the past because of the different social and cultural context which then prevailed. But these are now out of date and do not correspond to contemporary human sensitivity. A society which is really aware of its duties towards the older generations – who, it might be said, have helped to build the present – must be able to create institutions and suitable services which ensure that elderly people can stay in their normal life environment through policies of home support (help in the home, the day hospital, day centres, protected houses, and so forth). Residential structures, for their part, can provide dimensions of a family character, independence, respect for the personality of each elderly person, activities, interests, and all the forms of care which are required as people grow old.

The emphasis on the ability of elderly people to make their specific contributions to society is certainly a new dimension to the application of the social doctrine of the Church. When elderly people have the opportunity to do so they participate in an active way in social life at a civil, cultural and group level. One need only think here of how many positions of responsibility, especially in the world of voluntary work, are held by elderly people. In the political field the influence of elderly people is by no means slight. This is because through associations, professional and trade union organisations, and political bodies, elderly people are able to influence the policies which are relevant to their lives and to society as a whole.

It is also important to draw attention to private Catholic initiatives which are especially active in this whole area. The "Vie Montante Internationale", for example, a movement of the elderly for the elderly which is recognised by the Holy See, helps its members in various ways to live, and also thereby organises this intermediate dimension of social integration. There are also a large number of associations and initiatives which help to make elderly people active subjects of social life. It should also be remembered that various dioceses and parishes have initiated pastoral work for the elderly and have entrusted elderly people with various kinds of ministries to be performed within the Christian community.

3. The Elderly Person and the Church

The upholding of the dignity of the person remains the light which illuminates all the key points which are examined within the framework of the social doctrine of the Church. One can speak about the dignity of the person only in relation to the extent to which his rights are respected. But the Church, which is an "expert in humanity", goes beyond a cold conception of rights and argues that they should be lived out with reference to mutual respect, solidarity, friendship, and brotherly love. This perspective is especially applicable in the case of the elderly who are called to live out and to develop a lifestyle whose goal is eternity.

a) Respecting Human Rights in Solidarity and Mutual Love

Our epoch has been celebrating the anniversary of the declaration of human rights with its solemn proclamation to the effect that "all humans are born free and equal in dignity and rights" but continues to generate profound contradictions and "new forms of social and mental slavery" (GS, n. 4). The social doctrine of the Church calls upon everybody to be aware of the fact that "every man is my brother" (Paul VI, "Message for the Fourth Day of Peace", 1971) and invokes a "genuinely human and Christanly fraternal solidarity" (Pius XII, "Christmas radio message to the world", 24 December 1942) "The sons of God [are obliged to treat each other] as brothers... [to provide] mutual services, according to the gifts which they have received...This solidarity must always be developed until that day when it will be fulfilled and when men, saved by grace, will render perfect glory to God, as a family of God and of beloved Brother Christ" (GS, n. 32).

To uphold this fraternal dimension to solidarity requires a long education without which "an excessive promotion of equality can give rise to an individualism where each person upholds his own rights and withdraws from his responsibilities to the common good" (OA, n. 23). Indeed, one easily encounters certain elderly people who think that they have done enough for their neighbour during their professional lives and often confine themselves to striving for their own personal wellbeing, thereby increasing the number of passive consumers of the flourishing industries of the world of free time.

Others, on the other hand, place their – albeit weak – energies and their charisms at the service of the common good. In this way they can make the sense of solidarity grow within the community to the point of a totally free giving of oneself (cf *Sollicitudo Rei Socialis*, n. 40) and take part as active subjects in the solidarity which is necessary between the generations, thereby helping to build the family community which is a privileged place in which to live relationships inspired by free giving, disinterested readiness to help, generous service, and profound solidarity (cf FC, n. 43). Elderly people are called to take part in the building of the family which is the foundation stone of society and "in which the different genera-

tions encounter each other and help each other to achieve a more complete human wisdom and to uphold the rights of the person in a way which is in harmony with the other needs of social life" (GS, n. 52).

b) Defending the Right to Life and Condemning Euthanasia

In creating man in his image, God gave him the greatest of gifts – the gift of life. This is the most valuable good which each person possesses. The declaration of the Congregation of the Doctrine of the Faith on abortion makes clear the absolute respect which is due to this immense gift: "The first right of a human person is his life... It must be protected... It is not the function of society, of public authorities, whatever form they may take, to recognise that some people have this right and some people do not – every form of discrimination is wrong... A discrimination based upon different periods of life is no more justified than any other form of discrimination. The right to life remains intact in the case of a venerable old man even when he is very weak. An incurably ill person has not lost that right" (Congregation of the Doctrine of the Faith, "Dichiarazione sull'Aborto", 18 November 1974). Unfortunately, elderly people who are dependent on others are right to fear euthanasia – which is often presented as a way of eliminating their suffering – when they see that certain states close their eyes in the presence of examples of this way of ending human lives.

c) Considering Life from the Perspective of Immortality

"It is not possible to understand and assess the things of our time to the full if the soul does not look towards another life, that is to say towards eternity, without which the real idea of moral good necessarily vanishes, indeed the entire creation becomes an inexplicable mystery". Such is the perspective which Leo XIII in his encyclical *Rerum Movarum* (n. 18) attributes to the use of riches. For his part, John Paul II warns us against the danger of the employment of a vision which is too materialistic in character when we come to consider elderly people: "indeed, modern cultural *schemata* which often unilaterally exalt economic productivity, efficiency, beauty, physical force, and personal prosperity, can lead people to see the elderly as being inconvenient, superfluous, useless and thus to marginalise them from family and social life" ("Message for the World Day of Social Communications 1982", 10 May 1982). The progressive drying up of energies and the drawing near of death often merely make the uselessness of life more evident. "The Church, on the other hand, instructed by divine revelation, asserts that man is created by God for a destination of happiness beyond the boundaries of earthly misery" (GS, n. 18). Through his death Christ conquered death. "For this reason the faith, offering itself with solid arguments to all those who wish to reflect, gives an answer to his anxiety about his future destiny" (GS, n. 18). Here is a further proof – and what proof! – of the fact that every moment, even that of the passage from this life to the other, must be considered with respect and attention, thereby making it into an offer to God who is love.

May this conference, which is inaugurating the international year of the elderly and preparing for the Great Jubilee to which the elderly in various ways will bring their hope and their faith, be the occasion for an ever greater understanding of the richness of the social doctrine of the Church at the service of everyone, whatever their age!

His Eminence Cardinal
JAMES FRANCIS STAFFORD
President of the Pontifical Council for the Laity, the Holy See

Round Table

Strategies for Sociocultural Change in Connection with the Elderly

ANGELO SCOLA

The Family

1. "And his life lies in his sight of God"

"The glory of God is living man". This statement by St. Irenaeus is well known.[1] To place it at the beginning of this paper,which seeks to discuss – in twelve minutes one can only explain the title to a small extent and certainly not go deeply into the subject – the change in mentality (employing the term "culture" in its strong sense) that the members of the family (and thus the ecclesial reality and civil institutions) must promote in order to confer a suitable role on the elderly, amounts to employing with realism the definition which Guardini (but also Rahner) applied to old age: "old age is extended death over many years".[2] At first sight this definition seems to be in contrast with the praiseworthy attempt to provide a positive assessment of the final stage of life – something to which all social forces are now dedicating systematic attention because of the increasing qualitative and quantitative importance and relevance of the elderly part of the population, especially in the north of the planet. That the definition offered by Guardini has a positive character, however, is borne out by the second part of the famous quotation from St. Irenaeus, a part which is usually left to one side and not cited. That part reads: "the glory of God is living man and *his life lies in his sight of God"*.

Here we encounter the essence of the question. If sight of God is the true heart of man, death is no longer a slide into nothingness, and whatever its origins really are death thereby loses the connotation of being a sentence.[3] In the experience of Jesus Christ who died and rose again *propter nos homines*, life itself triumphs: "*mors ero mors tua*". And the sight of God is possible from the present moment in faith, "*per speculum in aenigmate*".[4] The experience of death and of being-for-death is peculiar to every man, and although it retains its corruption as before it is no longer a caesura and an unbridgeable gap. On the contrary, *existing in Christ* begins the concrete possibility of living in God throughout the period of earthly existence by seeing old age as a time when the drawing near of the personal and final encounter with the Father allows man to engage in the highest positive assessment possible of his personal and collective resources. In this radical approach, which was revealed by Jesus Christ, dying acquires all its meaning – the return to the house of the Father: "a house full of open doors which we are invited to pass through and enter"[5] (heaven). In this way it is possible to approach the various stages of the life of the elderly person – including that stage where he or she departs this life, a stage which can be marked by serious physical disabilities – by employing the highest criteria. These are described by Auer in an important study in the three following ways: "exploiting opportunities, accepting what is required, and enjoying satisfaction".[6]

2. The Family: Care and Inheritance

The change in mentality (culture) which today is asked of the family in order to provide suitable space to the elderly person is only apparently obvious. Indeed, we are not dealing here with having to establish conventions by which the elderly person or people and the family should live together but to read from a relational point of view what the situation really is of the elderly person's relationship with the family, and this also holds true naturally enough when the elderly person lives alone. From this line of approach the family seems to be something which is more, and very different, from the sum of individuals who live under the same roof. The family, indeed, cannot be reduced to a mere phenomenon of cohabitation.

How, then, should we understand the family as an institution? It is helpful to approach the family by accepting the invitation of a sociological perspective which I agree with and which defines the family as a *primordial* sphere of *social relations*. Its *primordial* nature arises from its inevitable presence. Human history was born with the fam-

ily and it has been the matrix of every process of civilisation (which specifically involves rendering the non-familial familial) and of humanisation ever since.[7] To speak about *social relations* means to assert that the family is a context of meaningful ties which have their own meaning. *What gives meaning to these ties?* What, that is to say, makes them specific in character and different from those ties which belong to other stable social relationships?

The answer is straightforward: the fact that the family is a dynamic interaction of two kinds of relations: that between the *sexes* (the conjugal relation) and that between the *generations* (the parental relation between the parents and the children). In this sense the family is not only the couple, which at a certain historical moment cohabits, but is made up of all those people who are connected to each member of the couple by a generational tie. This *intergenerational* aspect or feature of the family has been emphasised with great force by John Paul II. In his *Letter to Families* the family is seen as a "communion of generations",[8] whose importance for the civilisation of love arises from the "particular nearness and intensity of the ties which are established within it between persons and generations".[9]

Each of these two kinds of relations which define the essence of the relational context of the family has a specific way of expressing the code of love (of free provision and giving) which is in turn a constitutive feature of the various forms of familial interaction.

A precise form of *reciprocity* is characteristic of the conjugal relation. This is based upon sexual difference and indissolubly connects love and procreation (fertility). Through this reciprocity within the marriage the *being-for-the-other* is expressed as a *proprium* of human freedom. Precisely because it involves these three factors (sexual difference, love, and procreation), conjugal reciprocity is characterised by its specific asymmetry. The reciprocity of the conjugal relation is not pure complementarity because the *single entity* is not the composition of *two halves in an indistinct one*, but, as the work *Mulieris Dignitatem*[10] proclaims, is rather the expression of the unity of both members which opens up to a third (the nuptial mystery).[11]

The relationship between the generations is characterised, instead, by a *transmission* which has in view a *transition*. Love in the intergenerational relations which are specific to the family, without departing from sexual difference and fertility (which obviously have a significance and role which are different to those which are present in the conjugal relation), expresses itself in pedagogic energy through which a vision of life is passed (*traditio*) from one generation to another, ensuring thereby that the *parentes/figlio* relationship has its original character.[12]

This summarising description of familial relations acts to emphasise – notwithstanding the fact that we are face to face with the emergence on the social scene of "new" forms of the family in addition to the reality of deep internal transformations of the traditional forms of the family – that the family always finds a way of responding to "new" social challenges by renewing itself but at the same time continues to be a *primordial* reality marked by the presence of these two fundamental relations (that between the sexes and that between the generations). In this sense the family is a founding basis of society itself.[13]

In other words, a view of the family which takes account of its primordial character and its relational nature (in which, that is to say, the relationship between the sexes and between the generations is simultaneously taken into consideration) emerges in potential terms as being able to attribute full importance and relevance to the elderly person. In the same way, a society which respects the essence of the family in the terms which have just been outlined is capable of not abandoning the meaning and the richness of a family with elderly people and made up of elderly people (even of those who live alone). Here it is not possible to dwell at length upon the teaching which the Church through her Magisterium and through the witness borne in the practical expressions of life has never failed to offer to the whole of mankind concerning the relationship between elderly people and the family. It is useful, however, to refer to two examples of this relationship (that is to say between elderly people and the family) which have a paradigmatic character when it comes to the testing of the validity of the criteria suggested by Auer for the various age bands and the different life conditions in which elderly people live – namely: *to exploit opportunities, accept what is required, and enjoy satisfaction*. Here we are referring to the challenges which the family has to meet when elderly people are seriously ill or when they experience death.

How can we achieve a suitable balance within the family in meeting these two challenges?

Contemporary adult generations have before them a twofold task (challenge): on the one hand they must work for the maintenance of the family, and from this point of view the subject of *care* becomes crucial; on the other, they must promote the elements of continuity in familial relations down the generations, and here the question of *heredity* becomes of central importance.[14]

Erikson has acutely observed that in the family the adult is the person who is a mediator between the two other generations – that of the grandparents and that of the grandchildren. The adult is thus called to develop the "new virtue of care" whose aim is the defence of the familial bond and of the history of which it is the bearer.[15] In family life the importance of such care is seen

in a unique way when a birth takes place: "every birth occurs within a family order which is both a boundary and a resource, an order which is not the same for each member which is added to it".[16] Each birth at one and the same time has both a negative and a positive aspect. Indeed, sexual generation implies death for the nexus between the individual and the species. Socrates observed this fact, as indeed did St.Augustine who placed in the mouths of childern who came into the world the following words which were addressed to their parents: "Go! It's time you thought about going. We now have our part to play".[17] *Care* towards the elderly person finds its realistic criterion in the vital circle of the unfolding of the generations which is a process which itself involves birth and death.

On the other hand, death within the family is not pure fracture or negativity because it leaves an *inheritance* which asks to be developed in a vital synthesis. When death takes place, in fact, a decision is taken about what should be left to the wayside and what should be conserved. This is a task which in the family falls above all else to the adult. Care and inheritance in this way delineate two essential approaches within that primordial context of relations – the family. Without them not only the family but the individuals who belong to it are gravely damaged.

Attachment and *care*, *loyalty* and *inheritance*: each of these dimensions acquires crucial importance in the relationship betwen adults and children and elderly parents. Taking care of the elderly person enables the adult child to pay off the various debts which the members of the family have contracted in different ways in their relations with the elderly. The Old Testament is full of valuable ideas and rules on this subject.[18] Employing a valuable phrase, it has been said that the form which the bond takes in the relationship between the child and the parent as it evolves over time is that of "taking care of gratitude".

The forms (resources) of family care can have different kinds of contents according to the needs of the individuals concerned and the stage of life of the family, but they are nonetheless necessarily marked by a high level of personalisation, by an overall investment which goes beyond the time dedicated to single actions, and by a minimum level of the organisation of needs. It may be observed in passing that sociologists inform us that the figure of the "care-giver" – that is to say of the individual who primarily shoulders the burden of care, and thereby plays an important directive role with regard to the use of other resources – is in Western countries female.

It is important to observe that under such conditions the threefold criteria outlined by Auer are also operative in the case of elderly people who are heavily dependent on others and are no less relevant when death looms on the horizon. Indeed, from the point of view of *care* and *inheritance* the experience which should be undergone during earthly life should be placed completely within the prospect of eternal life which is no longer understood as alienation in an untestable future world but as an experience of life in God which already changes the present. Care and inheritance, seen from the overall Christian perspective (which leaves their value completely integral even for those who do not believe) are a form of "centuple down here", that is to say a real and authentic foretaste – albeit in the experience of pain which draws us near to the risen Christ – of eternal life itself: "you have risen again with Christ", declared St. Paul, not: "if you rise again".[19] One thus perceives the truth of the statement made by St. Irenaeus with which this paper was introduced.

3. Criteria for Suitable Policies of Support

Here we venture into the field of social measures and action which are promoted through suitable policies. First of all, we must observe that the relationship between the family and social policy must be approached in terms of the principle of "*subsidiarity*".[20]

The application of social policies based upon the principle of subsidiarity permits us to overcome the logic of colonisation and welfarism which has hitherto characterised the action of the state and of the market, and to achieve a partnership between the various protagonists of the scene based upon a pluralistic model which can link up general perspectives with specific individual needs.

The principle of subsidiarity, in its authentic form, has a twofold function with regard to the institutions which within the sphere of social organisation occupy the higher levels: the obligation to engage in both action and self-limitation, protection and promotion, in order to support the underlying structures as far as the final point of the individual citizen without invading their sphere of action and without taking away their responsibilities in situations where they are able to carry out their tasks with absolute independence. Only when these structures are unable to perform their duties should the higher levels intervene (in line with the principle of solidarity which is bound up with that of subsidiarity). But the principle of subsidiarity means that first of all there should be an attempt to strengthen the energies and independent capacities of these lower levels.

In order for a social policy based on subsidiarity (and solidarity) to be established we must place "social subjectivity" at the centre of the life of society – that is to say the capacity of individuals to respond to their own needs (of an economic, educational, health care, etc. character) by associating freely. The state should be left with the task of promoting, supporting, placing within a legislative framework, and structuring such forms of action so that each autonomous force (including those individuals who are very weak) is defended and the free activity of responsible and autonomous agents is guaranteed.

Linking solidarity with subsidiarity in the development of social policies means rejecting every form of welfarism, bringing help, and promoting the autonomy of individuals and entities, their capacity for self-government, self-regulation, and self-development, so as to attain the authentic goal of subsidiarity – that is to say the abolition of a relationship based upon dependence.

The relationships of subsidiarity and solidarity amongst the social forces also involve a specific organisation of society which is even

more effective and incisive and which is marked by a relational dynamic: although modern society is completely organised along the dichotomy of the public and the private, the state and the market, present-day society should be approached through the employment of *categories which are relational and dichotomised* and which bring out and encourage the active presence of another two spheres of social autonomy – beyond the state institutions the organisations of the third sector and the *family* with the informal networks which characterise it.

The implementation of this policy towards the families of the elderly and/or with elderly people involves a commitment for the state institutions which goes from providing *support* to families which are ready to care for an elderly member to the *implementation of services near* to the elderly person which keep him or her in his or her relational context. It also means special attention being paid to a positive evaluation and use of the *informal networks of care*.

From a Christian point of view what has been said in this paper enables us to have a positive view of the immense patrimony of religious orders, congregations and voluntary associations, and to help all these realities to link charity with intelligence in an action which expresses profound respect for the great Christian tradition of sharing needs.

His Excellency Mons.
ANGELO SCOLA
Rector of the Pontifical Lateran University, Rome

Notes

[1] ST.IRENAEUS, *Adversus Haereses* IV, 20, 7.
[2] R.GUADINI, *Die Lebensalter* (Wurzburg, 1967), p. 79.
[3] Cf. H.U.VON BALTHASAR, 'Lineamenti di Escatologia', in Balthasar, *Verbum Caro* (Brescia, 1968), pp. 277-301; H.U.Von Balthsar, *Teodrammatica* t. 5, (Milan, 1985), pp. 17-46; J.Ratzinger, 'Perché Dio sia Tutto in Tutti. La Fede Cristiana nella Vita Eterna', in *Palestra del Clero*, 71, 1992, nn. 1-2, 7-20; J.Ratzinger, *Escatologia – Morte e Vita Eterna* (Assisi, 1979).
[4] Cf. 1 Cor 13:12.
[5] H.U.VON BALTHASAR, *Tu Coroni l'Anno con la tua Grazia* (Milan, 1990), pp. 111-112.
[6] A.AUER, *Geglucketes Altern* (Freiburg, 1995), p. 277. On the subject of old age useful reference may be made to: R.Bleistein, 'Il Tempo Libero e la Terza Età' in *La Civiltà Cattolica*, 149, 1998, n.3, pp. 239-253.
[7] P.DONATI, *Manuale di Sociologia della Famiglia* (Bari, 1998), pp. 7-8.
[8] JOHN PAUL II, *Lettera alle Famiglie*, 10.
[9] *Ibid*., 13.
[10] *MD* 6-8.
[11] Cf. A.SCOLA, *Il Mistero Nuziale, 1. Uomo-Donna* (Rome, 1998).
[12] Cf. A.SCOLA, 'Paternità e Libertà' in *Anthropotes* 12, 1996, pp. 337-343.
[13] Recent decades have been marked by profound changes which have affected the relations between the sexes and between the generations, and which have changed the characteristics of the family. One of the phenomena which observers of the social scene unite to stress is the shifting of the centre of gravity towards the adult and elderly generations, which, indeed, have an increasing importance in the life of society. The fall in the number of births, in contrary fashion, has acted to reduce the impact and role of the young generations.
[14] Cf. E.SCABINI and P.DONATI (eds.), *Identità Adulta e Relazioni Familiari. Studi Interdiscipinari sulla Famiglia*, n.10, (Milan, 1991).
[15] Cf. E.ERIKSON, *I Cicli della Vita. Continuità e Mutamenti* (Rome, 1984).
[16] E.SCABINI, 'Affrontare l'Ultima Transizione: Relazioni Familiari alla Prova', in E.Scabini and P.Donati (eds.), *Tempo e Transizioni Familiari. Studi Interdisciplinari sulla Famiglia*, n. 13, (Milan, 1994), p. 89.
[17] ST. AUGUSTINE, *Enarrationes in Psalmis*, 127, 15.
[18] Of great interest here is the work by M.LORENZANI (ed.), *Gli Anziani nella Bibbia* (L'Aquila, 1995), with essays by M.Cimosa, V.D'Alario, A.Fanuli, M.Gilbert, G.Marconi, A.Mattioli, S.Pisano, J.L.Ska, U.Vanni, and H.Simian Yofre.
[19] Cf. Col 3:1.
[20] Cf. A.SCOLA, 'Familia, Modernidad y Nueva Evangelizaciòn' in *Anthropotes*, 14, (1998), pp. 19-30.

LUCAS MOREIRA NEVES

The Role of the Church

That the programme for this thirteenth international conference lists me as the Archbishop of San Salvador de Bahia is no mistake. I was such at the moment of the invitation to take part in this round table discussion. I was such four months ago. And it is therefore with the eyes of a pastor and of a pastor from Latin America, and more particularly from Brasil, that I address myself to this question.

As a pastor and as a Latin American (but I believe that this holds for all the regions of the third world) I am absolutely convinced that with regard to elderly people it is absolutely necessary and urgent to achieve a socio-cultural change which also involves political-cultural and economic-cultural change. I would even go so far as to say that such a change is behindhand in arriving.

Such a change cannot be a mere abstract matter but must take place at the practical level of the laws, institutions, frameworks and structures which a society should create and set in motion in order to ensure that *all* elderly people can live with dignity and serenity that season of their lives which some people call "the third age" but which others describe in a more stimulating fashion as "life on an upward gradient". In saying *all* elderly people I want to say all elderly people whatever their sex, colour, intellectual level, economic condition, state of health, etc. What is required, therefore, is a change which is very practical and very structural.

However, I am equally convinced that this change must be from the outset a change in mentality and at an even deeper level a change in men's consciences. I would not hesitate to say – a conversion. The elderly person must be seen in new terms. In advanced countries this new approach must see the elderly person not from the point of view of his or her technical production, which is almost void, and thus something which leads to him or her being considered a burden. In the countries of material abundance and prosperity elderly people have fine and comfortable structures in which to live, but what is their use if these elderly people feel abandoned, almost exiled, as it were, from their children and grandchildren?

In poor countries which are seen as being young countries the drama of elderly people lies in the fact that society is not organised for them and in their favour but for and in favour of the young. In a world largely made up of young people

and for young people, old people seem to be disinherited and marginalised. Towards them a certain respect can be shown, perhaps affection, and often compassion, but in reality precious little practical solidarity. For this reason much more thought is devoted to institutions and structures for children and young people than for the elderly. A change in spirit is called for – a conversion – so that young people and young adults open themselves to the aspirations, the wishes and the needs of the elderly. Without this taking place the elderly will never find a dignified form of life.

These observations lead me to speak in conclusion about the role of the Church in changes in attitudes and policies towards elderly people.

The Church has the task – which is shared by very few other social forces – to work to ensure that a change in mentality, in approach and in conscience takes place towards elderly people. This change must be rooted in certain fundamental values. The first is the pre-eminent dignity of the human person. If we see the elderly person as a human person he or she will never become a useless person, a parasite, a marginalised or excluded individual. The second value is the accumulation of experience and wisdom which we find in elderly people – something which means that they are of value for families and society as a whole. The third value is that after suffering during the course of his or her life the elderly person has the right to happiness. Through her theology, her ethics, her spirituality, her pastoral work and her customs the Church

can work a deep and long-lasting change in people's relationships with the elderly. The three values to which I have referred can be criteria for this change. The Church must with courage take on the responsibility for this task one of whose dimensions is that of promoting an active old age. An initiative such as that of a "University for the Third Age" can do much in this direction.

In poor countries the Church can be encouraged to perform a second task – that of creating and maintaining initiatives and structures for elderly people who for the most part are poor or even very poor. The state should take responsibility for these people and provide suitable structures for them but often this is far from being the case. For this reason the Church must play a back-up role – following the spirit and the impetus of the parable of the Good Samaritan, the Church must look after thousands and thousand of abandoned elderly people. Others will think of fairer laws for the elderly or forms of medicine which are more suitable for them. The Church, however, thinks first and foremost about the inalienable dignity of each and every elderly person and acts accordingly.

Whether every elderly person will be able to see fulfilled the promises, the expectations and the hopes of the aurora at the end of his or her existence will depend in large measure upon the Church and her teaching, on her pastoral practice, and on her ability to speak to people and to mould and shape their behaviour.

His Eminence Cardinal
LUCAS MOREIRA NEVES
Prefect of the Congregation for Bishops, the Holy See.

JOSÉ SARAIVA MARTINS

Education, Schools and Culture: The Role of the Elderly Person

"It is a characteristic of the human person that he cannot attain a level of life which is really and fully human without culture, that is to say through developing and cultivating the goods and values of nature. For this reason, whenever human life is to be discussed, the more it is the case that nature and culture are intimately bound up" (GS, 53).

This intrinsic nexus between culture and nature, which is a means or an instrument by which to attain a level of life which is really and fully human, is a principle which well captures the subject which has been entrusted to me for the paper to be given to this international conference, namely "education, schools and culture".

Indeed, starting with this concept of culture it is not difficult to understand why the elderly person at one time had a prominent role in human social life, both in the fabric of the family and in that of the civil community. Furthermore, it is also easy to demonstrate why education plays a pedagogic role in the progress and advance of culture and could be of great importance in rediscovering the true place of the elderly person in contemporary culture.

The Concept of Culture and the Elderly Person

In general, the term "culture" refers to "all those means by which man improves and expresses the many talents of his soul and his body; strives to make the power of the cosmos his through knowledge and work; makes social life in the family and the whole of civil society more human through the progress of custom and institutions; and with the passing of time expresses, communicates and conserves within his works his major experiences and spiritual aspirations so that they can secure the progress of many, and in particular of mankind" (*Ibid.*).

Two elements emerge with great clarity from this concept of culture – on the one hand the fact that man himself is the builder of culture, and on the other that culture is a dynamic reality which is constantly promoted and renewed. However, and this is of crucial importance in discussing the role of the elderly person in the civil and family fabric, the innovative advance of culture through the developing and expanding progress of ever more suitable means and instruments must not lead to a loss of forceful adherence towards the patrimony of our traditions. In this promotion and expansion of culture the elderly person plays the part of an indispensable and irreplaceable bridge. It was known that this was the role of the elderly person in the culture of the people of God. Because of his experience the elderly person was the wise man to whom Jehovah entrusted the guidance of his people (cf *Numbers* 11:16-17; 24-25). But times have changed and culture, too, bears clear witness to the consequences.

Contemporary Culture and the Elderly Person

There was a time when there was an increasing move aware from a culture of being towards a culture of having. This shift was the outcome of an Enlightenment-style idea of a "straightforward process, *as it were automatic and in itself limitless*, as though, given certain conditions, the human race were able to progress rapidly towards an undefined perfection of some kind" (John Paul II, *Sollicitudo Rei Socialis*, n. 27, henceforth in this paper this work will be referred to as SRS). However, and in this paper this observation is of cardinal importance, this concept has now entered into a state of crisis: "In fact there is a better understanding today that the *mere accumulation* of goods and services, even for the benefit of the majority, is not enough for the realization of human happiness... On the contrary, the experience of recent years shows that unless all the considerable body of resources and potential at man's disposal is guided by a *moral understanding* and by an orientation towards the true good of the human race, it easily turns against man to oppress him" (SRS, n. 28).

Thus a civilisation based on consumption, if not actually on consumerism, is contrary to the real common good and the real and full happiness of man. Pope Mantini pointed out the difference between "having" and "being" in unequivocable terms: "Having objects and goods does not in itself improve the human person if it does not contribute to a maturing and an enrichment of his being, that is to say to the realisation of the human vocation as such (*Populorum Progressio*, n. 19). Indeed, the culture of having, and this is especially true after our disordered industrial and urban development, has led and continues to lead elderly people to unacceptable forms of marginalisation which are the source of a time of acute suffering for such people and of spiritual impoverishment for so many families. (Cf John Paul II, *Familiaris Consortio*, n. 27). But how do schools enter into the picture?

A School of the Elderly Person and for the Elderly Person

Schools enter the picture, and with great force! "In the most advanced cultures education is not confined merely to the process of the transmission of acquired values (endoinculturalisation) but also has a renewing function within the culture. Such a renewal must take place effectively at the centre of the ethical-religious values which animate the overall cultural process" (from the consultation document of *Puebla*, n. 1044). The Congregation for Catholic Education therefore believes that schools are a "privileged instrument for the complete education of man because they are a centre where a specific idea of the world, man and history is expressed and transmitted (CEC, *La Scuola Cattolica*, 1977, n. 8).

"The Church is fully convinced that Catholic schools by offering their education project to the men of our time performs an ecclesial task which cannot be substituted and which is urgent" (*Ibidem*, n. 15).

Indeed, given that man must pass from a culture of "having" to a culture of "being", schools increasingly have the task of teaching him this axiological transition.

It is very significant that Jacques Delors entitled the last report of UNESCO "l'éducation. Il y a trésor dedans". We must learn to be. Equally, in 1972 Edgar Faure entitled the UNESCO report on educational strategies: "Apprendre à etre" (cf 'Generazioni. Cultura. Socializzazione. Servizi', *Quaderno dell'UINISPED*, 1998, p. 21). Schools must teach a culture of the right of man to a complete development of all men and every man, to health, to respect for the environment, and above all to respect for the elderly person. In addition, schools must re-evaluate the presence of the elderly person within the fabric of the family, in the civil community, and in the ecclesial community.

In particular, schools must teach students to see the elderly person not for what he or she no longer has (youth, physical strength) but for what he or she presently has (wisdom, balance, experience, understanding of the essential aspects of things...). They must teach to the men of tomorrow that in a well organised society each citizen must find space to express himself or herself, whether he or she is young, adult or old. Society needs everyone regardless of their age. They must create a serene and trusting dialogue between the generations which is not marked by prejudice. This dialogue "must lead the community to a new synthesis and a wish to move towards authentic progress on a human scale" (Teresa Venturoli, 'Anziano' in *Dizionario di Spiritualità d'Uomo*, Vol. I, O.R., Milan, 1981, p. 31).

The time has come to conclude this paper. The subject of the school and the elderly person approached from the point of view of the Church leads us first of all and above all else to the fourth commandment. This commandment is one of the bases of the social doctrine of the Church and thus of the evangelisation of society and culture.

The fourth commandment is addressed explicitly to children and concerns their relationship with their father and mother, given that it is this relationship which is the most universal.

It involves parameters for the relationships of kinship with the members of the family group – it calls for honour, affection and gratitude to be shown towards grandparents and ancestors, in a word to the elderly, to the person who is a bridge between loyalty to the cultural past and the duty to engage in a renewal of the present and to advance the future progress of culture – the highest means there is for the complete promotion of men throughout the ages.

His Excellency Mons.
JOSÉ SARAIVA MARTINS,
Prefect of the Congregation for the Causes of the Saints, the Holy See

GIAN LUIGI GIGLI AND ADRIANA RINALDI

The Role of Health Care

1. The Reality of Health Care Assistance for the Elderly Today

The reality of health care assistance for the elderly is today marked by a notable discrepancy between the scale of the problems and the solutions which are offered. The needs which old age generates are complex in character and large in number but the services which are offered are scarce and involve very little layering. This in part is the result of the enormous cultural difference which has been created between the emerging health care problems connected with the elderly person (marked by the difficulties of chronic states) and the practice of a form of medicine which is still linked in anachronistic fashion to the model of the patient admitted to hospitals for the seriously ill. This cultural approach is also reflected in the character of the services which are offered. Assistance for the elderly person often amounts to something which is rigid in character and marked by an evident lack of alternatives, in addition to a lack of unity between social services and health care services. It often happens that when a person is discharged from hospital for the seriously ill no other solutions are proposed than that of offloading the problem onto the family or of merely providing the elderly person with some kind of residential structure.

However this approach, in addition to being obsolete in a cultural sense, is increasingly difficult to put into effective practice. The traditional *family* has undergone profound changes which often do not allow it to make up for failings in terms of assistance as it was able to do in the past. Today's family, at least in industrialised countries, has undergone profound changes with regard to its composition and is often made up only of the marriage partners or of the marriage partners and a single child. This is well brought out by the statistics on the number of the components of each family revealed by a census carried out in Udine in 1991 – 60% of family groups were made up of only one or two people (see table 1). Even when the elderly person lives within the family of his or her children, the nature of contemporary – work which requires the involvement of both marriage partners – makes caring for the non-self-reliant elderly person impossible in practical terms.

Table 1 - UDINE (1991 Census): Composition of Resident Families

Number of Members	%
1	30.9 %
2	28.1 %
3	22.1 %
4	15.1 %
5	3.0 %
6	0.6 %
7	0.2 %
Average number of members	2.3

To such changes has been added the change in roles within the family: the change in the role of the woman and the change in the role of the elderly person as well. The changes in the structure of the traditional family have undermined the status of the elderly person, depriving him or her of power and influence and relegating him or her to dependence on his or her children, or institutions, or the state. The social evolution which has taken place has reduced the importance and prestige of elderly people and has forced them retire from work at an increasingly early age and to live on a pension which is often handed over as though it were alms.

The composition of the family unit brings us to another observation. It is estimated that in Europe about a third of elderly people, in particular women, live alone. Loneliness is not without its consequences for health and leads to reduced levels of hygiene, less personal care, inappropriate nutrition, and to depression and a lack of stimuli caused by the absence of interpersonal relationships. In this sense loneliness is an important factor in bringing about mental deterioration.

Hospitals for the seriously ill, which at one time performed tasks which did not really belong to them, are now acting to rid themselves of people who suffer from pathologies which are not acute, and this often before a suitable network of health care support has been organised in the country. The impulse towards a reduction in health care expenditure proposed both by the management of hospitals acting according to private enterprise citeria, and by private insurance comapnies, is one factor behind this development.

Residential institutions – the third corner of the triangle – can be categorised into nursing homes and health care residences. The second are still rather few in number and offer a service which is limited in duration; admission to the first is still very difficult. This is because of the costs involved, the length of the waiting lists, and because of the barriers raised to patients who are not self-reliant. Such patients require a constant form of care and assistance which such structures are not able to offer. Often what is offered is hotel accommodation and health care activity directed exclusively to the control of forms of behaviour which could produce severe difficulties for

the organisation of such structures (a custody-style conception of the way things should be).

The crisis of the family and the lack of alternative models of care is borne out by recent data produced by the CNR (1996), according to which only 40% of institutionalised elderly people are totally self-reliant. This phenomenon is obviously the result of a lack of suitable services provided at home or at a local level.

All this takes place in a general context of health care where increases in the proportion of gross domestic product allocated to health care are not envisaged, even though the tendency is for health care expenditure to increase in the future because of the ageing of the population, the appearance of new pathologies, the request for new forms of technology, and the increase in demand in quantitative and qualitative terms advanced by users.

Because of all these factors there is now a real risk that there will be a regression in the levels of care and assistance which are offered. Today, health care and welfare services suffer from the lack of a widespread and effective organisational model which takes the multiplicity of the needs of elderly people into account. Even more serious, however, is the risk we now run that the chronically ill will be without health care points of reference; and there is even talk today of actually limiting the access of elderly people to health care services.

We urgently need to engage in a redefinition of the role of hospitals and to search for alternative solutions which could reduce or substitute classic forms of hospitalisation by focusing attention on local ground-level, residential or semi-residential assistance, and by utilising a network of solidarity to create more effective and flexible – and at the same time more human – services.

2. Why Elderly People Make Sociocultural Change in Health Care Necessary

a) Their numbers are increasing in absolute and relative terms.

When we survey the scenario of the problems connected with providing assistance to the chronically ill, the change in the epidemiological state of affairs is of decisive importance. The demographic phenomenon of greatest importance in recent years has been the progressive, rapid and massive ageing of the population. The demographic structure of the various countries of the world is characterised by low birth rates and low death rates. The low birth rate is borne out by the decrease in levels of fertility – in Italy there is the lowest level of fertility in the whole of the European Community, namely 1.2 children for every woman. The reduced death rate, on the other hand, has led to an increase in those belonging to the oldest age band. In Italy, for example, there are 5,000 people over hundred, although in Japan there are already 7,000.

At a more general level the population which is over sixty – which at a world level in 1980 amounted to 376 million people – will reach 590 million in the year 2000 and 976 million in 2020 according to estimates formulated by the World Health Organisation. According to a study carried out by the CNR (the Italian National Council of Research), there has been a progressive decrease in the number of people belonging to the under 19 age band. It is estimated that in 2025 they will be 23.4% of the population compared to the figure of 34.6% for 1970. According to the same study there has also been a progressive increase in the number of people belonging to the over 60 age band, with a figure of 24.7% for 2025 as opposed to only 14.5% for 1970. The data on those over eighty in the Italian population alone are even more alarming. In 1995 the over sixties had overtaken the under nineteens, and by 2025 it is thought that they will be nearly double (see table 2). With percentages which are lower for the age band of the elderly compared to industrialised countries because of higher death rates, the same trend (with absolute numbers which are very striking) can be seen in such countries and China and India.

The relationship between young and old people (the "old age index") will be increasingly out of balance in Italy in future years and will involve an increase in the number of elderly people who will have to be supported by the working population (those between the ages of 20 and 64) (the "dependency index"). It is estimated that in 2024 the old age index in Italy will reach 231% and that the dependency index will be 44%. However, very alarming situations are already evident today. In the region where I live, in Friuli Venezia Giulia, in 1996 the old age index had already reached 214.4% and the dependency index had already overtaken the level envisaged for Italy in 2024, being located at 46.6% (see table 3).

Table 2 - Total, Young, Elderly and Very Old Populations of Industrialised Countries and Italy

	Population (in millions)		% 0-19 Years		% 60+ Years		% 80+ Years	
	Indust. Countries	Italia	Indust. Countries	Italia	Indust. Countries	Italia	Indust. Countries	Italia
1970	1002.6	53.8	34.6	31.7	14.5	16.1	1.6	1.8
1995	1166.6	57.2	26.5	21.5	18.3	21.8	3.0	3.6
2025	1232.0	53.6	23.4	16.8	24.7	30.3	4.3	6.7

Table 3 - Deomographic Indices in Italy and Friuli Venezia Giulia

Year	Old Age Index*	Dependency Index°
ITALY		
1999	120 %	28 %
2004	132 %	31 %
2024	231 %	44 %
FRIULI VENEZIA GIULIA		
1996	214 %	46 %

*** The *old age index* is obtained by relating the part of the population which is equal or over 65 with that which is equal to or less than 14.**

§ The *dependency index* is obtained by relating those in the population equal to or over 65 and those less than or equal to 14 with those between 15 and 65.

In Italy from 1900 to 1995 life expectancy for women rose from 43 to 81 and for men from 42 to 75. It is estimated that in 2020 average life expectancy will be 85 for women and 78 for men (see table 4).

Table 4 - Life Expectancy in Italy

YEARS	Average Life Span	
	MALES	FEMALES
1900	42	43
1995	75	81
2020	78	85

Table 5 - Prevalence of Dementia in Twelve Regions of Europe

Age Band	Prevalence
60-64	1.0 %
65-69	1.4 %
70-74	4.1 %
75-79	5.7 %
80-84	13.0 %
85-89	21.6 %
90-94	32.2 %

Source: Eurodem Prevalence Research Group, 1991

Table 6 - Estimates of the Prevalence of Chronic Pathologies (sample composed of 5,000 individuals over the age of 65).

Pathology	Prevalence
Osteoarthrosis	60%
Chronic Broncopneumopathy	21%
Arrhythmic Cardiopathy	25%
Ischemic Cardiopathy	12%
Diabetes	13%
Cerebral Ictus	7%
Dementia	6%

Source: CNR "Progetto Finalizzato Invecchiamento" (Project on Ageing) 1996

In Friuli Venezia Giulia the elderly make up 21% of the population. In the Comune of Udine 21,000 people are over 65 in a population of 95,000 souls.

These changes in the composition of the general population have been accompanied by a change in the epidemiology of certain important pathologies which afflict elderly people. This is true of tumours, of illnesses of the osteo-articular apparatus, cardiovascular diseases, and so forth. Dementia may serve as a good example.

The data on the prevalence of dementia gathered by a study on twelve European regions show that the incidence of the illness is low in people under 64 but that it increases progressively with the advance of old age and afflicts a third of people over the age of ninety (see table 5). With regard to Alzheimer's disease in particular, it has been observed that the percentage increase in the prevalence of the illness is connected to a percentage increase in the most elderly age bands.

These data taken as a whole provide a worrying scenario, especially when we come to consider the speed of this change – something which has closed off opportunities for adaptation over a long period. However, all this is also the outcome of an overall advance in conditions of life (including health care services). The epidemiological studies which are available to us are important because they offer us the instruments by which to predict and plan for the future so that we can find possible answers to the demographic problems which beset us. The health care systems will be one of the special sectors of this planning for the future.

b) More than one Pathology, and often of a Chronic Character, Afflict Elderly People.

The ageing of the population, the extension of average life expectancy and the prominence of the female component will all lead increasingly in the future to a prevalence of pathologies which are typical of old age and above all of those illnesses which are more common in women.

The longitudinal study carried out by the CNR for its "Project on Ageing", which utilised a sample of over 5,000 people over the age of sixty, provides information on the prevalence of the most often registered chronic pathologies (see table 6). Further data produced by the CNR demonstrate that the elderly person, with the advance of age, tends to be afflicted by more than one pathology. This is especially true of the female part of the population. Amongst women of the age band 80-84 the percentage of individuals with two or more pathologies is about four times higher than that in the female age band of 65-69 (see table 7).

c) The Elderly Person is a Very Major Consumer of Drugs and Medicines.

A third of pharmaceutical expenditure is directed to one seventh of the population (the elderly). Despite this fact, many clinical trials do not take the elderly into account and this takes place notwithstanding the clinical and physiopathological peculiarities of the elderly person.

The impetus towards control of pharmaceutical expenditure may on the one hand certainly reduce the risk of a relationship between the medical doctor and the patient which is based on pharmaco-therapeutic prescription alone, but on the other it also runs the risk – where there are

Table 7 - Number of Pathologies in the Over 65 Part of the Population: Distribution by Sex and Age Band

Age	N. of Pathologies	Men	Women
65-69	0	20.6	20.4
	1-2	63.3	69.7
	>2	16.1	9.9
70-74	0	13.8	13.5
	1-2	64.4	68.9
	>2	21.8	17.6
75-79	0	9.5	9.9
	1-2	57.2	64.7
	>2	33.2	25.4
80-84	0	12.9	5.9
	1-2	55.6	55.9
	>2	31.5	38.2

Source: Ilsa-Cnr Study, 1997

no clear clinical guidelines – of hitting the major consumers of medicines and drugs (the chronically sick) who thereby become victims of this policy in favour of cutting costs.

d) The Elderly Sick Person is often not Self-Reliant

In the elderly person the concomitance of a number of chronic illnesses is compounded by a frequent decrease in levels of self-reliance and by a limited capacity to adapt to surrounding circumstances and new conditions.

The disabled elderly constitute about 30% of the elderly population (according to the CNR study) and women in general suffer from a higher level of disability (greater life expectancy but greater disability levels) in old age, and it has been revealed that from the 65-69 to the 80-84 age bands the percentage of individuals who have lost two or more daily life activities increases six to seven times (see table 8). The lack of a functional resource easily leads to the loss of self-reliance, at times even caused by the appearance of banal complications.

e) The Elderly Person Generates Problems of a Socio-Assistance Character

It has already been observed in this paper that families experience many difficulties in looking after an elderly member, especially if that person is not self-reliant, and it has also been pointed out that the public funds allocated to socio-health care support for elderly people are insufficient. It should also be added that the personal financial resources of the elderly person come to be reduced because of retirement and the receipt of a pension and because of increased needs in terms of medical and welfare support. We should therefore become more aware of the fact that the health care problems of the elderly person are more often than not social-health care problems. In addition to medical treatment, the elderly person living on his or her own often needs help at home (shopping, house cleaning, the preparation of meals), and the elderly person who is not self-reliant needs help in looking after his or her own physical and personal needs and to be able to communicate with the outside world.

3. Prospects for Change

General Criteria for the Reorganisation of Health Services

To move out of the contradiction between the needs for an increase in health care expenditure on the one hand, and the economic pressure to reduce such expenditure on the other – because it is no longer possible to think that we can give everything to everybody and it would be immoral to reduce health care to the logic of the market alone – we should favour certain hypotheses involving change which promote (in the spirit of social solidarity) a basic choice in favour of fragility (catastrophic pathologies, physical and mental handicap, chronic illnesses, and terminal illnesses). In this basic choice concern for the problems experienced by elderly people is certainly one of the priorities.

Certain observations of a general character may be made with regard to such a choice.The increase in the incidence of chronic illnesses should lead to greater attention being paid to long-lasting measures even when this involves a neglect of the provision of more expensive services for acute individual cases.

The elderly person is often not self-reliant and thus health care measures should be linked to social policy so as to place emphasis more upon socio-health care interaction than upon hyperspecialisations. By way of example we should stress the importance of measures designed to achieve rehabilitation and conserve productive social relations.

Rather than thinking, for reasons of cost, of limiting the access of the elderly person to health care services, we need to think about health services which offer an open door even for those elderly people who are suffering from chronic illnesses. In doing this, debilitating waiting lists can be avoided, the services which are provided can be assessed objectively in terms of their actual results, the health care structures and methods can be rationalised, scientific research into the physiopathology and the illnesses of the elderly can be helped, and all this in the belief that the new model of assistance can also be a source of economic saving.

At a more detailed level the following observations may be made:

a) Prevention is Better than Cure

Much could be done in the area of prevention. We know a great deal, for example, about the role of diet in the prevention of tumours, hypertension, heart and cerebrovascular illnesses, diabetes, the role of physical exercise, of vaccinations (for example against influenza), of substitute hormone therapy (for example estrogenic therapy for osteoporosis and possibly in the future for dementia and cardiopathies). Campaigns of prevention have also proved to be very effective in their utilisation of the procedure of mass screening (for example the Martignacco project in cardioloogy). The importance of environmental prevention should also not be underestimated when approaching this whole area.

b) The Promotion of the Integration and the Social Utility of the Elderly Person

Elderly people can offer society experience, knowledge, and a capacity for tolerance and for putting up

Table 8 - Loss of Autonomy in Daily Life (ADL): Percentage Distribution by Sex and Age Band

Age	ADL Difficulty	Men	Women
65-69	0	87.0	88.1
	1	9.6	7.6
	>2	3.4	4.3
70-74	0	84.4	79.4
	1	9.5	12.5
	>2	6.1	8.1
75-79	0	68.9	70.2
	1	16.5	13.8
	>2	14.7	16.0
80-84	0	56.2	54.2
	1	19.8	19.4
	>2	24.0	26.3

Source: Ilsa-Cnr Study, 1997

with things in a constuctive spirit. They can be useful to society by taking part as voluntary workers in such areas as the health care field or by working for small-scale productive units.

c) Support for the Family Context as a Normal Place for Helping Elderly People

This includes the possibility of access to integrated home assistance and the possiblity of an economic subvention or tax concessions in return for the work which the family does in the place of public support. There should also be an effective substitute for the family environment when this does not exist or when it has been broken up or when it is unable to function effectively (this is especially necessary in the case of elderly people who are not self-reliant).

d) The Promotion of Change at the Level of the Health Care Professions

We need to change the models of teaching in the faculties of medicine and in the nursing schools, and this is especially true in the teaching of geriatrics.

First and foremost,initiatives in favour of permanent training should be encouraged which achieve a shift in the medical approach from diagnostic-therapeutic methods to care for people who need constant assistance even if they are not always ill or if they are afflicted by chronic degenerative illnesses which are compatible with an acceptable quality of life. Medical action must be directed towards both the symptoms of the pathology which is present and the prevention of disability and chronic conditions, in addition to measures which favour the process of rehabilitation.

e) The Reduction of Hospital-Centredness in Favour of Local Ground-Level Health Services

It has already been observed that hospitals for acute cases do not provide a flexible answer to the complexity of the health needs of the elderly patient. They also involve very high management and running costs, and this at a time when there is pressure to reduce health care expenditure. This policy should therefore be limited only to those cases where there is most need.

Hospitalisation itself can cause illness in the elderly patient. We need only refer to the problems of spatial and temporal disorientation which can arise when an elderly patient is admitted to hospital, the initial intellectual deterioration which is experienced, and the risk of infection caused by especially resistant microbes run by the elderly patient who has been admitted for other reasons.

The new approach to caring for the elderly patient which is now beginning to emerge should provide a network of services made up of:

– Health care residences and rehabilitation structures (for patients discharged from hospital for acute cases who are not yet able to return home).

– Hospitalisation at home (for chronic cases who need medical and nursing care).

– Day hospital and day surgery and access to hospitals for acute cases whenever the need should present itself.

– Integrated home assistance (including home help, nursing services, chinesistherapy, specialist consultation at home, etc.). By providing treatment and care at home it will be possible to achieve a reduction in costs through the prevention of illnesses before their outbreak or development. It will also be possible to avoid the social uprooting of the patient which makes his or her integration into his or her previous life environment always difficult. Home-based assistance always makes recourse to the services provided by voluntary workers much easier.

– Facility of access to mobile clinics. This will overcome the risks involved in long waiting lists and eliminate the need for repeated journeys to make appointments.

– Specialised hospital centres (Alzheimer centres for example).

– Protected family houses and residences (for individuals who are relatively self-reliant but who do not have sufficient home support).

– Day centres to promote socialisation and to guarantee, where necessary, a balanced diet.

– Teleassistance and telemedicine.

In order to link social measures with health care it is necessary to strengthen the role of non-profit-making organisations and organisation which promote voluntary work. These are organisations which are relatively independent from the political world but also from the economic world and can thus help to make sure that social policies are marked by solidarity and do not become a matter of mere welfare support and are not animated by mere market considerations.

f) The Promotion of the Participatory Role of Patients, of their Family Relatives and of Associations

Citizens should be educated to take advantage of the services which are offered in a responsible way – only an organisation of health care which is able to provide services which are of a good level will be able to ask for responsible self-control with regard to their utilisation. However, unfortunately we are all too often used to poor services which are also often used for marginal or even non-existent needs.

The new network of assistance should take into account the judgement of users more than has been the case in the past. This should be seen as a priority goal if we want to really improve the service that is offered.

g) Sound Choices in the Allocation of Resources

Health care measures and policies should be planned in a way which involves a rigorous analysis of cost-benefit relationships. The description of the instruments to carry out this analysis depends upon the aims of the policy involved. For example, we need only cite here the criterion of avoidable death which assesses expenditure in terms of capacity to reduce the number of deaths which are to be expected in any given hypothetical situation.

Such an approach could lead us to abandon certain forms of technological advance in exchange for an improvement in community services or measures of a preventive character.

4. Conclusion

The elderly person is a full member of the community which, indeed, he or she can help. Old age can be a fruitful and happy stage of life. This is perhaps not the age of hope but it is certainly the age of memories, and often memories are only beautiful because evil is cancelled out over time. This will be possible if the health care staff and personnel are prepared and willing to commit themselves to the fight against social

deterioration and the loss of health by taking care of disabled or terminal patients and helping elderly people to live with the *goal of helping them to find dignity and peace in the final stage of their lives.*

Prof. GIAN LUIGI GIGLI,
President of the International Federation of Catholic Medical Associations (IFCMA)
Head Physician in Neurology
The "S.Maria della Misericordia" Hospital, Udine, Italy.

Dr. ADRIANA RINALDI,
Neurologist,
The "S.Maria della Misericordia" Hospital, Udine, Italy.

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JOSEPH JOBLIN

The Economic Aspects

1. Introduction

The questions and issues which do not receive sufficient attention from society are often seen as "bombs with delaying fuses". The problem of elderly people belongs to this category. If sufficient steps are not taken all societies will run the risk of becoming subject to major imbalances. This is because there is a danger that solidarity will be undermined in two ways because of the increase in the number of elderly people: on the one hand the younger generations engaged in work will not be able to, or will not want to, support the financial burden of providing for pensions for the elderly; on the other hand the "human resources" which elderly people constitute within society – whether one is dealing with their human or technical experience – will not be utilised and put to work for the benefit of everybody. This waste could give rise to marked resentment within society on the part of those who become its victims.

This is the problem to which I will address myself in this paper and which can be introduced by posing two questions. Firstly, how should we react to an economic logic which leads to an assault on the natural ties which have always existed betwen the generations and which have been a source of stability for society? And secondly, how can we strengthen this natural solidarity by ensuring that elderly people are no longer a heavy burden within society but a resource which works in favour of its human growth and development?

Demographic change within the populations of both industrialised nations and developing countries is at the base of these breaks in solidarity between the generations. These are breaks which take place in quantitative, qualitative and financial terms.

a. The Qualitative Imbalance

In 1982 the United Nations organised a special conference on elderly people. It was held in Vienna. The statistics which were provided on that occasion involved a study of age bands over the period 1950-2025, a time span covering about three generations.[1] The results of this study were that during this time span those over seventy years of age within the world population would increase fivefold in number and those over eighty sevenfold. This means that whereas in 1950 one person in every twelve was over sixty, in the year 2025 this relationship would be one person in every seven. Similarly, whereas in 1950 214 million people were over sixty, seventy-five years later that figure would have risen to 1,121 million, of whom 72% (rather than 56% as in 1950) would live in the so-called developing countries. It seems that some of these countries are particularly affected by this phenomenon in that it is estimated that people over seventy years of age in Brasil, Bangladesh, Nigeria and Mexico will not stop increasing in proportionate and absolute numbers. Indeed, taking the year 2000 as a starting point it is estimated that their number will have increased fifteen times by the year 2025.

This demographic imbalance is essentially caused by the improvement in conditions of life in matters relating to diet, environment, and above all else health. The policy pursued by the World Health Organisation and implemented by governments,which involved providing primary forms of health care to all strata of the population, has largely contributed to the reduction in death rates in all age bands and thus to a population increase. Certain changes in the behaviour of couples can certainly be predicted but it remains the case that the evidence points to the fact that the category made up of elderly people is destined to increase in size.

At the same time the present-day trend is to reduce the age of retirement, and this at a time when medical advance is prolonging life expectancy. It is estimated that whereas in 1950 a hundred occupationally active individuals supported nineteen elderly people, in 2025 the number of elderly people to be supported by the same number of working citizens will be forty. It is also estimated that 23% of men and 6% of women will have a pension. In some countries the imbalance which is caused by the increase in life expectancy is aggravated by a reduction in birth rates. This is a development which has a profound effect on the upper scales of the age bands. Many Western countries no longer have a birth rate which provides for the maintenance of their population, and this despite the immigration of families which have conserved the practice of high birth rates. A recent study carried out by the Italian Institute of Statistics (ISTAT) demonstrates that for the fourth consecutive year (1997) the natural balance of the population has been negative (-0.4 per thousand) and that the low

growth of the total population of the country is in fact due to emigration (127.008).[2] Other countries, such as China, have even adopted the so-called policy of the single child, and this policy, which has been closely followed in the cities,[3] will not fail to increase these demographic imbalances in the future.

b. The Qualitative Imbalance

The phrase "qualitative imbalance" refers to the change in mentality towards elderly people which has accompanied the overturning of the age pyramid. The change in the structure of populations in terms of age bands and the adoption of new lifestyles have a marked impact on the timeless model of solidarity between the generations:

– *the new material conditions of existence weaken the traditional ties of solidarity*. In traditional economies the children of the family, who are often very numerous, provide for the needs of their elderly parents. This form of mutual assistance is practised with increasing difficulty by families who have entered the modern world. Indeed, the reduction in the number of children per family increases the burden which the parents represent. Urban living conditions rarely allow an elderly relative to be looked after at home. The fact that both the man and the woman work outside the home means that they cannot look after their elderly parents. The material and financial cost which the presence of elderly parents may represnt is not the only explanation behind the reluctance of children to look after their elderly parents. The psychology of the couple has also changed and children wish to have an independence which at one time did not exist.

– *The disappearance of traditional ties of solidarity gives space to individual aspirations to complete independence.* The lifestyle which has emerged tends to close families up within themselves and it is no accident in this sense that reference is made to the "nuclear family". This entity, reduced to the two parents and the adolescents, no longer offers space to the elderly. In most instances the financial means and the housing space available, not to speak to the character of the modern mentality, do not allow of such a provision.

c. The Financial Imbalance

Although the situation of elderly people is different from country to country it can nonethless be observed that public institutions attempt everywhere to make up for the failings in traditional solidarity. They are aware of the fact that elderly people – like the young or any other disadvantaged category – run the risk of being deprived of what they need to meet their minimum requirements and/or the possibility of achieving their "material progress and spiritual development", and society acts to make up for the lack of solidarity caused by a weakening of the social fabric. Such action takes place in unfavourable circumstances and the category of "elderly people" is expanding so much that the budgets of governments must shoulder new burdens which the traditional systems of welfare and social insurance are not suited.

2. The Financial Needs of a Solidarity-Inspired Policy in Favour of the Elderly

The constant increase in the number of elderly people involves a major problem of financial stability for governments. The solution is to be found first and foremost in a balance between two factors. One is of a cultural character and concerns the traditional policy of countries in matters relating to government intervention in the social field; the other is economic in character and involves identifying the financial instruments which will enable this solidarity to be expressed at a practical level. The solutions which have been advanced oscillate between two approaches. The first, which we might term "liberal", relies upon the private provisions of workers which are made during their working lives. The other, which is interventionist in character, involves governments ensuring a minimum of material wellbeing for everybody.

The implementation of an active policy in favour of elderly people is, therefore, heavily conditioned by economic requirements. In terms of real income only that which is available can be distributed and the policy has to be moulded so as to give priority aid to those categories of elderly people who are most disadvantaged.

The responsibilities of society. The state cannot be indifferent to the situation of pensioners whose income is a deferred salary even though certain subventions are added, such as that for infirmity, war pensions and so forth. In reality, the salary is the principal source of income in modern societies; it is the price for work. Society, therefore, should be organised in such a way that the person who no longer engages in remunerative activity continues to receive income as payment for his previous activity. Public order depends upon such a policy because acute poverty is itself a source of disorder. This simple approach has been overturned (literally turned upside down) by two transformations which have afflicted contemporary societies: the expansion of the category of "elderly people" has produced new financial burdens for society and these burdens are very often shouldered by the state rather than being seen as the price to be paid for a deferred salary.

The expansion of the category of "elderly people". For a long time pensioners and elderly people were more or less the same but such is no longer the case. Elderly people are no longer the only people who do not live off their work. To them should be added the unemployed, wage-earners and salary-earners in a pre-retirement stage, and those who have taken early retirement. We well know that in some professions the right to receive a pension can take place at the age of fifty-five. Thus it is that today the category "elderly people" has a new meaning. The financial problems which are involved can no longer be approached without the actual situation of the worker being taken into account, and it should be observed that the worker, who most of the time is in good health, exits from the labour market much earlier than was once the case. Many of these people rapidly shut them-

selves off from the rest of the world, adopt the lifestyle of the "pensioner", and dedicate only a small quantity of their time to social activities. Others, who seem large in number especially in industrialised countries, in contrary fashion want to place their experience and their abilities at the service of the community as a whole.

The Placing of the New Costs in Favour of Elderly People on the Shoulders of Society as a Whole. The public authorities (the state, the regions, the cities) are face to face with new obligations which cannot be directly entrusted to the world of production. These authorities no longer have to ensure a minimum standard of living to those members of the population who belong to the traditionally defined category of the elderly and the needy, but must also secure the provision of services to those who do not work (universities for the elderly, the chance to travel, conferences, reading clubs, and so forth), in addition to meeting their various needs, especially in matters concerning personal health.

The financial options. The expenditure in favour of elderly people will increase, as has been observed, as a consequence of this demographic imbalance and because the cultural programmes or other kinds of programmes for those elderly people who are able to lead an active life will have to be paid for by society as a whole, which will thereby find itself face to face with an authentic major difficulty. The alternatives which present themselves are as follows:

– to provide for the costs of this expenditure by levying a tax whose proceeds will be distributed in different ways: insurance for old age, unemployment pay, social integration payments, a minimum wage, and so forth. But the moment will certainly arrive, however, when these forms of expenditure will be an excessive burden for the working population.

– Or, when it becomes impossible to finance these subventions to elderly people from such a single tax, the principle will be upheld that the working population must contribute during its working life to pension funds which will then support them economically during their period of old age. This policy should allow a freeing of the financial restrictions on the provision by public authorities of suitable infrastructures for free time, the pursuit of learning and knowledge, and the provision of care and treatment.

The solution to the problem of financing the income of elderly people through the use of pension funds may at first sight appear to be attractive, but many people doubt that this policy is really possible in practical terms. The pension funds invest a large part of their resources in state bonds which are issued to cover budget deficits. What we have here, therefore, is something akin to the levying of a tax to pay for pensions because the interest which is paid is itself paid for from the various taxes which are levied on the working population. In a healthy economy the income supplied to elderly people should correspond to the income derived from the investments which were made possible thanks to the levies imposed on their salaries and wages during their working lives. Lastly, the system involving the provision of pensions by means of pension funds is not a system to which the very poor and needy can belong – that is to say those people whose low income or other kind of similar circumstance do not allow them pay a regular contribution. All too often they are left to the care of bodies providing public or private assistance such as Caritas. This fact should stir our consciences because this part of the population which is very poor and often described as being marginalised is often unable to discover that these sources of help exist and thus to take advantage of them.

3. Towards a Solidarity-Inspired Economy

The need for a culture of solidarity. The problem of the elderly springs from the fact that industrial society has ruptured the structures of solidarity which used to ensure support for the elderly and a role for them within society. Modern life obeys a logic which does not favour assistance and solidarity towards those who are on the margins of the productive sector. We must invert this logic if we want to humanise contemporary societies. This result cannot be achieved without the creation of a new culture of solidarity, and not only a culture of social assistance which feels that every person must be provided with something to prevent him from dying of hunger and to ensure that he has clothing and housing, but a culture of solidarity which is effective and which sees those who are not yet or no longer paid workers not as a heavy burden but as equal participants in the life of society.

A new mentality must make headway within society. Poverty and marginalisation must no longer be seen as illnesses which must be halted because every situation of material difficulty is seen as a threat to the security of the rest of society. They must, instead, be seen by each one of us as an intolerable evil on a par with the most serious of social disorders such as war, terrorism and torture. The fact that human beings cannot meet their essential needs in a situation of abundance constitutes a rupture in social communication which a real sense of solidarity should deem to be unbearable. This is a suitable place to remember the observations made by the bishops of the United States of America in their pastoral letter *Ten Years Later* (1996) where they stressed that in ten years the richest 20% of the population of North America in terms of national income had increased their annual revenue by $10,000, but that the families with the lowest incomes had seen their annual revenues decrease by $1,200.[4] The bishops observed that there was still much to be done after the cry of alarm sounded by Vatican Council II: "This scandal must be avoided. Whilst some nations, whose inhabitants all too often describe themselves as being Christian, enjoy a great abundance of goods, other nations are without the necessities to live and are afflicted by hunger, by illness and by every sort of deprivation".[5]

The problem of the elderly belongs to an overall problem which afflicts our contemporary societies – that of solidarity in relation to the

material and spiritual development of all men and the whole of the individual man. It is because of this need that programmes concerning education and the participation in the public, economic, social and cultural life of populations – including the poorest on the planet – must be considered. The advent of such a human economy requires – as the great social encyclicals *Populorum Progressio*, *Sollicitudo Rei Socialis*, and *Centesimus Annus* urge – a total restructuring of the philosophy by which the present generations approach economic and financial questions and issues.

It is not for the Church to propose policies for a solidarity-inspired society. The practical application of the social doctrine of the Church depends on the sense of responsibility of the forces of economic and social life. The situations vary and it is at this level that the famous declaration of Paul VI in *Octogesima Adveniens* should be understood: "Faced with so many different situations it is difficult to pronounce one word alone and to propose a solution of universal applicability... It is for the Christian communities to identify – with the help of the Holy Spirit, in communion with the responsible bishops, and in dialogue with other Christian brethren and with all men of good will – the choices and the commitments which should be made in order to bring about the social, political and economic transformations which are so clearly urgent and necessary".[6]

The birth of a solidarity-inspired economy. A culture of solidarity will arise from specific initiatives and actions taken in areas of crisis. The situation of elderly people is that of those who are at the far end of the chain of existence in the same way as the young are, and this is true of both industrialised countries and those which are thought to be on the path of development. The efforts which are made must take two directions. One is of a technical character, and the other is of a psychological character.

The technical direction. Governments come and go and thus try to find *ad hoc* solutions to difficulties which arise. Such is the case with regard to policies towards the elderly. They do not seem to seek to implement a realistic policy towards the elderly. In speeches reference is made to solidarity but only in order to make the working population accept urgent measures which often compromise the practice of solidarity between the generations. The redistribution of a part of the income earned by the labour of the working population to the elderly has its limits because of the growing imbalance between these two parts of the population in both industrialised and developing countries. In 1950 56% of elderly people over the age of sixty lived in developing countries, but it is estimated that in 2025 their number will rise to 72%.

For a certain period of time it was believed that the increase in productivity would off-set the increase in economic burdens and would even allow periodic increases in pensions. But workers want to be the first to gain from these increases in productivity for which they themselves are responsible. Societies, therefore, should have the courage to call on their governments to use pension funds not to cover current deficits – a policy which means that future generations will have to pay for new burdens – but to promote forms of activity which will generate new wealth by which to ensure that pensions are suitably funded.[7]

The psychological direction. Solidarity towards elderly people must be seen as being an imperative – it is in the order of things like solidarity within the family. Until such a psychological transformation has been achieved we will move towards a break in the social fabric because productive workers whose numbers are decreasing will one day or the other assert that they cannot pay for the sums allocated to non-productive workers. The distribution of existing solidarity will not be able to be maintained. All societies which have entered, or which will enter, the modern era must with great force promote a culture of solidarity between the generations in order to achieve the adoption of measures which are deemed to be sustainable and long-lasting in favour of those who are not directly involved in the productive cycle.

A solidarity-inspired economy will arise when there will be a change in mentality on the part of the populations which enter the era of globalisation. "From each according to his capacities, to each according to his needs" is the slogan which must be retrieved. The brutal system of activity which was born two centuries ago has had as a consequence the view that the person who has made the community prosper is in fact a burden upon that community. This system should have allowed elderly people in the narrow sense of the term to receive the means by which they could live a dignified life during the last years of their existence. But this system comes to be in opposition to solidarity when it deprives society of the abilities of those whom it ejects from the productive system.

Research has been carried out in order to: 1) discover how to humanise retirement by removing its brutal character and to this end elastic regimes have been proposed such as that of flexibility in work time; 2) produce new types of jobs, both paid and unpaid, to be made available to elderly people who must be invited to place their skills and expertise at the service of organised activity; 3) suggest a social function to elderly people within the environment where they live – the promotion of clubs or the performance of social services for handicapped people, school children, and so forth.

This transformation is possible. The construction of a solidarity-inspired economy depends upon the transformation of mentality in the various sectors of society, politics, the family, the mass media, and education and upbringing. Everybody should co-operate to create a consensus that there must be a promotion of human growth and development in all people and in each individual.

The development of a solidarity-inspired economy does not require us to abandon the immense economic and technological progress which is before us. We live in a world of regulations and it is people who ensure that these work to create a more or less human world. This takes place in the world of

competition where, for example, the public authorities co-ordinate the various means of transport (by sea, air, road and railway) in order to achieve a better form of public service; in the social field where present-day society rejects the idea that globalisation should be facilitated by child labour, by discrimination towards minorities or by forced labour; and in the sphere of education where public authorities impose requirements such as the school-leaving age, educational programmes, levels of attainment to be reached, and professional orientations, so that young people can participate to better effect in the world of adults. Agreements at a national, regional and international level could be signed so that growth and development can involve the integration of the elderly into the participatory life of society.[8]

A solidarity-inspired mentality leads to the adoption of practical approaches. Those who wish to demonstrate that they feel solidarity towards the elderly must examine the policies pursued towards the elderly in the light of certain simple criteria which permit a verification of whether the role elderly people play in society is just.

From a negative point of view

– the policy pursued must not end up by aggravating the social situation – something which could be the consequence of certain forms of funding.

From a positive point of view

Such a policy implies the adoption of:

– financial policies which mean that the pensions and the subventions which are provided are where possible derived from productive investments and not produced from levies imposed on on-going incomes produced by work;

– social measures which are a sign of the agreed wish of society to treat elderly people in line with principles of equality with the rest of the population when it comes to standards of living. Care and treatment at home should be promoted, and the same may be said of social visitors etc. An attempt should also be made to integrate elderly people into social activities of an economic character from which the whole of society can gain advantage.

– Measures involving the encouragement of private associations and public institutions in order to allow them to utilise the experience and the readiness to help of elderly people. A civilisation of voluntary service should be promoted in order to fight against the thirst for gain which accompanies the development of industrial life. This will reintroduce a spiritual value of selfless service into society which in turn will prove a source of fulfilment and balance.

– Measures of a general character in order to offer a set of services to elderly people understood in a broad sense. Their participation in economic life as consumers constitutes a vast part of the market and can be a notable source of support for economic demand.

The problem of elderly people is part of a much wider problem – that of human growth and development in a context of globalisation. We cannot rely upon economic forces alone to decide the conditions of work and the social conditions of a growing part of the population. The social goals of growth and development must prevail over the needs of the market, as was pointed out by Paul VI in his address to the international conference on work.[9] These needs run the risk of increasing the number of excluded people rather than reintegrating them into society.

The humanisation of the economy will take place as a result of the conjunction of two efforts, one of an economic character and the other cultural in its configurations. The *economic-social effort* requires a different approach to society and economic life. This is not a machine which produces goods which the most fortunate or the most enterprising can individually allocate to themselves but a community which seeks to convert feelings of solidarity and benevolence through the economy and with the economy in such a way as to allow everybody to progress in a material sense and to advance spiritually.

The cultural effort, which will lead to a rejection of the savage struggle for economic power precisely because it is unacceptable, will concern everybody because everybody in their own specific environment must create the conditions which work for the human growth and development of marginalised populations which are marginalised precisely because of the wild advance of globalisation. This change in direction must not remain at the level of good individual intentions supported by excuses for not engaging in action because the undertaking is too great for one man alone. As John Paul II observed at Spira,[10] what a single individual cannot obtain can be obtained by uniting other individuals. It is with associations, professionals and others, animated by the Christian spirit and integrated into the structures of society, that steps can be taken towards greater solidarity. It is up to them to perceive the needs of the common good in order to supply a *goal which is not economic* to the advance of globalisation.

Rev. JOSEPH JOBLIN SJ,
Ecclesiastical Adviser
to the International Catholic Committee
of Nurses and Medical-Social Assistants
(CICIAMS)

Notes

[1] *UN Chronicle*, October 1984/9, p. 22.

[2] *La Repubblica*, 19 June 1998. On the demographic imbalance in the European Union see G.Lopez Y Casanovas, 'Economia de la Salud', in AA.VV, *La Formacion de los Profesionales de la Salud* (Foundacion BBV Bilbao, 1997) which observes, amongst other things, that about 50% of the European electorate will be over fifty years of age in the year 2000, cf pp. 623-627.

[3] Y.BLAYO, *Des Politiques Démographiques en Chine* (PUF, Paris, 1997), p. 412.

[4] 'Lettre Pastorale des Eveques Américains: Dix Ans Après' in *Documentation Catholique* (Paris, 1996), p. 131.

[5] *Gaudium et Spes*, §§ 88.1, 9.2, 63.2, 81.2.

[6] *Octogesima Adveniens*, §4.

[7] AA.VV., 'Quelle Solidarité pour l'Europe de Demain?', in *Informations et Commentaires. Revue Internationale de Sciences Sociales Appliquées* (Lyons, 1997), 101.

[8] The international conference on work embraced this approach when adopting, for example, motion 131 in 1967 about subventions for infirmity, old age or war veterans, or motion 162 in 1980 about elderly workers.

[9] PAUL VI, *All. à la Conférence Internationale du Travail*, 10 June 1969.

[10] JOHN PAUL II, *All. di Fronte alla Cattadrale di Spira*, 1987.

JEAN-LOUIS TAURAN

The Ageing of the World Population and Policies for Development

Introduction

To speak about old age is to speak about life. It is therefore normal that the Church should have something to say on the subject. Your deliberations during these days with all their varied richness bear witness to this. It often happens that a man is evaluated in relation to his work and to the service which he renders to society. Indeed, statistics often divide the population into its working and non-working sections. However, this criterion can end up by discriminating elderly people just as it discriminates against such other social categories as women, the young, the unemployed, and unborn children etc.

The Holy See has for a long time borne witness to the beliefs of the Church at the level of international debate and discussion. Its task has been made easier by the United Nations Organisation which, since 1982, has promoted a plan of action for elderly people.

I would like to offer you a number of reflections which form the basis of the action taken by the Holy See in the field of multilateral diplomacy.

1. The Preparations for the International Year of the Elderly

On 16 October 1992 the General Assembly of the United Nations Organisation decided that 1999 would be the international year of the elderly (Res. 47/5), and it did this in order to stress the demographic growth in the number of elderly people, the opportunities which this involves in the socio-economic, cultural and spiritual spheres, and the consequences of this growth for peace and world development during the next century.

Since 1994 the General Secretary of the United Nations Organisation has prepared a "conceptual framework of reference" for this international year which has four separate headings: the condition of the oldest sections of the population, individual development during life, the relationship between the generations, and development and elderly populations (Doc. A/50/114).

Successive meetings of the United Nations Organisations have specified more clearly the aim of the international year of the elderly – to make world opinion more aware of, and sensitive to, the subject, thereby promoting an exchange of knowledge and experience, and this with reference to initiatives which are already underway or which are being planned.

At the end of the international year of the elderly the impact that it has had (2000/20001) will be assessed. This follow-up at the level of analysis will be promoted by the United Nations Organisation's Department for the Co-ordination of Policies and Sustainable Growth and its Division for the Social Policies of Development. Every five years the United Nations Organisation's Committee for Social Development will assess policies for the elderly and choose the subjects which the states which are members of the comittee will then discuss systematically during its meetings, and this to ensure a political follow up to the celebration of this international year.

2. The First Conference on the Health of Elderly People (UM-WHO), New York, 29 April 1996

Policies in favour of elderly people are intimately bound up with those which aim at development. This is borne out by the commitment to promote wellbeing and progress which involves defending conditions of health and ensuring that everybody receives health care and treatment. The first conference on health and elderly people (which was held in New York on 29 April 1996) stressed that helping elderly people is an incumbent task for society.

Present day knowledge about the illnesses which afflict elderly people and about their nutrition requirements is at the present time not sufficient (for example present day studies on nutrition and diet often go only a little beyond the age of fifty).

In this way the attention of scientists and experts is being so channelled that a healthy and secure context can be identified and created which takes into account the needs of elderly people from the health, information, educational and environmental points of view.

Only a suitable awareness of this whole question can give rise to a new attitude towards old age and stimulate innovative research which helps to produce effective policies for the various age "bands" of elderly people (from 65 years of age to 75, from 75 to 85,

and the over 85s). Furthermore, this should take place in full awareness of the fact that the classification of these "bands" could soon be revised because of changes which are underway – such as the raising of the age when people can retire.

That this change in mentality is slow in coming about is borne out by the fact that there are many more experts in paediatrics than in geriatrics although within thirty years in some countries (for example in Italy) the number of people over the age of sixty will be higher than the number of those who belong to the working population.

3. The Meeting of Demographic Eperts on the Ageing of the World Population (ONU-NYC 3-6 November 1997)

From 3 to 6 November 1997 in New York the United Nations organised a meeting of experts from all over the world on the demographical impact of the ageing of the population on socio-economic development and growth. This meeting was largely scientific in character.

Subsequently, the subject of this meeting was discussed in many official documents amd in recent weeks the annual report of UNFPA has referred to it in its analysis of the condition of the world population.

In 51 countries (44% of the world population) the population is below zero growth and of these 19 belong to the category of the poorest countries of the planet.

I do not wish to discuss here anti-birth policies but I do wish to observe that the head of the population studies section of the population division of the United Nations, who was present at the meeting, thinks that this situation is "philosophically devastating", and to record that Prof. Jean-Claude Chesnais of the National Institute of Demographic Studies of Paris asserts that since the Second World War the single child has been seen as being an image and the property of a parent and not as the fruit of a couple. Unfortunately, it has to be recognised that the decisions taken by young couples are not always based upon intra-family solidarity.

For these reasons it seems of urgent importance that the international community engages in a change in social security systems which are themselves essential to development and growth, as the experience of this century has well demonstrated only too well.

4. The Connection between Demographic Ageing and Development: The Reference to "Gender"

It is therefore interesting to observe that the United Nations is aware of the historical challenge of the ageing of the world population and has placed this whole question within the framework of its global policies for development. This approach is reinforced by the special attention paid in this context to the question of "gender" which – as is well known – has become an indispensable criterion for world policies in favour of growth and development.

Women predominate amongst elderly people and the gap between male and female life expectations is at its highest in Eastern European countries, the Baltic states and central Asia.

One result of this phenomenon is the impoverishment of women in general which is much more marked in these regions where elderly women are not infrequently left without any kind of family support.

The committee of the United Nations Organisation on the condition of women has examined this question of the higher levels of precariousness in the situation of elderly women and has campaigned in favour of the elimination of this "differential impact".

Another important dimension to this is the new work involvement of women and their diminished readiness or capability to help elderly people in their own homes (see the meeting of experts on the provision of care and elderly people. Malta, 30 November – 2 December 1977). The policies in favour of women require attempts to change the attitudes of men, especially where "looking after" elderly people is still seen as the prerogative of women and if engaged in by men would involve their loss of prestige.

The new policies for elderly people, therefore, are bound up with fundamental choices in favour of development and it is to be expected that their implementation will not be without a certain influence and impact when it comes to the construction of social roles and the achievement of social progress.

5. The Practical Concern of the Leaders of Society

Some states have set such policies in motion and the first step in this process has been to promote awareness of the whole problem.

With this aim in mind, for example, Mr. William Benson, the vice-assistant secretary for elderly people at the Department of Health and Human Services of the United States of America, laid stress in a speech of 3 March 1997 on the following initiatives:

– The possibility of a presidential declaration in favour of the international year for elderly people in order to focus attention on this year, which would then be sent to the nation's Governors and the mayors of the largest cities.

– The creation by the Ministry of a Web page for elderly people in order to publicise relevant activity, not least through the mass media.

– A special celebration of the international day of the elderly.

– Co-operation beyond the national frontier with Mexico (we would say "ecumenical" activity...).

6. The World Assembly on the Elderly (Vienna, 26 July – 6 August 1982) and the Concern of the Holy Father for Elderly People

Such interest has found a loud echo in the Catholic Church. The speech which the Holy Father made to the participants in the international forum on active ageing held on 5 September 1980 at the beginning of his Pontificate bears

witness to this. This speech was one of the most detailed declarations of the Pope on the condition of elderly people in the early 1980s. Fundamental subjects were touched upon which included: increasing social awareness about the existence of elderly people and their life conditions; the need to develop authentic human progress and advance; the urgency of promoting efforts directed towards sustaining programmes in favour of the elderly in order to reduce their suffering, to defend their right to life, and to meet their needs.

Two years later in his message to commemorate the sixteenth world day of social communications which was pronounced on 10 May 1982, the Holy Father laid stress upon the special new aspects of the questions and the issues raised by this whole area which was located in a changed social situation profoundly marked by alterations in family structures and by the industrial and post-industrial context. The disgregation of the traditional family fabric runs the risk of provoking poverty and loneliness, even if new social realities such as certain "movements" could well help to relaunch solidarity and generate a sense and a feeling of hope in elderly people.

The Holy Father encouraged the education of the new generations to paying attention to the condition of the previous generations. The "new educators", such as the mass media, could heighten such awareness which at one time was inculcated within the family environment itself. Thus, for example, concern for the working classes and the poorer sections of society could be extended to elderly people who have to manage on very low pensions.

These declarations foreshadowed the adoption by the General Assembly of the United Nations Organisation two years later (in 1982) of the international plan of action for elderly people which had already been approved by the world assembly on the elderly held in Vienna from 26 July to 6 August 1982.

The Holy See was very active during the preparatory steps leading up to this assembly and during the deliberations of the assembly itself. The pontifical message displayed full awareness of the demographic aspects and of the implications of the whole question.

The Holy Father supported the plan of action and its most important points – concern for elderly people, respect for their rights, and the promotion of forms of social organisation able to integrate elderly people and respond to their needs. In these circumstances the Church repeated her commitment to offering her contribution of action, reflection, experience and faith to this field.

Furthermore, the fact that the plan of action not only saw old age as an unavoidable process of biological decline but also pointed to the potentialities of this stage in life was also received favourably. The Holy Father laid emphasis upon the positive aspects of old age – the gathering of experience, the achievement of levels of greater wisdom, the provision of free time, and the ability to live without worries, with patience, and with quiet joy.

These demographic developments were seen as a valuable opportunity to develop a new field of action at the service of the person based upon an awareness of the duties of the new generations towards the older.

This concern of the Holy See has remained strong since then, as is borne out in admirable fashion by the third international conference on the subject of "longevity and quality of life" organised by the Pontifical Council for Pastoral Assistance to Health Care Workers. This initiative was moved by an awareness that the recent increase in the population has produced unprecedented questions and challenges, especially as concerns social progress and global development.

Demographic ageing, indeed, does not display an equilibrium in geographical terms. The statistics estimate that in 2025 70% of elderly people – about 850 million in all – will live in developing countries and in particular in Asia. There is a risk that the imbalance between developed and developing countries will become worse, and this is something which means that the resources dedicated to investments should in the future be oriented towards social policies in favour of the quality of life of elderly people.

Final Observations

1. All this suggests that policies for the elderly will be placed within the context of the global strategy of the United Nations organisation in favour of growth and development – the approach of the subjects of the international year for the elderly, those who will be involved in the celebration, the style and character of the celebration itself. the connections with the other fundamental concerns of the United Nations Organisation, the bodies of that organisation which will be called upon to deal with the follow up, and the ways in which that follow up should be carried through.

This approach will maintain that concern for the rights of the elderly which was prevalent in the direction taken by the policies of the 1980s, but will place the defence of such rights within the primary perspective of prosperity and the fight against poverty.

The Holy See is happy with this commitment of the international community and will participate in it, aware that it is its duty to help the international community to reaffirm the primary importance of the value of the person in promoting the wellbeing of human beings.

The person is welcomed and valued in the main and first and foremost in the family context. For this reason each and every policy in favour of elderly people must give suitable importance to the responsibilities of the family in this whole area and national policies must foster the development of solidarity and welcome within each family.

If welcome and solidarity were to diminish as a result of the pretext of development and growth, this would lead to the promotion of a mentality and certain legislative orientations conducive to the marginalisation and the actual isolation of the elderly. Indeed, this would take place perhaps to the

point of creating a culture favourable to tolerating their elimination which might involve supposed humanitarian motives.

2. We should work to improve the quality of life in this sphere. However, wellbeing should not be seen as an absolute value. For this reason the Holy See has condemned certain libertarian and hedonistic tendencies which are also evident in certain recent international documents. These tendencies lay emphasis on individual wellbeing and to this end even support the separation of the marriage partners, eliminate life, and even extend to children the right to sexuality arguing that this is a realm which is reserved to the individual's decision and for which no account has to be made. This right does not have as its goal the overall development of the person.

3. The Holy See, furthermore, has stressed that the "global" policies in favour of growth and development should respect the different cultures and argues that it is the task of the local Churches to intervene in defence of those positive and traditional values which cannot be sacrificed because of the rush for prosperity.

4. Lastly, the global character of the process within which the celebration of the international year of the elderly is to be located requires that together with the states involved the other actors of "civil society" should play their part. We should therefore develop co-operation between the Church and non-governmental organisations, local authorities, and centres of study and research. These bodies will without doubt be of marked consequence in the activities and initiatives which will surround the follow-up.

The Holy See, for its part, will not fail to make the local Churches sensitive to so-called "best-practices" or model projects to be held up to society for adoption and will certainly intensify dialogue on this subject with Catholic institutions which work in favour of the interests of elderly people.

The Holy See offers this service very willingly, bearing in mind the words of the Holy Father who, in November 1980 in the cathedral of Munich, declared: "The Pope bows with respect in front of elderly people and invites everybody to do the same with him... as occurs at the end of a great symphony there return the dominant themes of life for a powerful synthesis of sound. And this concluding resonance confers wisdom... good will, patience, understanding: love".

His Excellency Mons.
JEAN-LOUIS TAURAN
Secretary for Relations with States, the Secretariat of State, the Holy See.

JOHN FOLEY

The Mass-media

Since all of us have experienced the effects of old age on our own parents and since many of us are at least beginning to experience those effects ourselves, it is very important for us to consider how the mass media serve the elderly and how they treat the elderly in their programming.

First, in the current context of deregulation and privatization of the electronic media, the norm for judgment in programming is not what is judged best for the service of the public and not even what can be expected to attract the largest possible audience, but what can be expected to attract the lagest number of viewers or listeners within a certain age group and in a certain income group.

Thus, most programming is aimed at a middle- and high- audience between 18 and 35 years of age. It is actually considered a disadvantage when programs attract a large audience over fifty years of age, because that is viewed as not contributing to a high level of viewing in the desired age and income group for other programming on the same channel. In the United States, even programs which have been among the top ten in popularity have been cancelled because they appealed to an older audience.

Therefore, the service of the elderly in the electronic media in an unregulated free market economy is neglected by design.

Because of the growing specialization within the print media, where publications are often specifically designed for certain age or interest groups, the elderly fare somewhat better – and one of the largest and most successful publications in the United States, for example, is Modern Maturity, published by the American Association of Retired Persons. While this group laudably attempts to represent older persons and their interests with public authority, Modern Maturity also carries much advertising specifically aimed at affluent older persons. Thus, even though some modern publications seek to serve the elderly, the interests of the elderly who are also poor are often sadly neglected.

Also, many older people have difficulty reading and they become increasingly dependent upon radio and television for their information and entertainment. While some publications have commendably already begun to publish large-type editions for the elderly and the vision-impaired, more and more older people depend more and more upon the electronic media.

Frankly, in regard to the electronic media, it is my conviction that the virtually complete deregulation of the media in some societies should not continue, and that public authority should reestablish certain norms – possibly with the cooperation of the broadcasting industry – to guarantee that the interests of the elderly and the poor are also served by the holders of broadcast licenses, who should be acting as the holders of a public trust, the limited number of broadcast frequencies which are really items in the public domain assigned to the license holders as trustees. Without a type of enforced public service requirement, the elderly and especially the elderly poor will continue to be neglected.

A second major area of concern is how the mass media treat the elderly in their programming and in their publications.

As I already noted, the print media are generally better equipped to serve the elderly more effectively, because specialized publications can better serve what are called "niche" audiences – special interest groups within society.

Also, it must be admitted that some radio and television news programming has begun to examine issues of special concern to older people – often because these issues often touch the lives of younger people who must care for older parents – issues such as health, insurance questions and public safety.

Many older people have begun to complain, however, about the manner in which they are depicted in entertainment programming where they can easily be stereotyped as foolish, forgetful, interfering and possibly even irrelevant in a consumer-oriented society in which personal gratification is depicted as the desirable ideal.

Older people justifiably resent such stereotypes and are grateful for the rare programs and series which treat the elderly with sensitivity, respect and understanding.

What can be done by the Church in these areas?

First, regarding public policy, the Catholic Church, it seems to me, should lend its suppport to those groups which seek to have responsible regulation of the electronic media so that the common good may be served, including the welfare of the elderly, the infirm and the poor.

Second, publications of the

Church should not only serve the interests of the elderly directly – and possibly enlarge the size of their type face in doing so – but also help to form all Catholics to an attitude of appreciation, sensitivity and understanding. Some Church publications might be devoted entirely to an older "niche" audience.

Third, Church-operated radio and television stations should give an outstanding example of service to the elderly, and Church programming on stations of general interest should also occasionally touch on themes of interest to the elderly not raised by others in commercial broadcasting.

Finally, schools operated by the Catholic Church should inculcate reverence and respect for all human life, including in the twilight of life. The schools should provide an antidote to the message from commercial media that having is more important than being, that the only people worth emulating and even respecting are those with money, possessions, power and fame. If profound respect for every human being as a precious child of God is inculcated in our schools, then the future writers in our schools could well prepare series which treat the elderly and the poor with respect and sensitivity and the future leaders now in our schools might recall the need to adopt public policies which serve the good of all, not merely the young, the strong, the rich and the powerful.

"Honor thy father and thy mother." The mandate of God for guiding our family life should also guide the media which serve the human family.

His Excellency Archbishop
JOHN P. FOLEY
President of the Pontifical Council for Social Communications, the Holy See