

BIOETHICS AND HEALTHCARE

Topic: Ethical Issues Arising in the Care of the Elderly
Convener: Mark Miller, St. Paul's Hospital, Saskatoon, Canada
Moderator: Regina Wolfe, Dominican University
Presenters: Lisa Fullam, Jesuit School of Theology at Berkeley
John J. Hardt, Resurrection Health Care

Lisa Fullam's paper, "Where's Grandma? Alzheimer's Disease and the Virtue of Fidelity," looked at one aspect of the growing phenomenon of persons afflicted with Alzheimer's disease today. After an almost poetic description of the ravages of the disease, she began to explore the notion of personal identity for those gripped by this disease. As memories recede and fade, and as any usual ethic of virtue and character dissipates as the agent diminishes, the sufferers become un-selfed while still breathing. Even relationships erode because one person's side has changed radically.

The principle of autonomy, so much a part of a principle-based bioethics, is severely challenged by this disease. Can one trust decisions made before the disease that may well preclude treatment despite the more limited enjoyment of life that is still available to those with dementia? Where Rebecca Dresser would dismiss prior wishes and advance directives, Ronald Dworkin would continue to privilege them in accord with a strong sense of the self before the dissipation of Alzheimer's. Fullam uses Agnieszka Jaworska's work to suggest that a middle ground may rest in respecting that which is valued by the Alzheimer's patient at any time along the journey. However, Jaworska's standard of capacity to value may well be a harder criterion to judge with any clarity, while Dworkin's, though perhaps too rationalist in its presuppositions, at least privileges the patient's desires not to have life-prolonging treatment. As the sense of self changes in the sufferer, perhaps the problems that we try to solve through autonomy prove intractable because we base autonomy on competence.

A more fruitful approach would be through the virtue of fidelity. We can be faithful to the person extended across time, to their whole story, rather than to a capacity. "Such an approach shifts our focus from our independence or its loss to our relationality and our interdependence and how it shapes our very humanity from start to finish." The one suffering literally fades from view, and what remains is almost haunting as the person becomes ghost-like. Meanwhile, the one with Alzheimer's seems similarly haunted as familiarity recedes and fears with no rational way to dispel them crop up.

Fidelity allows the caring heart to walk the journey with constantly adapted responses to the increasing dementia. Perhaps one accommodates the memories that go back years. Singing familiar songs then finds its place as does a reassuring of God's love when memory no longer serves. And at the end, touch may be the primary connection.

Finally, fidelity enables the one with Alzheimer's to be the caregiver's teacher. We face our own possibility of fading; we look to see if life's individual narrative has meaning; we glimpse the communion of saints that sustains us even when memory fails.

John Hardt complemented the presentation by Lisa Fullam with his reflections on “The Problem of ‘Nature’ in Identifying the Natural Arc of a Life.” Hardt reviewed a number of the efforts underway to extend the human life span as well as some of the consequences of our already-extended lifespan today. He notes\,d, “Lifespan enhancement is neither necessarily at odds with a traditional conception of the ends of medicine nor resistant to a Christian conception of the human good.”

Hardt then examined several contemporary uses of ‘nature’ in genetic ethics, concluding that all of them seem to identify nature with human embodiment and finite limits in a kind of physicalist interpretation. What these theories fail to address adequately are clearly identifiable ‘natural’ boundaries that in turn clearly specify the ‘natural’ such that some guidelines for directing and/or limiting biotechnological manipulation might be put in place.

Hardt then went on to explore our ‘social identity’ and the importance of this reality for our ‘nature.’ Using Ted Peters’ proleptic ethic, i.e., anticipating God’s activity and future’ as part of our responsibility, he then brought us to the goals and activities of medicine which are to serve the human, rather than the profit motive. A Christian eschatology may well provide resources for critiquing and challenging a physicalist approach to enhancement which meets scientific criteria for extension but fails on other criteria such as concomitant consequences.

These two presentations put us face to face with the limitations and possibilities of the human person and the human body in a rapidly changing biotechnological world. Not surprisingly, a rich discussion followed, focusing to a great extent on personal identity and human nature.

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