Dignity and other key concepts

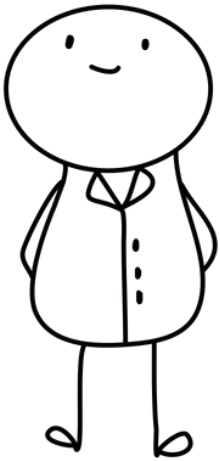
in care of the elderly

Presented by Dr Félix Pageau's
team and explained by
Pr Victor Vitalité and VITAM

Together we will discuss the concept of **dignity**.

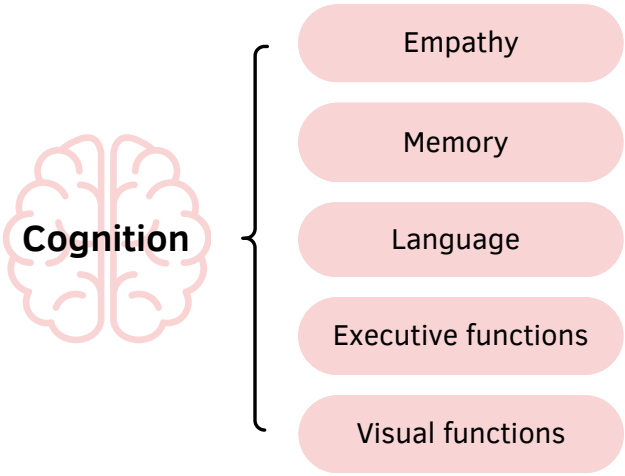
Even though the value of dignity is set to be the foundation of the Universal Declaration of Human Rights, its interpretation varies. This concept is anchored in medical practice, especially in **care of the elderly**, whether they experience a decline in their autonomy or dementia, and in palliative care.

To better understand the concept of dignity in care of the elderly, let’s begin with some definitions.



What’s dementia ?

To have a diagnosis of major neurocognitive disorder (MND) or dementia, one must display a cognitive decline in one or more domains of cognition.



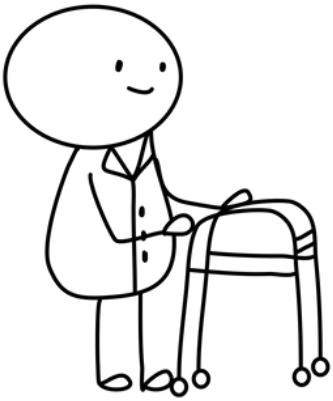
This cognitive decline also **interferes with activity of daily living**.

Elderly are often considered **vulnerable**. Being humans, we all are: we can get diseases and we are mortal.

However, some older people are more vulnerable than others as they suffer from MND and/or frailty.

What is frailty ?

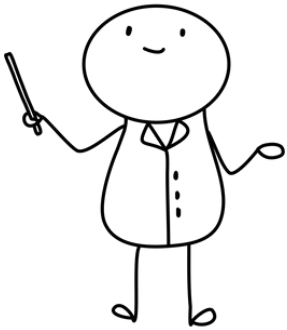
There are multiple definitions for this concept, but generally speaking, a person becomes frail when they **start experiencing limitations**, such as medical problems, decreased mobility, activities of daily living and autonomy.



This is why frail elderly should receive **adapted care**. In geriatrics, the definition of care needs to be a little different than the usual.

“Caring” has a more holistic sense than “curing”. Both concepts are interrelated, but here are the differences among them :

Caring	Curing
• Relational • Safe space • Adapted to comorbidities and cognition (understanding) • Empathetic healthcare	• Treating/eliminating a disease • Biomedical perspective/expertise first • Life-saving • Not considering comfort so much



Thus, in the context of MND, care must be adapted to the person's progressive cognitive deficits, loss of autonomy and frailty.

The aim of care **switches from curing to caring**, at the end of life.

The loss of dignity often seems inevitable with the progression of MND, but is it actually true ?

The **4 concepts of dignity** should be differentiated to better answer this question.

1

The concept of **human dignity** is the most common: every human being has a value from birth to death, no matter how frail, dementia-ridden or disabled.

This inherent value of every human being can never, **for any reason**, be reduced or lost.

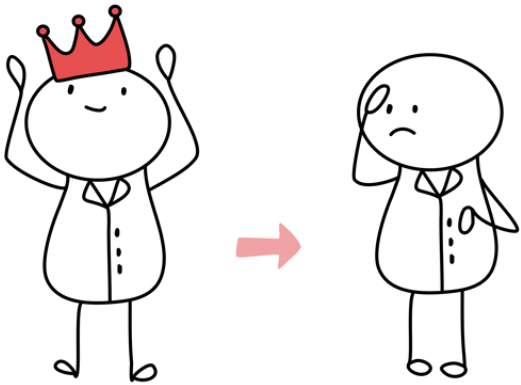
Some **dignities** can be **attributed**: the most important come from nominations (e.g. governors, professors, dignitaries) or heredity (e.g. royalty and nobility). Dignities can also be the result of awards (e.g. Nobel Prize) or public status (e.g. recognized authors and artists, sports stars).

These dignities should not influence care, but a person's status can sometimes facilitate access to care.

3

The **dignity of excellence** applies to a person who obtains a status related to his or her excellence and achievements from a moral, intellectual, sporting or artistic standpoint.

Attributed dignities and dignities of excellence can change over time, and even disappear altogether, for example if an achievement is surpassed by another person or the feats are no longer attainable. Think of Socrates, Plato, Gandhi or Mother Teresa.



4

Last but not least! The **dignity of identity**, which is attached to us as persons of integrity and autonomy, with a history, a future and in relation to other human beings.

Most of us have a **respect for our own identity**. This can easily be shattered by illness, disability or old age, but also by the cruel actions of others.

This type of dignity attaches particular importance to the characteristics that make up a person's identity and that affect their integrity and autonomy.

Now, how can we translate those concepts into practice ?

Did you know that the word “patient” comes from the latin etymology *pati* and means “**someone who endures suffering**”.

For people living with TNM, suffering is linked to the disease itself, but also to **becoming dependent** on the people who take care of them.

suffering can affect one’s dignity by creating a gap between :

- What they want to say and what they are able to say
- What they want to do and what they are able to do - in reality

This suffering affects self-esteem and dignity of identity.

Makes sense, doesn’t it ?

Yet Western society tends to **discriminate against the value of older people** on the basis of their age (ageism) or certain disabilities (ableism). The stigma surrounding mental health also remains an issue.

Cruel acts not only alter our perception of self-worth, but can also damage our integrity (e.g. invasion of privacy, physical violence, restriction of autonomy, neglect). This attack on integrity can alter a person's identity.

Cruel acts could also be considered an **attack on human dignity**, since it is a fundamental human right to be protected against attacks, including acts of humiliation.

We should respect the elderly unconditionally, whatever the qualities or achievements that are no longer present and that we highly esteem.

They should be **valued for the capacities they keep despite all losses, and for who they are**. This would help maintain their identity, worthy of remembrance, respect and attention.

Caring for someone who is suffering is not only good for them, **it's good for us too**.

Moral responsibility, sometimes lost in institutions, shines brighter **when we pay attention to the person who relies on us**, so that they don't just represent a 'series of tasks to accomplish'.

Caregivers should therefore be attentive not only to what the person is experiencing, but also **to the individual as a whole**, including their experiences, emotions and actions.

Emphasis must be placed on caring for the elderly, starting with basic care, such as **physical and emotional comfort**.

Smiles and kind words cost nothing and do make a difference.

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Knowledge mobilisation

Synthesis and facilitation

Joanie Bédard et Anne-Marie Cardinal

Illustrations

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