



QUALITY OF LIFE (QOL) OF ELDERLY PEOPLE: AN ETHICAL ANALYSIS

Sangita Dey Sarkar†

Department of Philosophy, Sammilani Mahavidyalaya, Kolkata -700094, West Bengal, India.

ARTICLE INFO

Short Review History

Received: 18 August, 2015

Accepted: 19 October, 2015

Corresponding Author:

†Sangita Dey Sarkar

Department of Philosophy,
Sammilani Mahavidyalaya,
Kolkata, West Bengal, India.

Mail ID: sds2310@gmail.com

ABSTRACT

The main focus of this article is to the improvement of Quality of Life (QOL) of senior citizen. This article basically stressed upon the concept of combining the Crèche and the Old age home. In the first section of this paper, It is intended to focus upon the philosophical concept of Quality of Life (QOL) and tried to show the relation of it with Human Dignity. In the second section, It has shown how QOL degrades with ageing. In the final section, It has been stated that how we can upgrade QOL of senior citizen by combining crèche and old age home. Here, the main intention is to instigate readers to think positively about a new institution comprising of both crèche and old-age home.

Keywords: Quality of Life (QOL), Human dignity, elderly people, Degradation, Crèche, Old age home.

© www.albertscience.com, All Right Reserved.

INTRODUCTION

Quality of life (QOL) is the general well-being of individuals and Societies. It should not be confused with the concept of standard of living, which is based primarily on income. Instead, standard indicators of the quality of life include not only wealth and employment but also the built environment, physical and mental health, education, recreation and leisure time and social belonging. When basic needs are covered; everybody has the right to pursue other targets in life: happiness, self-realization, independence etc. All the above concepts are related to QOL, but they must be understood from the individual's subjective perception; having good QOL means that one's life is pleasant and valuable. Psychological resources in older age are:

- adaptability
- autonomy
- activity
- cognitive competence
- control over life
- life satisfaction
- morale
- optimization and compensatory strategies
- personal growth
- retention of independence
- self-efficacy
- social role functioning
- well-being

The phrase 'quality of life' is almost always controversial. The basic idea behind the concept of quality of life is that some characteristics of the person and his or her

surrounding environment are better than others from the point of view of the human good or human flourishing. One school of thought in Philosophy and ethics holds that the concept of quality of life should not be used because it undermines the intrinsic dignity and worth of human life. Something (human life) is being evaluated that should not be evaluated. Human life is valuable for its own sake and not merely as a means for something else. German Philosopher Kant thought that human beings occupy a special place in creation. In his view, human beings have an intrinsic worth i. e dignity, which makes them valuable. According to Kant humans may never be used as means to an end. He went so far as to suggest that this is the ultimate law of morality.

In Groundwork of the Metaphysics of Morals (1785) he talked about the Categorical Imperative. In it he expressed the imperative like this: Act only on that maxim by which you can at the same time will that it should become a universal law. Kant also gave another formulation of the Categorical imperative. Later in the same book, he said that the ultimate moral principle may be understood as saying: Act so that you treat humanity, whether in your own person or in that of another, always as an end and never as a means only. Existentialist Philosopher Jean Paul Sartre in his book.

Existentialism and Humanism endorses the dignity of human beings. The book also stresses the centrality of human choice to the creation of all values. Bentham, the Utilitarian Philosopher begins with the statement that nature has placed mankind under the governance of two

sovereign masters, 'pain and pleasure'. By nature, man is conditioned upon pleasure and pain. This comes down to the claim that we are pleasure-pain organisms.

Reactions to these two stimuli so by the following rule: all human beings desire pleasure and the absence of pain. So it is also very much meaningful for elder people. With age these vulnerable group has to face pain instead of pleasure.

There are two senses in which dignity is typically attributed to human beings. First, usually through some action, human beings can be said to express dignity. In this sense persons are said to speak 'with dignity' or carry themselves 'with dignity'. In this respect dignity is a distinctive normative concept. Secondly, human beings can be said to have dignity even though they are not, in the first sense, always dignified in their behavior. Having dignity under this interpretation, is not a way of presenting oneself to others but is rather an attribution of a characteristic value to human beings. It is the second sense of having or possessing dignity that is philosophically and ethically more fundamental.

Someone may be said to have dignity by occupying a high rank in a social hierarchy. But there is a sense in which human beings have dignity entirely independent of their position in any social hierarchy. This latter conception of human dignity as a characteristic moral feature of human beings is the principal ideal underlying the claim for euthanasia. One should also note that in this sense, having human dignity is not necessarily the same as having a proper sense of dignity. Similarly, failing to have an adequate appreciation for one's dignity need not mean that one is lacking dignity.

On the other hand, sociologically the main QOL themes that emerged were: having good social relationships; help and support; living in a home and neighborhood that is perceived to give pleasure, feels safe, is neighborly and has access to local facilities and services including transport; engaging in hobbies and leisure activities as well as maintaining social activities and retaining a role in Society; having a positive psychological outlook and acceptance of circumstances which cannot be changed; having good health and mobility ;and having enough money to meet basic needs, to participate in Society, to enjoy life and to retain one's independence and control over life.

Ageing is normal inevitable and universal phenomenon; literally it refers to the effects of age, commonly speaking, it means the various effects or manifestation of old age. While they have been usually perceived as biological, the deterioration in mental capabilities and Social adaptability is no less important. Ageing has thus three aspects – biological, psychological and Social. The elderly person represents a storehouse of knowledge and experience and reservoir of wisdom but is a highly vulnerable group in Society. Their vulnerability lies mainly in lack of employment, financial insecurity, ill-health and neglect by Society. While the family can provide the basic security, the major responsibility for providing Social security to the elderly lies on the community and the state.

The ageing of the population along with changes in the family structure and shifts in intergenerational relations has brought into focus issues pertaining to the elderly in India. The growing visibility of old age homes in India points to the needs of elderly, which were not recognized earlier. The interests of the elderly to spend their old age

in sacred places, the migration of children in family and poverty of the elderly are the major reasons for the Indian elderly to shift to old age homes. But since the idea of living in old age homes is relatively new in India, the adjustment process of the old age home residents, their feelings of satisfaction and dissatisfaction and expectations from family members provide an interesting field of inquiry.

'Care' is one of the fundamental United Nations' principles that address older persons. The importance of care for the elderly is highlighted by this recognition by the World community. Care for older persons has assumed a different dimension in the modern milieu because of increasing longevity of life, increasing number of older persons, changes in the nature and structure of family, and changes in socio-economic backgrounds. More and more people are living longer and would, hence, require care in their old age. And, hence, QOL of an older person is becoming more and more relevant to discuss in present days.

With age, people become more dependent on their adult children, whether it is for economic, physical or emotional support. In India, 90 per cent of workers in the unorganized sector therefore have to depend on their own meager savings and family resources for economic security in old age. With age, their medical and health care expenditure increases, even as their own resources shrink – thereby increasing their financial dependence on adult children. However, many of the elderly parents face neglect, ill-treatment and deprivation at the hands of their families. A research study on elder abuse, conducted in Delhi found that the elderly were facing abuse in one form or the other at the hands of their own children. So it is needless to say that elder abuse certainly degrades the QOL of them. Neglect and apathy towards older persons in the family were a common form of mistreatment. They were treated as pieces of old furniture that had outlived their value. Their emotional, health and other needs were completely overlooked by their caregivers. Older parents were supposed to adjust to the life styles of the new generation and were excluded from important decisions about the family members' and at times, even about themselves. This led to extreme mental depression and loneliness in older persons and this also led to huge deterioration in QOL.

It is not possible for us to change the nature of the family and make the contextual forces revert to an idyllic past. We have to accept that the size of the family will shrink, that families will be spread over vast area, may be across continents, and that they may be unwilling or unable to take the responsibility of care for the older persons/parents. Therefore, complete dependence on the family should be ruled out. We can only encourage and help the family to share responsibility. How we should do so is the second major issue. Should we enforce strictures legally, or should we encourage it morally and ethically? Yes, it is very much true that government has lot to do in his issue; but the point is that is it possible for government to uplift the position of older people or are we also responsible to change the social scenario? Care requires human involvement and material resources. It cannot be ensured just by allocating resources either by the family, community or the government.

It is essential that urgent attention be paid to develop human resources to deal with these emerging challenges.

There are so many recommendations for improving QOL of senior people.

Among these recommendations, one recommendation is to combining crèche and old-age home under one and the same roof.

It is believed that ageing degrades QOL very rapidly. QOL degrades in various ways; economically, physically, mentally and socially. For example, after retirement from service, QOL genuinely degrades. Financial stability deteriorates, physical ability deteriorates. These makes a huge change in life style and consequently degradation in mental states. Elderly people at this stage starts thinking that they are no more important, even not indispensable for family and for Society at large. With age, physical disabilities come and mental as well as neurological faculties degrade. This increases dependency on others and also on medicines. This results in huge financial liabilities and psychological setback on self-esteem (one of the main standards of QOL). As because of Socio-economic status (SES) deteriorates, it reflects on the mental and psychological part of elderly people.

To catch the common people's view regarding the burning issue, I have made a survey of different sections of people through questionnaire. There I have found that every alternative individual comments and opines that ageing actually degrades QOL. So the next obvious question comes: how to improve QOL of senior citizens. There are a number of ways which can be said to improve QOL of senior citizen. First of all, every other individual commented that we, as well as Society should have change their outlook and attitude about elderly people. This vulnerable section of society should be taken good care of themselves by the family members and by society. Besides, Governmental supports, supports from NGO's may be ensuring the well-being of elderly people. Special Governmental policies will certainly upgrade their well-being.

We all know that there are a number of problems an elderly individual has to face. The main problems are: financial, social, physical and psychological. As long as financial stability deteriorates, consequently social status of senior citizen degrades. And as social status degrades due to financial constraints and due to physical dependence, it effects on mental and physical side of an individual.

In this paper, my point is to bring about the Active-Ageing Concept (AA) through combining crèche and old-age home. These problems are separated from each other. Rather, they are inter-linked with one another. If financial constraints can be solved, the social status will be brought back, and if the lost social status can be brought back, mental or psychological problems can also be met. It is true that with age the social place of an elderly person shifts from centre to margin. But it is also true that this obvious change is solely from relational point of view, i.e. from the view point of family members, neighbors and from society. It is rather outer change, not change from within. A section of people, be it children group, adult group, or senior citizen group, when separated or alienated from society at large, or feel like alienation from society, it is because of changing relation of that group with the society, and this alienation or separation or rather degradation in QOL is absolutely not from his or her own self. Human dignity or the Quality of life of a human being is not adopted with the course of

living, it is innate. We have born with it. So it cannot be robbed or snatched from an individual. What is actually happening is that with the changing activity of an individual in society, mutual relations will also changes. And according to the changing social status of an individual, society also reacts differently.

We see that the two sections of society are very much alone. One is the children group and the other group is obviously the senior citizen. In between these two groups, the large section of adult people is very much busy in their life. The present social scenario compels them to work for 24x7 for survival. As a consequence, children are depriving from parents' care, company, affection. Parents are bound to keep them in crèche, so as the children are bound to stay there for a long time in a day. On the other hand, aged people are forced to stay in old age homes for many reasons. One of the main reasons is same as in case of crèche –children. Young do not have enough time to look after their parents. Now-a-days many people stay in abroad for their jobs. And consequently, their aged parents have to stay alone at home. Now, this can be said as one of the demerits of nuclear family. A nuclear family centres only around one child, and when that child grown up and settles down in abroad, there remains no one to look after the aged. And hence the obvious destination is old age home. An elder person stays in those homes without doing any work; just to wait for obvious end of life. It is like death before death. The point here is that the QOL in those old age home degrades very rapidly. I have made a survey of various old age homes in urban area. There I found the true picture of loneliness, depression, and empty feeling, and feeling of worthlessness. They are not even interested to talk to anyone. Their feeling of frustration turns into anger for their family and for the society at large.

This system should be changed. As it is surveyed that by the year 2022, the 70% of the population will be of above 60 years of age, we should rethink about this vulnerable group of society. With the (AA) concept if we can involve them in the main stream, the entire scenario of the society will be uplifted. And as beginning, here I intend to focus upon combining crèche and old-age home. In this speed jet age, we cannot avoid the necessity of crèche and old age home. So why not make these two institutions under one roof? –where kids will get their grandparents on one hand and on the other a nuclear family will get the flavor of joint family. If the caregivers be the elderly people and if the caretakers will be kids, then the both group will think that they are not neglected by society. Both will stay there happily, keeping aside their loneliness, frustration, anger. In this way the children will come to contact with their own cultural heritage through the company of aged people. Another benefit is that children are not bias or rather they are not partial, so elderly people will feel more comfort to share their views with children and on the contrary children will also listen to grand parents' without question.

CONCLUSION

So the feeling of neglect by society will perhaps be minimized in this way to some extent. And in addition to that, if remuneration is given to the elderly, their financial instability will be minimized to a certain extent. As a result, this business will repair their social status, view about society and thus psychological problems will also be minimized. They will find a new meaning of their lives.

Like this, total concept of crèche and old age home will be changed in affirmative.

BIBLIOGRAPHY

1. Lu L. Personal or Environmental Causes of Happiness: A Longitudinal Analysis, *Journal of Social Psychology*, 1999, 139 (1): 79-91.
2. Mendola WF, Pelligrini RV. Quality of Life and coronary artery bypass surgery patients, *Social Science and Medicine*, 1979, 13A: 457-92.
3. Michalos AC, & Zumbo BD. Public Services and the Quality of Life, *Social Indicators Research*, 1999, 48:125-156.
4. Michalos AC, & Zumbo BD. Criminal Victimization and the Quality of Life, *Social Indicators Research*, 2000, 50: 245-295.
5. Michalos AC, Hubley A, Zumbo BD, Hemingway D. Health and Other Aspects of the Quality of Life of Older People. Draft paper. University of North British Columbia, Canada, 2000, 1-4.
6. Noll RB, Gartstein MA, Vannatta V, Correll J, Bukowski WM, Davis WH. Social, emotional and behavioural functioning of children with cancer, *Pediatrics*, 1999, 103,1: 71-79.
7. O'Boyle CA, McGee H, Hickey A, O'Malley K, Joyce CRB. Individual quality of life in patients undergoing hip replacement, *Lancet*, 1992, 339: 1088-91
8. Chetterjee Chopra, Suhita Patnaik, Priyadarshi Chariar, Vijayaraghavan M. *Discourses on Aging and Dying*. Sage Publications India Pvt. Ltd., 2008.
9. Lakshmi Devi S & Roopa KS. Quality of life of elderly men and women in institutional and non-institutional settings in urban Bangalore District, *Research Journal of Family, Community and Consumer Science*, 2013, 1(3): 7-13.
10. Rachels James, *Kantian theory: The Idea of Human Dignity; The elements of moral Philosophy*; Random house Inc; 1986, pp. 114-17,122-23.