



Presidenza del Consiglio dei Ministri

ITALIAN NATIONAL BIOETHICS COMMITTEE

THE LIVING CONDITIONS OF WOMEN IN THEIR THIRD AND FORTH AGE: BIOETHICAL ASPECTS OF SOCIAL HEALTHCARE

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abstract

The NBC identifies in women over 65 years of age a section of the population who is at high risk of going over that threshold of deprivation, both in a psychological as well as material and relational sense, above which it is impossible to make any choices, due to not being able to access the most basic resources necessary to lead a life that is more than mere survival. This document is part of the so-called “everyday bioethics”, which complements “cutting-edge bioethics” (focused on extreme cases of human life manipulation).

From this bioethical point of view, which includes the life and hope of “the whole man and every man”, comes the issue of distributive justice concerning sexual difference, this stage of life, biological diversity between people and public ethics, which involves equal access to healthcare resources (which are not unlimited). Accepting the principle of “possible health”, it is documented how it is not possible to resolve the distributive issue by assigning everyone the same share of resources. In health related issues, instead, we must adopt a morally justifiable criterion of priority, offering everyone equal opportunities to reach the maximum potential of health allowed to each person by their age, supporting the most disadvantaged individuals.

Reporting social, medical and psychological data, it is highlighted how women over sixty five years of age, with the passing of time, find themselves in situations that can diminish or hinder their ability to be self-sufficient, plan and make conscious choices, being particularly vulnerable from a bio-psychological and social point of view. The risk, in a vision that is still present in a society dominated by the market and driven by consumption, is to overestimate the *homo oeconomicus*, based on earnings, which leads to not giving enough importance to existential factors that allow us to “be happy”, that is, to evaluate our quality of life positively. This burdens especially the fourth age and in particular females, even though the economic and material element obviously is very important: the reduction in income is immediately reflected in a worsening of the quality of life, especially if the expenses increase due to the onset of chronic pathologies. The equality of access to healthcare resources is therefore essential for the quality of life of elderly women, who are often alone (there are about three million married women in this age group and just as many widows) and deprived of social roles and functions. It therefore appears evident that personal happiness (which can be assessed today with precise social-psychological surveys) cannot be linked only to an increase in economic and material wealth, measured by the GDP (Gross Domestic Product) or by the goods they own and their potential as consumers, but it must take into account how each individual perceives her bio-physical reality.

With regards to the third and fourth age, great value must therefore be given to the essential factors leading to what is called a “flourishing life”, like enjoying significant relationships and developing positive thinking (self-esteem and optimism), always in view of “being happy”, which is the fundamental objective not only of the investments decided by financial policies, but of a medical care that is no longer dominated by “patching up” pathological lacerations.

The Opinion, always in view of a daily commitment, suggests prioritising a social-healthcare intervention for this section of the population, believing that it is one of our ethical duties at this moment in history.