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Concepts of Ethics to Engage the Older Person with the Community

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Abstract. *Almost half of Europe's region is rural. There is also a dearth in essential services along with an aging population. There is an ethical obligation by society to reflect on how the older person is facilitated to engage with communities. Family structures in Europe are changing, moving from rural to urban areas with increasing numbers of older people living alone. This has consequences for the role of communities and public policy to ensure that the older person remains socially connected. The aim of this review paper is an attempt to explore some important concepts in relation to the older person and their engagement with communities. It is not an ultimate review. The objective is an attempt to reflect on ethical considerations that necessitates consideration in relation to the older person and their self- determination with regards to reducing loneliness and assisting them to live in age friendly communities. Methodology utilised a snapshot of various ideologies in relation to the older person and their unique attributes that may improve their quality of life.*

Conclusion: The older person is growing in population, throughout the globe. Their enormous contribution to society is at times undermined. Empowerment of the older person to enable them to express their wishes is vital. An ethical model for enabling the older person to make decisions is vital. This model must also include components with expertise from various technologies in relation to the older person. This review will place emphasis on communities to ensure that the older person is included in societal affairs and facilitate them to make their contribution. This review will help to understand how important it is to ensure that the older person gets opportunities to get involved in communities so that loneliness and social isolation is minimised.

Keywords: older person; societal impact; ethical considerations; loneliness; decision making.

Introduction

This review will endeavour to explore some of the issues that affects and disenfranchises the older person from engaging in societal activities. A defining responsibility of any society is to care for all citizens irrespective of age. The responsibility rests with society and involves more than one municipality. Ethical issues always come to the forefront when dealing with humans, this is no different for the older person. Europeans are living longer with the age profile of society growing. Demographic ageing is growing and will continue in the next couple of decades. The person aged 85 years and more is the cohort that is growing with the projection by 2050 that there will be an increase from 12.5 million in 2019 to 26.8 million by 2050, with the centenarians projected to grow to half a million by 2050 (Eurostat, 2023). Such developments will also have profound societal implications, for governments and public policy. Most recent figures show that there are 806,300 people aged 65 or more in Ireland (CSO, 2023). The United Nations uses chronological age to determine age groups, typically defining an "older person" as being aged 60 or 65 years and older (United Nations, 2020).

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The definition of the "older person" varies from country to country. "Ageism pervades many institutions and sectors of society, including those providing health and social care, the workplace, the media and the legal system" (WHO, 2021), highlighting that there is a need to create a social norm. The question remains as to what is needed in society to create a social norm that the older person can feel safe, secure and can be empowered to contribute to economic development and social activities.

Ageing is a life-long process and there is a responsibility to ensure independence in old age (Sheehan & O'Sullivan, 2020). Aging rural communities may no longer have access to vital services, such as healthcare and other amenities that enhances a quality of life for people. This has implications for rural areas in Europe which are characterised by an unbalanced population structure. Significant rural challenges have a part in preventing the older person from engaging in a community. This can extend from not having access to a local shop, post office as they may have been shut down for other reasons, along with a dearth in rural transport, all of which affects the quality of life of the older person. Age Friendly Communities may empower the older person to live out their twilight years as a valuable person in a community. Public health interventions can also have a significant impact on the quality of ageing

The decline in vibrancy in those rural areas disempower the older person from engaging in community activities. There is an impetus on policy makers to ensure that the older person is not left behind in rural areas that once had a vibrant community. Data from Eurostat (2023) highlight that in 2018, 64 % of the EU-27 population aged 15 years or more participated in tourism activities for personal purposes, with only 49 % who were aged 65 years or more. Those figures beg the question as to why the older person does not participate.

Autonomy is a term that is utilised when dealing with informed consent, truth telling and confidentiality (Varkey, 2020). If society was to incorporate all the facets of fundamental ethical decision making and apply it to the care and inclusivity of the older person in society, it is relevant to state that the gains would overcome the losses. Beneficience, nonmaleficence, autonomy and justice are the basic principles of ethical principles (Beauchamp & Childress, 2013). Almost one tenth of older people aged 75 years in Europe, do not have anyone that they feel they could discuss personal matters (Eurostat, 2023). Reflecting on the principle of beneficence is the obligation to do good and remove distress for the older person.

Endeavouring to eliminate loneliness for the older person by ensuring engagement in a societal initiative may go some way in addressing this issue. Nonmaleficence is the concept not to cause harm so from the perspective of societal gain, it is important that the older person's contribution is valued and rewarded accordingly. The essence of social initiatives especially in rural areas can benefit greatly from the older person who has entrepreneurial skills.

The Older Person and Employment

Society has obligations towards the older persons. They make and have made valuable contributions to society and to the economy. The WHO in their report recognised that ageism is one of the prejudices (WHO, 2021). The prejudice may include several issues but one of them is the lack of intergenerational contact accompanied by a lack of opportunities for older workers

(Cristea et al., 2020). The concept of age equality helps to minimise discrimination (WHO, 2021), but unfortunately this does not always lend itself to employment.

In Ireland, almost half of people aged 60-69 are at work (240,000) (CSO, 2019). However, many contracts stipulate that they must retire at age 65 years with many moving from work to retirement in their mid-60s (O'Connor & Murphy, 2022). Ireland's CSO's figures in 2019 found that one in six (16%) of those aged 65-74 are carers, as are one in 11 (9%) of those aged 75 or older (CSO, 2019). These figures imply that nearly 94,000 people aged 65+ were carers in 2020. One in five (18%) older adults volunteers weekly (McGrory, 2016; Donoghue, 2017). The older person is providing a very valuable service to their loved ones as well as their community. The caring role may be in their own home where they may get no economic benefit. It is worthy to note from evidence that the older person having positive expectations about the next chapter encourages them to be more socially productive (Schwartz et al., 2012).

Good governance assists in getting the older person involved in community activities and also the contribution of the older person can be enhanced by the development of certain guidelines. The upholding of duties of all citizens can reaffirm to the older person that their contribution is acknowledged with the utmost integrity in accordance with any legal obligations. Transparency, non-discrimination, merit and respect for diversity should underline any societal developments. Advisory services aimed at informing the older person of all activities that are ongoing in their community can assist in engaging them and ensuring that they have a choice of what endeavours they wish to participate in and what is most appropriate for them. It is relevant to recognise that any social engagement of the older person should involve the highest code of ethics in relation to engagement. Business principles along with rules of individual behaviour can provide guidance along with integrity, objectivity, accountability, openness and fairness all of which can enhance the contribution of the older person to a new initiative. All of the aforementioned reflects an ethical framework. Wisdom that the older person may have in abundance will assist new initiatives whereby they can lend themselves to passing on nuggets of good practice in relation to leadership. Their expertise and experience can assist other personnel in performing their tasks with utmost integrity and reflecting core ethical values such as honesty. The learning that can arise can be wonderful with the intergenerational exchange from the young person to the older person and vice versa. By improving work areas and sharing ideas and experiences can help in building trusting and good working relationships.

The Older Person and Healthy Ageing

Healthy aging is more than the absence of disease.

It has been shown that nature-based interventions are scientifically proven contributors to healthy aging (Catassi et al., 2024), with a positive impact of nature-based interventions on the health of the older person.

Family structures have changed with older people will living alone or at a considerable distance from their family (Eurostat, 2023). Contacts with other people and the wider community become very important for the well-being of older people. Loneliness and social isolation are major public health challenges especially for the older person (Crowe et al., 2021; Yu, 2021a; National Academics of Science, 2020; Shiovitz-Ezra et al., 2010). Evidence from the US, on longitudinal

loneliness and social isolation, showed that the older adult who experienced loneliness and exposed to social isolation showed physiological indications of advanced biological ageing (Crowe, 2021). Social isolation was associated with cognitive decline in a Chinese population (Yu, 2021a). This data underpins the importance of increasing social connectedness so that it decreases the older person's experience of social isolation and loneliness. The solutions to the older person experiencing loneliness does not rest in moving them from their homes to other older care facilities, especially if it is from a rural area to an urban location. The challenges must be met and a serious effort made to respect the older persons decisions and empower them to remain in their own homes in locations of their choice, echoing that neighbourhood social cohesions has a positive impact on loneliness (Yu, 2021b). Other evidence has clearly highlighted that social isolation and loneliness are linked to diminishing cognitive functioning (Cacioppo & Hawkley, 2009, Shankar et al., 2011, Holman et al., 2018). This information is not new however it remains essential to raise awareness of this issue and provide opportunities within environments to assist in alleviating this dilemma. Interventions have been implemented in the past to prevent loneliness or social isolation, however they are not always successful (Cattan et al., 2005). The perceptions of the older person themselves is what matters reflecting that it is the attachment to place and communal interactions that enhances well-being (Gallagher, 2012).

Kelly et al. (2017) highlights that access to social networks, have been shown to positively impact health outcomes. This evidence supports the importance of the collaboration between social relationships and cognitive function. Almost a decade ago Healthy Ireland defined "positive mental health, in which a person can realise his or her own abilities, cope with the normal stresses of life, work productively and fruitfully, and be able to make a contribution to his or her community" (Department of Health, 2013, Department of Health, 2014). This definition is very relevant to the older person. Older people living in rural areas may also experience barriers to accessing care services (Blackberry et al., 2021).

Many diseases that were historically considered to be infectious or acute are now classified as chronic conditions due to medical advances in treatment (Scandlyn, 2000). The prevalence of most chronic conditions increases with age, thus the responsibility to ensure that the older person can still have a quality of life and access to current and up to date treatment if necessary, irrelevant of living in rural or urban areas. Barriers for rural accessing aged care in their own is a challenge.

It is worth noting that there are specific diseases that affect the older person. Dementia is one of them. In Australia dementia has been identified as the second leading cause of death and is for 4.4% of the total burden of disease in the country (Garrett et al., 2024). A study conducted by Garrett et al. (2024) focussing on unmet needs within the health and social care system and outcomes for people living with dementia in rural and remote areas in Gippsland, Australia. The study found that although there are services and supports available for people living with dementia, accessing them can be difficult and there usually is a delay of several years. It reiterates that people living in rural and regional Australia face additional barriers to accessing health and social care services. It is vital to enable people living with dementia to 'live well'; in the community reflecting on the concept of social engagement and relationship-centred care as a positive step to enhance the lives of people living with dementia. In a community if members are aware of those with dementia,

local services can be made more available and appropriate home support services be provided (Hancok et al., 2019).

An important insight is to have evidence obtained from older adults with cognitive decline and dementia (Hellstrom et al., 2007; Taylor et al., 2012), as opposed to the family caregiver that gives the information (van Boekel et al., 2019). Wilson et al. (2007) identified the risk of dementia and Alzheimer's (AD) disease accompanied with loneliness and social isolation. The study conducted by Wilson et al. (2007) with a population of 800 older persons followed up for 4 years, showed that those who experiences loneliness were more than twice as likely to develop an AD-like dementia syndrome than were those who were not lonely. This has enormous implications for ensuring that the older person is socially connected. Seeman et al. (2001) in a cohort study of 1,189 of high-functioning older adults showed that the older person who had emotional support had better baseline performance along with better cognitive function. Once again, the social environment is paramount in protecting against cognitive deteriorations.

In France, there is a project that is innovative for the older person with Alzheimer's, (AD). It is one of the few Alzheimer's villages worldwide (Inserm, 2024). This village has health professionals who does not wear a uniform, cares for those with AD. The findings showed that there was less decline in the participant's cognitive function, depression and anxiety as opposed to those who were cared for in a traditional facility. This is a special community for those with AD. The idea that the participants are living in a safe environment replica of their own homes makes the difference. They get involved in a range of activities some mirroring what they would have done prior to a diagnosis of AD. It is social innovation and community involvement of the older person with AD. It is also a fantastic example that could be replicated worldwide.

Age Friendly Communities

The creation of 'age-friendly cities and communities' (AFCC) is aimed at improving the older person's physical and social environment (Repetti et al., 2024). This evolved from the World Health Organisation's (2018) Global Network of Age-friendly Cities and Communities. The model was viewed as a method towards enabling people to 'age in place' and be recognised as part of their community (Greenfield et al., 2015; Jeste et al., 2016). This development also recognizes that older people can face significant challenges related to staying in their homes and communities in which they may have lived for most of their adult lives.

The World Health Organization's (2007) age-friendly city has eight domains which measures the factors that are relevant to rural older adults' health and wellbeing. Community and health services was the one domain that was found to be most relevant to the older person. Factors, such as attitudes and capabilities, were also acknowledged as vital to the lives of rural older adults. There is an obligation on all policy makers to make communities more age friendly. However, there are issues that impede this philosophy (Menec et al., 2015). Strengths in rural and remote communities, such as having access to local leaders could help to further age-friendly goals. The dearth of social and health services, remains an impediment for the older person.

Other evidence from Spina and Menec (2015) on healthy aging, in a Canadian province, showed that factors such as size, location, demographic composition, investments, and leadership influence was pivotal to enable the area to become age friendly. Neville et al. (2016) highlights

that rural communities are changing rapidly and are more diverse. Diversity is good but it can also hinder age-friendliness, echoing that the most important point is establishing older peoples' perceptions of their own communities, to make them more age friendly. Health professionals working in primary health care settings, have an important role. They need to recognise the needs of older people in the communities in which they practice (Neville et al., 2016) and recognise the characteristics of the older person that empowers them to age within their own communities.

The evidence in relation to age-friendly communities has placed emphasis on supporting older people to stay in their current home. The term 'ageing in place' reflects this idea (Buffel & Phillipson, 2024; Wiles et al., 2012). There are times when the older person may decide they wish to move to another area and make decisions about where they want to live (Savage et al., 2005).

Age-based discrimination has a negative impact on the quality of life for the older person (Ayalon & Tesch-Römer, 2018). Age Action an Irish voluntary organisation in Ireland wishes to remove ageism (O'Connor & Murphy, 2022). They want people to have a full live by putting the necessary supports in place for people to achieve their potential. In comparison to the EU, 57%, Irish people aged 65-74 have the third lowest income (O'Connor & Murphy, 2022).

Services and supports enhances the older person's environments. They are of enormous importance along with friendships (O'Hanlon et al., 2005; O'Shea 2006). This is what enables the older person to belong to their community and participate in its activities. As a knowledge economy we are aware of this, it begs the question why are we not implementing policies across Europe that would enable this theory to be put into practice.

The Older Person and Decision Making

Promoting intergenerational activities, from a societal perspective can pay enormous dividends for a community. The contribution to society by this concept increases and contributes to cooperation between people of different ages. Historically, Kant (1724-1804) (Guyer 2003) and John Stuart Mill (1806-1873) (Anschutz, 2024) recognised that all persons have intrinsic worth. So, therefore the older person should be afforded the opportunity to make decisions and exercise their own self-determination. Obviously, capacity is the issue, with legislation placing a legal responsibility to exhaust all avenues. This then should not be a deterring factor when involving the older person in social initiatives (Government of Ireland, 2023). If society respects the principle of autonomy in relation to the older person this may lend itself to ensuring that their right to self-determination is recognised. When we explore the concept of justice in relation to ensuring that all is fair, the idea of distributive justice whereby the older person can receive fair, equitable and appropriate social gains is relevant. This also applies to decision making by them in relation to their wishes. The idea of fairness and equal distribution is relevant to ensure that society recognises their enormous contribution. Rawls (1999) theory of distributive social justice, based on what rational individuals would choose for themselves has relevance here. However, one can argue that there are different values placed on this according to need and merit (Varkey, 2021; Fleishacker, 2005). This can be enhanced by ensuring that the older person is not excluded and given the opportunity to engage in activities related to their own social norms.

Buber (1971) spoke about the I-Thou relationship reflecting on the value for what the person can do. The lessons learned intergenerationally may have a positive impact on society and

the harsh lessons from history may not be repeated. Values such as caring and compassion are interlinked and embedded in conscious awareness. This is an ingredient for society to ensure that there is a partnership with the older person which forms the foundation for their contribution and engagement with social entrepreneurship initiatives in a community. If one takes the analogy of Peabody (1927) almost a hundred years ago when he stated that "The secret of care of the patient is caring for the patient" if society embodies this with the older person and ensures that they are cared for and included, then the advantages society will gain will be very visible.

In 2023, due mainly to war and conflict in other Countries there were 141,600 immigrants which was a 16-year high in Ireland where over a12-month period where over 100,000 people immigrated to Ireland (CSO, 2023). The figures show that 29,600 were returning Irish citizens, 26,100 were other EU citizens, and 4,800 were UK citizens, with the residual 81,100 immigrant citizens of other countries. The number of immigrants was the highest since April 2007 (CSO, 2023). There were older people in this influx, who had left the stability of their own homes and environments. One can only imagine the trauma they have encountered. The concept of belonging can have 'both an emotional element of 'feeling at home' or 'yearning for a home', which affects migrants (May, 2011, p. 369). If one learns from migrants who have chosen to move from their home place feelings of belonging are central in relation to their frame of mind (Webber et al., 2023).

Baldasser and Wilding (2020) with reference to the migrant populations for the older person showed that there was a high risk of increased social isolation. Communication technologies in maintaining support networks is invaluable for this cohort (Baldasser & Wilding 2020). The concept of "digital kinning" has been shown to be very useful and policy makers and health practitioners could utilise them better (Baldasser & Wilding 2020; Tian et al., 2023). Population aging and international migration places pressure on families to care for their loved ones who are aging. Relatives want to care for their loved ones. Remote monitoring technologies (RMTs) can enable migrants to be informed of their loved one's health (Tian et al., 2023) and assist in enable the older person to live whilst also remaining supported. Assistive technology facilitates older people to live in their homes for longer (Department of Health, 2013; Department of Health, 2015a, Department of Health, 2015b). The opportunities offered by technology can facilitate healthy ageing. Self-monitoring technology can assist older people to remain in their own home, feeling safe and secure and maintaining health and wellbeing (Department of Health, 2014).

Ethical issues with RMT come to the fore in relation to autonomy, privacy, and justice. The self-determination of the older person to give consent that their movements can be monitored raises ethical issues, however if autonomy is fully exercised this can be overcome by the older person giving full informed consent to wearing the technology. Aldrich (2003) over twenty years ago spoke about the smart home as a residence equipped with information technology answering the requirements of the occupier. The ethical issues also raised an issue then as it remains today. The smart home can make a great deal of difference to the older person who wishes to remain in their own home. The technology can also assist in ensuring that the older person can socially engage with a community (Manehim et al., 2019). This can be invaluable and if designed appropriately can enhance the quality of life for the older person including those of the migrant population. This is an example of where the older persons ideas regarding the use of technology are of great

importance (Luijk et al., 2015; van Boekel et al., 2019), providing them with a sense of security. Evidence presented by Zhang et al. (2024) highlight that care delivered at home or community-based, can enable remote patient monitoring of older adults. This can be invaluable for older migrants and their families.

If the older person feels they belong and are part of the community, it can also assist them to mitigate against social isolation. This can be achieved through identification with their social surroundings (Millar, 2003) which may also assist in ageing well in place. Wellbeing is a multi-dimensional concept and has different meanings across a range of disciplines, such as economics, gerontology, psychology, sociology and medicine.

Discussion and Conclusion

This review is an attempt to highlight some of the issues that are pertinent and warrants further discussion to enable the older person to live a fulfilled life in various communities. It touches on issues that are relevant for the older person to be empowered to have a sense of belonging. The older person experience of ageing in urban and rural areas differs as transport and access to amenities makes an enormous difference to one's quality of life. There are ethical components with various technologies, but self-determination can assist the older person in making personal decisions. The concept of age equality helps to minimise discrimination (WHO, 2021), but ageism still exists (Ayalon & Tesch-Römer, 2018). It has no place where the older person is concerned.

In delivering care to the older person it necessitates the pursing of good practice whilst preserving individual freedom. Choice is fundamental and at the core of embracing and ensuring that the older person has a sense of belonging and is empowered to contribute. There is also an onus on governments to have public strategies that enhances the quality of life for the older person whether they live in a rural or urban environment.

Evidence that loneliness and social isolation have a negative effect on health in the older person (Khosraui et al., 2016; Shiovitz-Ezra et al., 2010). Relevant and important policies, play an essential role in combatting isolation. Technology can be of benefit in reducing social isolation for the older person (Luijk et al., 2015; van Boekel et al., 2019). Ageism and age discrimination should be central to work on making communities age-friendly and eliminate social isolation. There is an ethical obligation to ensure that they provide opportunities for the older person to participate in activities of their choice. The empirical argument at times depends on making assumptions about the older person. At the heart of this paper is the concept of the freedom of choice and the wish for all of us to belong and contribute to society. By providing facilities and amenities for the older person they then have the choice to choose what they want to contribute to and most importantly from a societal point of view be given the opportunity to make a difference.

Policy makers want age-friendly communities to flourish. Consideration needs to be given strategies which can enrich the perspective of older people in the community in which they live. The benefits of including the older person in social engagement actions voluntary or entrepreneurial has enormous advantages for the community, but more importantly the older person themselves.

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