

# [Ethical issues and human ageing](https://assignbuster.com/ethical-issues-and-human-ageing/)

There has been a debate about the need for rationing healthcare for the elderly. In both the domains of private and public insurance, rationing of the various healthcare services is becoming prevalent. Physicians are made to go through a very complicated procedure for authorization. In the case of elderly people, the situation can lead to all the more problems. The credibility and accuracy of the information presented in the academic papers referred to for the purpose of this paper highlights the importance of the debate A review of the literature helps in comprehending the matter with utmost clarity as the convergence of various sources works to enrich the perspective about the issue.

There is strong opinion in support of rationing various kinds of medical resources based on the parameter of age. The proponents of this idea suggest that younger people can very well be treated in relatively cheaper ways in comparison with older people. As Breyer and Schulthesis mentioned older people often need to go through complicated procedures including expensive treatments and technologies.[1]It has been seen that such treatments are not always effective in making way for the benefit of the individual patient or society at large. As such, the proponents of this idea speak in favor of rationing healthcare for the elderly. They substantiate their view by saying that utilization of utmost resources for such a cause would eventually put pressure on the entire healthcare system, leading to a holistic negative impact on the society. It is also argued by Howell et. that a substantial amount is spent prolonging the life of an old person. But if the same amount is spent for the treatment of younger people, then a larger number of patients can receive the needed supplies for the improvement of their health.[2]

In this way, society in general goes on to benefit from enhancement in economic productivity. Such an enhancement can be achieved by diverting the various medical resources from the older people to the young patients who would be able to work, and boost the economy over the course of their remaining lives.  It is estimated that about ten times more money is spent for an elderly individual in comparison to a child with regard to health care at present in the United States. This view Anand argues that this kind of imbalance in the distribution of the various resources in the domain of healthcare is vehemently detrimental to the holistic benefit of society. They believe that there are many variables associated within societies elderly making it difficult to determine the amount of healthcare that each should be allocated.[3]

Satiating the needs of the elderly should not have a detrimental impact on the scope of wellbeing of the younger people in society. The resources should be available for all the sections of the population. While the elderly should have access to the services that are capable of treating suffering and pain, it should be noted that by the age of seventy or more they have already spent the major span of their lifespan. By this time, such people have fulfilled their aims, and experienced various things in their lives. Howell et believes the elderly should be given ample support to live properly, but not at the cost of cutting the resources of younger people who are yet to live through the years of their normal lifespan.[4]In this view, age-based healthcare rationing is the natural choice for the benefit of society.

On the other hand, vehement arguments are presented against the perspective of rationing healthcare for the older individuals. In reality, Turner suggests a person would get lesser benefits as he or she approaches an older ager. It is a fact that individuals tend to have health issues as they age. The very basis of the rationale supporting more benefits for the younger people in comparison to the older ones is erroneous in nature.[5]When a person knows that he or she would get more benefits at a younger age, and would be left to have the healthcare services rationed by the time he or she become older, the individual would surely feel insecure and anxious about the future. So, Rivlin opines the entire perspective of rationing healthcare on the basis of age is unethical, if one takes into consideration the contextual view.[6]

Apart from this, if a substantial amount of money is saved by the process of rationing the healthcare services for the older people in the society, there is no guarantee that the same amount of money would be utilized for the purpose of healthcare benefits of the younger people. The Shah believes the real benefits are dependent on the kinds of healthcare resources that would be transferred from the older people to the younger ones.[7]The people who are in opposition to rationing go on to argue that various other policies can very well be adopted by society for the purpose of satisfying the demands of the common people while keeping the needs of the elderly totally addressed. Luft, considers the various kinds of reforms can be enacted for the purpose of improving the efficiency of the entire matter in context, as well as reduce the expenditure in the domain of healthcare services.[8]

Additionally, Lilford et., deliberates if one takes into consideration the costs and benefits of the rationing system, the aspect of morality and ethics would get undermined in a vehement manner. The age of a person does not reveal much about the individual’s need for medical attention or prognosis.[9]If the ambition is to utilize the resources present in a more effective way, treatment should be limited or denied to the people who are noted to have shorter lifespan or serious illness as per the prognosis. This makes Rivlin et., view clear that if the argument in favor of proper distribution of resources is accepted, age should not be accepted as the effective parameter determining the decision about the allocation of healthcare services to common people.[10]

Apart from this, it is also believed that pitting the young people against the aged ones is not an ethical thing when it comes to the case of providing healthcare services. Such a perspective signifies that providing services to one group would only strip the rights of the other. While Rivlin et., positive remains by saying there is ample scope of betterment in all other spheres of social development, the domain of healthcare too has the scope of betterment.[11]Spending more amount of money on the healthcare services of the older people is not wrong at all. Distinguishing the scope of accessing healthcare services is not only unjust and unethical, but it also demeans the elderly by reducing the importance to their life and existence in comparison with younger people. Denying equal opportunity to avail of the services would mean that the elderly are not treated with respect. Mary Keys, stipulates that it would be ethically wrong to undermine their fundamental dignity as individuals.[12]

So, it would be right to conclude by saying that the various perspectives about rationing healthcare for the elderly sheds light on the innate dynamics of the issue. It is imperative to take into account the ethical considerations related to the issue. Just because people are aged, they should not be treated in a way that undermines the humanitarian perspective of the entire issue. As one explores the issue holistically, it becomes clear that the standards of ethics and morality do not allow any kind of restriction in access to healthcare services for the elderly. The elderly should have equal scope of getting access to healthcare, and there should be other parameters for ascertaining rationing of these services that are more likely to serve the cause of holistic development or benefit.

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[1]Friedrich Breyer,  and Carlo Schultheiss, “ Primary” Rationing of Health Services in Ageing Societies: A Normative Analysis,” International Journal of Health Care Finance and Economics 2, no. 4 (2002), 250.

[2]Jack Howell, Robert Maxwell, and Nick Ross, “ Priorities for Healthcare: Who Sets Them?” RSA Journal 142, no. 5454 (1994), 40.

[3]P Anand, “ Capabilities and Health.” Journal of Medical Ethics 31, no. 5 (2005), 300.

[4]Jack Howell, Robert Maxwell and Nick Ross, “ Priorities for Healthcare: Who Sets Them?” RSA Journal 142, no. 5454 (1994), 38.

[5]Bryan S Turner, “ Vulnerability and the Ethic of Care.” In Can We Live Forever?: A Sociological and Moral Inquiry , London; New York; New Delhi: Anthem Press, 2009, 110.

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[9]Richard, Lilford, Alan Girling, Andrew Stevens, Abdullah Almasri, Mohammed A. Mohammed, and David Braunholtz, “ Health Policy: Adjusting For Treatment Refusal In Rationing Decisions,” BMJ: British Medical Journal 332, no. 7540 (2006): 542.

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[11]Michael M., Rivlin, Mike Williams, A. M. Gordhandas, Seth Jenkinson, Stephen Field, and J. Dunstan, “ Rationing Health Care,” BMJ: British Medical Journal 314, no. 7079 (1997), 515.

[12]Mary Keys, , “ Older People, Human Rights, Law and Policy,” In Ethical and Legal Debates in Irish Healthcare: Confronting Complexities , edited by Donnelly Mary and Murray Claire, 105.