Ageing and Care for the Elderly

Introducing Ourselves

This publication on Ageing has been prepared by the Working Group on Bioethics and Biotechnology of the Church and Society Commission of the Conference of European Churches (CEC). CEC is the regional ecumenical organisation which links in fellowship some 125 Anglican, Baptist, Lutheran, Methodist, Orthodox, Reformed, Old Catholic and Pentecostal churches, as well as several associated organisations, in all the countries on the European continent. The Church and Society Commission (CSC) enables these churches and organizations to relate to the European institutions. Since 1997 the CEC has the status of observer to the Steering Committee on Bioethics (CDBI) of the Council of Europe. The Working Group follows key developments in biological sciences, biotechnology and bioethics, and monitors the work of the Council of Europe and the European Union in these fields. It prepares expert reports and discussion documents relating to the activities of both the European institutions and to the churches. Its members are specialists in the life sciences, theology, ethics and law and represent a broad spectrum of member churches of CEC. The address of the secretariat is the same as that of the CSC: 8, rue du Fossé des Treize, F-67000 Strasbourg (T: +33388152760, F: +33388152761, E: csc@cec-kek.fr. Website: www.cec-kek.org).

Executive summary

The proportion of people in Europe over 65 years old is growing steadily. A generation ago it was less than 3%. By 2050 it could be 20%, with only half the population of working age (1).
Such changes bring new perspectives to much older human questions such as “How should we view old age? What is the status of the elderly in our societies? How do we care for their needs?” The 2007 European Year of Equal Opportunities for All aims to make people in the European Union more aware of their rights to equal treatment and to a life free of discrimination. These are two of the basic underlying principles of the European Union.

The following paper presented by the Working Group on Bioethics explores what we understand by ageing, examined from the standpoint of biology and socio-economics but above all from a Christian ethical point of view. We are critical of economic and social trends which portray old age negatively and encourage discrimination. We believe that every phase of human life is to be valued, not just as a truism but in practical reality. We show therefore how the good practices serving the elderly at the local level, in the European churches and their welfare organisations, provide the concrete examples of “constructive responses to the demographic change” currently sought by the European Commission keeps asking (2). Finally we consider the ethical challenges of “extending life” in the light of contemporary scientific advances.

Demographic changes in Europe signify not only a quantitative development; they moreover reflect important qualitative changes of living conditions in European societies. As the quantitative demographic developments in a society can only be significantly changed in a long-lasting process, societies need to find solutions in a network society with more availability of time for care for others with a new quality of relations between generations. This new quality of relations will need a profound reconsideration of principles and values in European societies and in European politics.

1. Introduction

Human beings have always dreamt of a long and happy life. In the past, this privilege was reserved for a relatively restricted number of people. Those people who stood the test of time were respected as sages and seen as a source for good advice.

Thanks to the progress in medicine, hygiene and nutrition, the dream of a long life has become a more widespread reality. In Europe, people now live much longer. There is also a
lower birth rate. The proportion of elderly people over sixty-five is increasing, relative to those under fifteen. Projections suggest that it could rise to over 20% of the population by 2050, unless, ironically, obesity or the diseases of affluence become a plague that decreases the average life expectancy.

But the dream of longer life often does not translate into a happy reality. For example, in a globalising trend to identify value primarily in terms of economics, old age easily becomes seen as a lack of productivity. Pension schemes can become a threat to a company’s viability instead of the repayment for an employee’s investment in long years of service. Those who are at present the younger pensioners, enjoying good health and assured incomes, nonetheless fear the prospect of the expense of daily care in advanced old age. Moreover, the pension schemes vary greatly from one country to another, in particular between Western and Central and Eastern European countries. When aged people become dependent, many feel like a burden to the society and have difficulty in finding the meaning for their lives.

In some European countries, pension systems are still not neutral regarding the sharing of parental tasks in the families. Only the parent, who is gainfully employed, will expect to claim a pension, while the parent, who is staying at home to educate the children, will not be able to claim a pension. This leads to a discrimination of (mainly) women in the relevant pension system. In connection with the ongoing differences of income between women and men this is an important factor for the unequal distribution of income between sexes. Generally, times of parental leave should be recognised in pension systems. The state should though recognise the special contribution to society of parents educating children.

European society is thus in a dichotomy about ageing. On the one hand, ageing is perceived as a loss, a decline from the best in life, a major demographic problem, a drain on the economy, something which could overwhelm the health system. On the other hand, ageing is seen as a time of maturity and wisdom, a release from the stress of working life, self-fulfilment, serenity, and an opportunity to hand on power and knowledge to the next generation.

As members of Christian Churches in Europe we would present a vision of ageing drawn from wider Christian values. Ageing should not be reduced to a negative social phenomenon. We need to recover a sense of the value of age for the functioning of society, the creation of social networks and the realities of everyday life. This means finding a spiritual and societal vision of the cohabitation of all generations. We elaborate the basis for this in the section
entitled “Ethical and Theological Reflections”. We also need examples of good practices of how this can work and we offer some of our own experiences, in the section on “Pastoral Responses to Ageing”. In the different contexts of the Western and Eastern churches, we outline the role which the churches are playing at present and will need to continue to play in the future, in their search to set the highest value to the dignity of the human person.

2. Biological and Socio-economical Data

2.1 Biological Data

Physiological ageing (or senescence) may be defined as the sum of the anatomical, histological and physiological changes that happen over time, to the different types of cells in the different organs and systems. It is part of a continuous evolution in the course of human development, following immediately after embryogenesis, puberty and maturation.

Scientifically, the understanding most favoured at present regards the central element of the ageing process as the balance between the organic degradation and repair. In this context, ageing is the result of a permanent struggle – which always has a fatal end - between the efficiency of the organism’s systems of maintenance and repair, and the intensity of certain processes leading to change and decay. The balance of forces involved is influenced to a varying degree by factors related to the energy exchange, genetics and the particular environment of each individual.

2.2 Socio-economic Data

At the emotional and social level, studies have shown that the main consequences of ageing are the feeling of being lonely, being a burden to people and being financially insecure and dependent (3). These elements seem to be by far the most important concerns of the elderly. Strangely, the threat of their forthcoming death seems to be less of a worry, as though their progressive functional decline were preparing them for an end that is, after all, expected. Besides, the age at which one becomes old and the way in which one ages varies greatly from one person to another.

Ageing can be described in terms of several distinct stages:
• an active phase following retirement, usually from the mid-sixties;
• a stage of weakening health and strength, with increased need for care, usually until the eighties, in which institutional care may sometimes be needed;
• the end-of-life stage, when the need for care is overwhelming.

Dementia or Alzheimer’s disease may be involved in the last two stages.

It is generally admitted that the increased ageing of the population is going to entail a number of socio-economic problems. As we have already observed, the more pessimistic scenarios emphasise the fact that elderly people will be more and more numerous, ill and dependent, and that they will be a cost to society. When presented in such negative terms, they may become the focus for discrimination, loosely known as ageism, and of intergenerational conflicts. More optimistic projections show elderly people as a resource for their families and for society, sometimes called an "army of volunteers", but this is of course dependent on their maintaining a good state of physical and mental health.

In European societies, ageing is generally considered as a problem. It is regularly and extensively treated in the media. The proportional increase of the ageing population and its effects on public health care systems are seen as an economic problem. A growing financial burden for the working generation means that younger and middle aged people have to pay taxes to support an increasing number of elderly people. The additional pressure on public health care facilities is also a pressure on the principle of inter-generational solidarity.

However, some recent studies (4) suggest that the idea of age as a negative and problematic phase of life does not tell the whole story, especially in the perception of the elderly people themselves. Many of them are fairly contented with their lives, feeling healthy and able to determine what they do. Nearly all still have specific aims in future. Only a minority is strongly oriented towards the past.

In contemporary Central and Eastern European societies, an important factor in the average increase of age in the population is the migration of the young people towards Western countries, in addition to the increase in the quality of medical care. Many retired people in Central and Eastern Europe are in a different situation compared with retired people in Western countries. Young people tend to avoid them and their chances to be employed are minimal. They become housekeepers and/or nurses of their own families. They fulfil this office until old age, sometimes over long distances. Aged parents, with past careers as
intellectuals or high-ranking managers, are now called to take care of the offspring of their offspring who now live in Western countries.

In Central and Eastern Europe, compared with people in Western countries, elderly people seldom live alone. There are strongly developed extended family links. When one partner in a couple dies, the other one is taken in charge by the children. Serious social problems affecting aged persons in Central and Eastern Europe are in many cases due to insufficient medical care and the very low pensions. Elderly people are considered as the last victims of the former regimes. Because they cannot protest and they cannot strike, the state tends to decrease the amount it spends on the elderly and retired people. So far, there is little concern in Central and Eastern European societies for the social reintegration of aged people.

Solidarity between generations has to be proved by justice in participation and opportunities for the different generations. Justice between generations makes it necessary to perceive the potential of every generation, to strengthen it and to bring it together. Solidarity between generations must be lived and must be supported. Sustainable pension systems and a just sharing of costs for health care are key elements of solidarity between generations. People of all generations should have a part in education and social protection and should be enabled to an active engagement in society.

The future task is to develop new participatory structures in European societies, which bring the potentials of all generations together. Therefore networks between the generations are needed, which support mutual help and cooperation between peoples. Because of the high mobility level and different living places of the different generations of a family, often families can no longer be the learning place for solidarity among generations. European societies need new places of encounter between the generations, which can serve as an occasion to exchange experiences and perspectives. Churches, and especially their parishes, provide such meeting places of all generations.

3. Ethical and Theological Reflections

3.1. Neighbourly Love and the Dignity of Elderly People
Christian Churches in Europe consider that we - both as individuals and as societies in their institutions and regulations - should treat old, fragile people with special care.

The central element in Christian ethics is the commandment of neighbour love. Jesus taught that this, in combination with the love of God, is the summary and deepest intention of the message of the Hebrew scriptures, which Christians call the Old Testament. As he explained in Matthew 22, 40: “On these two commandments hang all the law and the prophets”.

What does it mean to “love your neighbour as yourself”? The meaning of the Hebrew version of the commandment in the Old Testament is: “love your neighbour, for (s)he is one like you”. Neighbourly love, then, involves my recognising of the fact that, despite all the difference between us, the other person is of the same worth and status as myself. According to Biblical faith, human beings are of equal worth because each and every one is created in the image of God (Genesis 1, 26-27). However different we are in terms of our qualities, experience and abilities, we are equal in the sight of God the Creator.

In the Christian tradition, the concept of *imago Dei* is often seen as foundation for the dignity of each human being. This dignity is independent of any actions or usefulness. It lies in the very fact of being created in the image of God and in relationship to the Creator. A human being is therefore not the mere sum of their deeds, nor is human value grounded in a person’s capabilities (Romans 3, 28). Put simply, human value and dignity lies in what we are, not in what we do. Therefore, showing love to one’s neighbour is not only a matter of doing good to the other - it is more than just that. It also involves respecting their dignity and desiring the good of the other because they are made in God’s image.

This desire to show respect especially applies to the elderly, because Christ stresses a special obligation of care towards the poor and the weak. From a Christian point of view, the fact of being old, or having left one’s working life should not diminish one’s dignity. Respect for the elderly also therefore includes stimulating their own self-respect. For example, for the “younger” elderly person, self-respect might involve a readiness to take on responsibilities, perhaps in church life or the wider community or society.

In this way the commandment of loving one’s neighbour goes beyond the secular concepts of beneficence or autonomy. Indeed, one of the noticeable signs of a very old person is that the
capacity for making their own decisions is fading. In these cases, it may not make sense to talk about respect for the elderly person’s autonomy, but we should still treat them with dignity.

In fact, this holds true for the other two well known concepts in secular bioethics, non-maleficence (do no harm) and distributive justice (treat people equally in equal circumstances). With respect to the latter, the biblical meaning of “justice” is not primarily the right to equal treatment (however important that may be) but that everyone gets due consideration in the circumstances where they find themselves and this, not because they deserve it but because they need it. Equally we should also see each person as our sister or brother, so that when people are poor, ill, old or lonely, we owe them our love in order to help them to live life with dignity.

Therefore, from a Christian ethical perspective, our moral obligation to respect the dignity of very old and fragile people demands more than just ensuring autonomy and showing beneficence, which is merely securing a decent level of the “quality of life”.

3.2. Honour and Respect for Elderly People

a) God’s commandments about ageing

In this context, one of the ten Commandments, “Honour your father and your mother” is the crucial text here (Exodus 20, 12; Deuteronomy 5, 16) (5). This commandment was given to counter the historical aspect of a tendency to see the older generation as a burden, or even to disdain elderly people, because they were not useful any more in the hard job of getting the daily bread on the table. It is particularly relevant to today’s problems of the availability and sustainability of services and institutions for the care for the elderly.

b) Exploring the experience and wisdom of elderly people.

From a Christian ethical point of view, we underline the great importance of solidarity between the generations. Elderly people do not only need support and care. They also have a lot to give and to share themselves. Encouraging elderly people to use their specific capacities
is part of showing them deep respect. It is important that younger generations encourage the elderly in playing an active role and in exploring the possibilities of giving support to their families, neighbours and so on. Because they have lived longer, they also contribute to creating and maintaining a sense of belonging, of feeling at home somewhere in time and space. This role helps every member of the family to find his or her own place in the chain of generations. This important point has been extensively studied by psychologists and psychosociologists (6).

3.3. Living as an Elderly Person

a) Using the specific possibilities as an old person

Long after their active professional working life, elderly people are able to offer precious contributions like time, money and wisdom. This gives them many possibilities for playing a very helpful role in their families, communities, and in the wider society. Those who are able to do so very often give support to their children and grandchildren, or perhaps to other younger people or to charities. This may include financial support or providing services which help to ease the stress of daily life and work, for instance, helping young parents to integrate work and family life better. The experience and wisdom of the elderly, gathered and worked throughout their lives, is a treasure which is often underestimated or not even recognised, but which is of great benefit to society as a whole.

b) Development of activities in the voluntary sector and in the social economy

Key elements for volunteer activities of elderly people are: Biographical competence and search for a new sense of life, practical organisation of daily life, (re-) discovery of creative competences and social engagement. In all churches and in all the diaconal, migrant and youth organisations a great number of people are engaged in voluntary activities. Caring about others is an essential part of Christian religious practice. We are convinced that the development of voluntary and social activities - not only of elderly people, but also of all members of a society - depends on the values the society is based on. If you want to strengthen the voluntary sector of a society, you have to strengthen a mutual sense of responsibility in European societies. Experiences show that, in many cases, voluntary work is depending on the support of well-trained professionals, who provide infrastructure and
organisational framework for the work of the volunteers. To invest in these infrastructures for voluntary work means an important contribution to European societies in solidarity.

c) **Flexibility of retirement age**

On the one hand, the actual praxis of statuary retirement age may lead to discrimination of elderly people and their capacities. Economically it does not make sense to exclude people from work, who would like to continue to work and to waste their competences, their knowledge and experience. In this context, churches and diaconal organisations support more flexible, gradual retirement procedures. On the other hand, changes in retirement regulations have to take very seriously into account the different workload of people during their working life. In many professional areas, an earlier retirement age meant big progress for the social and health protection of employees. A higher flexibility of retirement should not lead to lower standards of social protection. It should also be considered, that, according to demographic studies, a significant number of elderly people does not want to work longer, but to make use of the “third age” for other activities in family, leisure or voluntary work (cf. D. Avramov; M. Maskova. Active ageing in Europe Vol. I. Council of Europe population studies No. 41. p.63ff).

d) **Changes in the retirement system**

They will also need a paradigm shift in European societies regarding the prevalent mania for youth. The ongoing tendency of big companies and - in some countries – even of government bodies to send elderly people into early retirement, not regarding their personal capacities and options, should not be supported by Member States anymore. We could imagine a EU campaign against discrimination of elderly people in working life.

In Central and Eastern Europe, elderly people no longer make up the overwhelming majority of the congregations in the churches, but they are the people on whom the local congregations rely. Elderly people with little or no previous parochial life experience are more and more employed by church parishes. Churches are welcoming many retired people who are now turning to the Christian faith. The churches are more and more becoming special places where both elderly and young people are able to meet, in prayer and devotion. Lastly, an institution that is valued among Central and Eastern European societies is that of the “spiritual father” - very old clergymen with an extremely rich spiritual experience, who gather around them a group of mostly young people.
EU Member States should support a better coordination of the different social protection and health care systems between Member States within the Open Method of Cooperation. The well being of people is not only depending on their physical health. Pensioners in foreign states carry a high risk of age-related solitude and have special needs for pastoral care. More research on the possibilities to integrate foreign elderly people into European societies seems to be needed.

Art. 35 of EU Charter of fundamental rights does guarantee everyone’s right “of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.” In our understanding this does include health promotion and prevention, which should be accessible to everyone in European societies.

e) Accepting very old age

European societies are developing into societies of long lifetimes. It is necessary for national protection policies to consider this in the modernisation of their social protection systems. This should carefully take into account, that living situations of very elderly people are not only depending on chronological age, but also on external conditions like education, work or the family situation. The expectations of the environment play an important role. Scientific research has shown that discrimination of very elderly people leads to self-fulfilling prophecy; it means less activity and a stronger restriction from social life in anticipation of public expectations. Old age may not be seen exclusively as a process of degradation. Because ageing is not only a biological, but also a psychological and cultural process, it can have positive, growing elements, too. It is the task of all actors in a society to support these positive aspects of ageing and, by this, come to a new culture of living together in an ageing society.

In Christian understanding, a long life is seen as sign of mercy. Each period of age stands with its gifts and its tasks under God’s blessing and God’s commandments. The value of life is not depending on the utility for society nor its efficiency compared to other periods in life (cf. Genesis 1,27 and section 3.1).
We speak of reaching a “ripe old age”. In a Christian perspective, an important point when one is at last confronted by very old age, is the sense of being reconciled with one’s own personal biography of life, and so also of preparing for death, content and in peace (Luke 2, 29), maintaining confidence in God and the Christian hope of the eternal life, forever in the presence of God. Living in this light, very old people may thus be able both to accept the difficulties linked to their situation, and to continue to live as the actors of their own lives, as far as possible.

f) Development of human resources

Very elderly people will, as a growing group in society, make new socio-political, caring, medical measures necessary. They will need care, but their need for care will be very differentiated (e.g. help for daily life care, active leisure time, temporary care after leaving a hospital, day-hospitals, short time caring homes, discharge help for caring families, …). This will need a continuous development of infrastructures as well as the further development of human resources including enhancements of vocational training and the development of new professions. EU’s programmes for quality assurance and development in vocational education and training (Copenhagen Process) and for a common framework in higher education (Bologna process) should contribute to a high quality of caring professions.

Churches and diaconal organisations have a centuries long and wide experience in providing social services. They started developing and providing social services according to the needs of society long before the welfare state assumed its responsibility. In all Member States, they provide caring facilities for elderly people. The way in which they provide such services today depends upon the prevailing legal framework within each Member State for all welfare organisations as well as churches and diaconal organisations. A close cooperation of public authorities with service providers of civil society contributes to a high quality of caring services. (Cf. the joint answer from the Church and Society Commission of the Conference of European Churches, Eurodiaconia and other ecumenical organisations to the Consultation on Social Services of General Interest by the European Commission, and others texts on: www.cec-kek.org).

4. Pastoral Responses to Ageing

4.1. General Reflection
Ageing is at one and the same time a challenge to the individual becoming old, to the health care systems, and to the pastoral care of churches. According to the Christian notion of the human personality, as discussed earlier, we have a duty to ensure that the aged enjoy as far as possible a dignified old age. This includes creating the circumstances in which they may have appropriate self-determination, privacy, access to high quality and adequate care, the frequent company of family and friends, and a good, dignified death. Many pensioners of today, especially in Western countries, lead a fulfilled and active life, provided they have wealth and health enough. They have properties and hobbies; they travel; they have children and grandchildren. They have gained an experience of life and insight that might be called “crystallised wisdom”. On the other hand, some experience a very different kind of old age. Maybe they may be very poor, or chronically ill; lonely; feeling marginalised and depressed, and sometimes even committing suicide.

Today, the Churches in Europe are called to testify to the value of those who are ageing and of the elderly, and to express this in a wide variety of ways. For example:

- to continue to promote the message of mercy, hope and God’s love,
- to provide care services, including volunteer work and “neighbour service”,
- to identify the depression in the elderly in pastoral care giving situations,
- to develop hospice and palliative care, and care for the dying.

Throughout Europe, the local parishes and religious communities are developing ways so that active, recently retired people can make their contribution as active members, not only as passive participants. An active role in the society adds meaning to life. In achieving this, they can explore many pastoral options, according to the local possibilities and degree of involvement of the members of the community.

It is generally held that ageing makes a person wiser. The life history of every person is valuable, and everyone needs someone with whom to remember their past life, both its joys and satisfactions, sorrows and disappointments. Losses and unfinished issues in life often emerge in pastoral care and counselling. Recollection is a way to maintain and build up one’s identity and bind the past, the present and the future. Ageing is also an opportunity to consider what one wants to leave as legacy for future generations. For Christians, the recollection of one’s life may include reconciliation - the experience of giving and receiving forgiveness
from people, and also of knowing forgiveness from God. It also includes the hope that the life we have lived, which may seem like so many fragments, is through Christ transfigured into something unique in the eyes of God, and of eternal worth.

*Christian pastoral care is especially valuable for elderly people facing death. In the final phase of their lives, many elderly people need pastoral care to accept the fragility, unpredictability and incompleteness of life, perhaps to familiarise themselves with death by caring for others in their illness and death. For Christians, experience of the end of life varies. Some may feel a deep sense of accomplishment and gratefulness as they come to the end of their lives. For many, pain and suffering weigh heavily. But whatever the situation, there is great comfort and peace in the central Christian hope, which the New Testament teaches: Christ transforms the uncertainty and fear of death into the joy and victory of the resurrection of our frail mortal bodies to eternal life with God (7).*

**4.2. Examples**

Many of our churches and their diaconal institutions are crucial providers of health care and social services. In our understanding, such social work is part of our core role in society (8). Care for the elderly is one of the fields in which the churches are very active, through a very large number of institutions, homes and various forms of material and spiritual support. Health care chaplains, ministers and pastors, elders and deacons, and lay volunteers all play an important role. Churches also strongly support the development of palliative care, and the creation of specific houses for palliative and spiritual care. Numerous concrete examples could be given from every country. For example, Diakonisches Werk, which is related to the German Protestant Church, is among the most important players in the field of social policy and support for poor people in Germany. It has 450,000 employees and mobilised around 400,000 volunteers across the country. But for the purposes of this paper, we look more closely at just one example from Finland.

The Evangelical Lutheran Church of Finland organises a annual Common Responsibility fund raising campaign, the proceeds of which are spent on an agreed target. In 2006, this target was to alleviate loneliness among the ageing, by the development of home call work which helps the elderly beyond the state’s provision of social services. It also seeks to develop models for helping the elderly who suffer from alcohol and drug abuse or from mental problems, and for
helping elderly immigrants. The campaign provides a basis for the interaction between generations. Lonely elderly people both at home and in institutional care are supported both by diaconal work and pastoral and spiritual care. Churches also train volunteers to visit the lonely ageing, and to provide spiritual and mental support.

Parishes also provide support for carers in the family who typically take care of an ill, elderly spouse at home. Hospital chaplains are pastoral caregivers in hospitals, in hospices and homes. Some nursing homes specialise in dementia care, and act as pastoral caregivers for patients, their family and friends, and the staff. Parishes and Christian organisations run homes for the elderly and nursing homes in which the elderly can live until the end, feeling secure. A Christian organisation called Helsinki Mission seeks to prevent suicides among the aged.

There is also a rich Eastern Christian tradition in respecting and taking care of old people that has continued since the first centuries of Christianity. Great Orthodox monastic communities have “retirement homes”. Some are organised as hospitals, served by medical teams supported by the Church, and by monastic personnel trained as nurses. Broad charitable associations are usually providing retirement homes with personnel, and the dioceses provide them with spiritual assistance given by missionary priests.

5. Extending Life?

An old dream of humanity is that we might overcome death or find an “elixir of life” to stay ever youthful. While living forever remains science fiction, research into the processes of ageing opens a possibility of finding ways to postpone death well beyond its “normal” time. This raises significant ethical issues, which we now briefly examine. Few would question the goal of medicine to avoid premature death, but should we aspire to extend the normal human lifespan?

A basic problem is the presumption that an extension of the lifespan would always be associated with an extension of the physical quality of middle age into what we now regard as very old age. We question whether this can be realistic. In very old age, the general trend of degeneration covers such a diversity of functions of body and mind that it is most unlikely
that all of these degradations could be arrested at once. It would be more likely that many more people would experience the late phase of life, when many faculties are fading, but none of these would yet cause immediate death for some considerable time. We question how far it is justified to invest research budgets and human skills to inflict on more people what Shakespeare tragically portrays in his play “As You Like It” as the seventh age of man, “sans teeth, sans eyes, sans taste, sans everything.”

Before we consider the question of living longer, we must first ask for how long are we supposed to live? We would reject a narrow biological perspective that the purpose of a human life is to pass on our genetic material, perhaps fifty years. In practice, life expectancy depends when, where and in what conditions we live. For example, hundreds of years ago in poor Scottish croft farming communities, it was all too common to die in childhood. Today their descendants, along with most Europeans, expect to live until seventy or eighty. Yet in parts of Africa blighted by HIV/AIDS, many expect to live scarcely half as long. There are clearly matters of global justice to be addressed, before deciding to allocate funds to scientific and biomedical research into extending the gross human lifespan.

Christ came to give life and meant us to live it abundantly. As creations of God, we affirm the desire to live and to rejoice in all that is good in life. But for the Christian, to address the question of ageing and extending life merely as technology starts with too limited a view of humanity. We are an intimately linked whole which encompasses not only our physical functions and our minds, but all the environmental, relational and spiritual dimensions of human beings. Christians practise medicine on the understanding that this life is not all that there is. While we have a strong ethical impulse to promote healing for those who can be healed, we are also recognising the ultimate limitations of medicine. We suspect that sometimes the impulse to continue to extend life represents an avoidance of facing up to the reality that cures cannot be given for death.

The more fantastic claims of living forever technologically contrast greatly with Christian belief in eternal life. Eternal life is not just “not dying”. It has quality as well as timeless, spiritual as well as bodily dimensions, in relationship with God. According to Jesus, eternal life is to know God, something that begins imperfectly now but is transfigured at death into a realm where perfect relationships with God, with each other and with the cosmos are restored. In this is the Christian hope, however old or young we may be.
6. Conclusion

In examining questions of ageing, we have emphasised human dignity, based on the belief that all human beings are created in the image of God. We are therefore critical of contemporary trends to value people primarily for their youth, attractiveness, health, economic productivity and independence. These trends lead to the concerns expressed by the term “ageism”.

We think that all people and also our social institutions should work to oppose these trends, and to be active in asserting that every phase of life has its own value. There is a strong need to rediscover the interdependence between generations and to reinforce their links in many ways. Elderly people need the younger as the young need the old. Above all, we wish to underline the strength and wisdom given to elderly people by their faith, as an encouragement to younger people to face the challenges of life, until the end when the time comes to learn to give up in gratefulness, peace and hope.

June 2007

(1) President of the European Commission José Manuel Barroso: Europe’s response to demographic change, Brussels, 12 July 2005

(2) The demographic future of Europe – from challenge to opportunity (COM (2006) 571 final)

See also Stratégies pour une vieillesse réussie, Rapin Ch.-H. et coll., Editions Médecine et Hygiène, 2004 (304 p.)
See also Roguez E, Cudennec T, Isolement, solitude et précarité, Soins gérontologie, 2006, 60; 15-34

(4) Karl U. Mayer, Paul B. Baltes (eds), Die Berliner Alterstudie.
(5) With a similar focus see also Leviticus 19,32; Proverbs 16,31; Lamentations 5,12. See also the very strong criticism of Jesus towards a certain interpretation of the tradition, leading to not respecting the commandment of God (Mark 7, 8-13)

(6) See e.g. Pierre Legendre, Leçons IV. L’inestimable objet de la transmission.

(7) I Corinthians 15:51-57

See also Herman Noordegraaf & Rainer Volz (Eds), European Churches Confronting Poverty – Social Action Against Social Exclusion, SWI Verlag, Bochum, 2004

(9) The Bible uses strong metaphors and striking terms for this experience (Acts 20,24; 2 Timothy 4,7-8; 1 Corinthians 15,12-28; Philippians 1,20-24)