

# **Realizing and maintaining capabilities: Late life as a social project**

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## **Introduction**

One central, and unfortunately unavoidable, characteristic of the aging process is its association with chronic physiological deterioration. Frailty, cognitive impairment, physical conditions such as cardiovascular disease, and vision and hearing loss are more frequent in this phase of life, and these conditions translate into an increasing need for care and support of multiple kinds.

In traditional bioethical scholarship, these distinctive features of aging have been examined predominantly through a health-focused lens. This tendency has led attention to be paid to, for example, issues of older people's decision-making capacity in treatment contexts,<sup>1</sup> and specific considerations concerning the allocation of health resources to those in late life.<sup>2</sup> Given that it is in the health context where bioethicists are largely situated, and where they have developed sophisticated accounts of what is owed to people with complex health needs, this tendency is perhaps unsurprising. My main contention in this essay, however, is that viewing aging within bioethics as primarily a health problem, to be

addressed through frameworks for decision-making or for resource allocation, is inadequate. My aim is to consider how the health conditions that are associated with aging impact on older people's lives in a much more expansive way than has typically been acknowledged. Just as importantly, I also intend to show how shifting our bioethical imagination in this way raises different and challenging questions about what a good life in late life consists in, and about what is owed to older people, in their personal and social lives, as a matter of justice.

My analysis proceeds in three parts. First, I claim that public policies formulated to shape care and support in late life raise questions concerning justice that can and should be articulated through a theoretical approach focused on the realisation of real-world opportunities ('capabilities') that older persons have reason to value. Second, I suggest that the precarious dimensions of aging require an explicit connection to be made between justice and the exercise of agency in late life, advancing a capability theory that is concerned with enabling and maintaining older people's opportunities to 'navigate' between social practices. Finally, I outline and consider what social obligations follow from advancing this account of justice in late life, claiming that novel partnerships between caregivers and older people, and a new social compact between the state and all its citizens, will be necessary to fully realise what is owed to older people who live with age-associated health conditions.

### **Aging and public policy: a turn to the capabilities approach**

In public policy circles, a range of strategies have been adopted to improve the lives of older people. One dominant approach to policy-making outlines overarching international or national priorities for the management of late life. Other public policies adopt a narrower focus, perhaps explicating what is owed to people with specific age-related health conditions

such as dementia, or seeking to improve particular health and care interventions, given local priorities or organizational needs.

When formulating these different approaches, policy-makers have borrowed heavily from the conceptual apparatus grounded and extensively debated in social gerontology. Thus, it is claimed, *inter alia*, that care and support should advance ‘healthy’,<sup>3</sup> ‘active’<sup>4</sup> or ‘successful’<sup>5, 6, 7</sup> aging. Such priorities are appealing, at least at first glance, but they mask considerable ethical and conceptual uncertainty about precisely what is owed to older people, and why.

One notable feature of the recent academic and policy literature has been a turn to the capabilities approach to give more specific content to what is owed to older people. The capabilities approach is an approach to understanding well-being that emerged out of work in human development and global justice. The main motivating factor behind the approach is a recognition that standard measures of utility (e.g. GDP per capita or subjective well-being) miss something fundamental in capturing how well people’s lives go for them. Instead, the capabilities approach defends the view that well-being consists in valuable functionings that are properly contextualised: particular ‘doings’, or ways of ‘being’, that people have reason to value in their lives. Capabilities are those real-world opportunities that enable a person to realise these functionings.<sup>8</sup> For example, being able to attend school regularly would be an example of a capability widely recognized as necessary for a child’s functioning. When translated into the sphere of justice, the capabilities approach typically acknowledges each citizen’s basic right to possess these capabilities.

Crucially, turning to the capabilities approach in the aging context means recognizing that it is manifestly inadequate to characterize older people with age-related health conditions as simply ‘ill’ or ‘unhealthy’. And, equally, our responses will be inadequate – if not incoherent – if they are committed solely to well-established goals of health improvement, or

if older people are viewed as management challenges for the health care system to solve. This is not, of course, to deny the fact that an older person may indeed require appropriate health interventions to pursue her goals in life. It does, however, mean recognizing that age-related health conditions impact on older people's lives in ways that transcend their health experiences, and that this shifts how justice for those in late life needs to be conceptualised.

A second important claim that supports the turn to the capabilities approach in this context stems from the argument that justice cannot be realised for marginalised groups when understood in terms of having access to a set of primary goods that are agreed by equal parties, in ideal conditions, within a social contract. For Nussbaum, the capabilities approach, unlike dominant liberal political philosophies such as the one developed by John Rawls, is especially fit for purpose in advancing justice at its 'frontiers': for people with intellectual disabilities, transnational migrants, and non-human animals.<sup>9</sup> In the work of those scholars and policy-makers who are turning to the capabilities approach to address the challenges associated with the aging process, there is an implicit sense that late life represents an additional frontier of justice: the challenge of providing people in late life with a set of real-world opportunities that would otherwise be denied to them, given the wide-ranging inherent and situational difficulties that they can encounter in the pursuit of their goals in life.

This shift towards capabilities thinking in policy and practice is increasing all the time. The WHO's recent major report<sup>10</sup> on aging and health explicitly recognizes the role that the capabilities approach offers to understand the importance of health in late life – as a means for older adults to pursue valuable 'beings and doings'. Standardised measures to assess well-being in late life,<sup>11</sup> or to assess the quality of social care services for older people,<sup>12</sup> are also becoming increasingly sensitive to capabilities-based outcomes. Beyond policy and practice, bioethicists have increasingly embraced capabilities to shape claims

about how one might live well in old age, and to better substantiate the concept of ‘successful aging’ as discussed within gerontology.<sup>13</sup>

In considering the application of the capabilities approach in securing justice for older persons, there are two immediate challenges that need to be addressed. The first challenge concerns how we ought to understand those capabilities that people in late life have reason to value: what specific real-world opportunities are necessary to realize social justice for older people? The second challenge concerns how precisely we enable older people to possess and enact the agreed capabilities by reconsidering the distribution of basic obligations between the state and members of society.

The capabilities approach comprises numerous capability theories, each of which attempts to specify precisely what real-world opportunities people have reason to value in order to give specific and practical normative shape to what social justice demands in different contexts. The dominant theories remain those put forward by Nussbaum<sup>14</sup> and Sen.<sup>15</sup> Nussbaum famously outlines ten central capabilities that she believes are constitutive elements of a flourishing life, and that need to be protected, up to a certain threshold, as a basic matter of human dignity. Nussbaum and others have devoted considerable effort to detailing how such capabilities can be realised for people with complex health conditions,<sup>16</sup> including those facing older people.<sup>17</sup> Sen, in contrast, claims that the specification of which capabilities people have reason to value should be determined by a democratic process. Valuable capabilities are those that command consensus amongst the majority following well-established mechanisms of public reasoning and deliberation.

Scholars working within the capabilities approach have noted, however, that Nussbaum’s and Sen’s theories face two significant but distinctive objections. In being derived from a substantive account of a dignified life, Nussbaum’s ten **central** capabilities necessarily endorse a complete and objective account of the good life, and has therefore been

recognized as being problematically perfectionist.<sup>18</sup> In contrast, Sen's proceduralist capability theory – in so far as it is a fully developed theory – is open to the charge of being empty of any substantive content, shaped by adaptive preferences and bias in ways that might lead to an unreasonable specification of the requirements of social justice.<sup>19</sup>

### **Theorizing capabilities: the requirement to enable older people's 'navigational agency'**

In an important recent contribution, Claassen has sought to develop a substantive, but non-perfectionist, capability theory that can avoid these concerns.<sup>20</sup> For Claassen, this requires making a normative shift away from the value of human dignity and towards a sophisticated account of individual agency. Claassen argues that agency needs to be understood as being both individual and social in nature. Agency is individual in the sense that it concerns attributes of individuals, most notably a person's ability to decide autonomously (to set goals) and to act freely (to pursue goals) in the world. Agency is social in the sense that it has certain social conditions; the exercise of agency necessarily involves the participation in social practices. One acts as an agent when one enters into a specific social practice (e.g. teaching, playing football, or taking care of a child) and when one is free to pursue one's autonomous goals through participation in such practices. Beyond this social idea of 'participational agency' is a second form of agency, which Claassen describes as 'navigational agency', and the exercise of which he views as a necessary condition in obtaining social justice. Agency is navigational in the sense that there are multitude of social practices that one can freely participate in and choose between. Navigational agency captures a person's actions in entering into (and exiting from) social practices, in resolving conflict between different social practices in one's life, and in reforming existing social practices and creating new ones.

This approach makes questions about the exercise of agency a matter for social justice, and agency understood in this way gives rise to a different account of the capabilities that people have reason to value. These capabilities are the instrumental, real-world opportunities that a person needs to be able to exercise her navigational agency, and, as such, valuable functionings consist in **the** exercise of navigational agency itself. For Claassen, there are two ways of connecting capabilities with agency in broad terms. ‘Mandatory practices’ are those social practices that are necessary to the development, exercise or maintenance of navigational agency, and which are likely to include such practices as education, health care, and policing. ‘Optional practices’ are those social practices in which navigational agency is exercised. As Claassen suggests, marriage is one such optional practice, but it is also a practice in which inequalities between a married couple (i.e. the real-world dimensions of how one actually participates in the social practice) can potentially function to deny one party the capabilities necessary to maintain their navigational agency. The specification of a full list of capabilities requires the examination of a wide range of social practices to examine the extent to which these practices function to enable, protect or violate a person’s navigational agency. Whilst Claassen’s agency-based capability theory of justice is praiseworthy on its own terms, there are additional reasons for thinking that conceptualising social justice in this way is particularly appropriate in the late life context. To explain why this is the case, it is helpful to revisit and clarify precisely how age-related health conditions can impact negatively on the lives of older adults. There are three main dimensions of this impact that can be sketched out briefly.

First, the health conditions associated with the aging process act to disrupt the stable conceptions that older people have about their life goals and plans. What it is possible for a person to achieve in late life necessarily changes as her cognitive and physical abilities deteriorate, and this transformation cannot be solely accounted for by reference to changing

personal preferences, such that new choices need to be accommodated. Rather, the changes resulting from the onset or acceleration of age-related health conditions and their accommodation involve a more radical upheaval of taken for granted assumptions about what life plans are feasible and realistic.

Second, age-related health conditions impact on older people's agency in a broader and more pervasive sense.<sup>21</sup> The experiences of living with such health problems can restrict the very possibility of engaging in a wide range of social activities and projects that are likely to be seen as being valuable by older people. An older adult living alone in her own home who develops osteoporosis may limit, or be forced to limit, her range of movements to avoid fractures; she may need considerable assistance to complete everyday tasks and to participate fully in social life outside of the home environment. The onset of dementia in late life can lead to difficulties in communication and engagement with others, as well as challenges to participating as a full member of the community. This is in part because others might be unsure how to engage socially with a person known to have developed a cognitive impairment. An older adult who is also a caregiver to a partner of the same age is often doubly restricted from engaging in social activities, due to both the age-associated health problems of both people and the additional managerial aspects of caregiving, such as making and following up on medical and social care appointments. For older adults who live in residential care, daily life may incorporate social activities, but a person's choices are often predetermined and limited – a choice of watching television, playing a game, or going on an outing to a preselected destination – and realising optional activities will depend on the availability of the direct support provided by paid care assistants or visiting family members.

Third, and finally, critical gerontologists have claimed recently that aging is better characterized as a precarious phase of life.<sup>22</sup> Precarity here draws attention to the fact that an older person is disadvantaged not only by the onset of age-related health problems, but also

by additional, intersectional, and often cumulative disadvantages caused by negative social and material conditions. Such disadvantages lead to more common experiences of risk and insecurity, heightened further at times of fiscal austerity. Defining aging as precarious is an explicit critique of the idealistic sentiments of 'successful aging', but it also more adequately accounts for older adults' situational and political vulnerabilities, and their limited opportunities to exercise full and meaningful control over their lives.

Together, these three dimensions capture the personal and social challenges that capture many older people's experiences of the aging process. Age-related health problems, and the societal conditions that magnify the negative impact of these health problems, are 'life-limiting' in the varied ways they can reduce the range and quality of older adults' opportunities to determine the direction of their own lives. And, in this way, we can see that, due to the intersection of varied individual, social, economic and cultural factors, late life looks to be a time when an older person's navigational agency is threatened in the precise ways that Claassen thinks will commonly give rise to unjust social conditions of oppression, exploitation and coercion.

### **Realizing and maintaining capabilities: Late life as a social project**

With navigational agency under threat in late life, serious attention needs to be given to how the capabilities that can enable the exercise of this kind of agency are safeguarded for older persons. Whilst Claassen does not provide a definitive set of distributive principles within his capability theory as currently developed, the capability approach generally views justice as being obtained when the relevant capabilities are protected, up to a sufficient threshold, and this is seen as a function of the state's obligation to its citizens enacted through law- and policy-making.

The specification of a full list of capabilities on the basis of Claassen's account of the relationship between agency and social justice is a demanding task. However, focusing down on late life, and the specific challenges to agency that this phase of life can give rise to, enables some specific points to be made about how social justice can be realised for older persons. One obvious claim is that older people are at greater risk of lacking the capabilities necessary to exercise navigational agency, and that a primary function of the state will be to set in place resources and mechanisms that maintain these capabilities to the greatest possible extent. What will this look like in practice?

#### Maintaining an appropriate care and support framework

Investment in the provision of formal care and support services for older adults will go some way to guarantee older persons' capabilities. This will include state investment in providing health services for older adults, but will need to also recognize the equal importance of social care supports being available to older persons in a just system of public service provision. This system-building requirement could be supported by a further obligation to introduce (or improve) legislation that addresses discrimination in old age, helping to address unequal social conditions that could threaten the exercise of agency.

Just as importantly as financial and material investment is the requirement on the state to ensure that care and support services operate in ways that enable older persons to exercise their navigational agency, rather than simply to facilitate their participation in a set of fixed social activities that are valued by the people who receive these services. Support services will need to focus on developing interventions with older people that function, to the greatest extent possible, on the maintenance of their identities and capacities such that they can make judgement about how they wish to participate in social life. As Claassen has claimed, empowering individuals within civil society and participation in democratic decision-making

processes are key capabilities for the exercise of navigational agency,<sup>23</sup> and so maintaining older persons as active participants in civil and political life will also be an important component of the support role. Part of this role must also be focused on the *maintenance* of navigational agency, which will be a particular priority for older adults with dementia. Maintaining the opportunities for adults with cognitive impairment to exercise their agency could be enabled by providing them with opportunities to evoke their long-term memories and to reminisce about their previous life experiences and commitments, thus provoking the capacity for self-reflection and fostering ongoing self-development.<sup>24</sup> Or, agency could be exercised by providing opportunities that do not rest on individual memories (which may be unpleasant for some people), or the ability to recall them, by rather on the capacity to be engaged by storytelling, music, the visual arts, and the emotions they invoke.<sup>25</sup>

For those older persons for whom care and support within institutional settings is not appropriate or available, caregivers, such as family members and friends, will be crucial ‘navigational aids’ to older people in meeting the requirements of justice. These caregivers will take on responsibilities for meeting the basic needs of older people, ensuring that they receive appropriate health and broader care interventions, but they must also be properly resourced and educated in order to also enable the older person to maintain a degree of control over how they embark on, and participate in, a range of social activities that are aligned with the older person’s values. Resources are vitally important here in order to ensure that obtaining social justice for the care recipient does not come at the expense of what is owed, as a matter of justice, to the caregiver whose own agency might become compromised by the extensive demands of her caregiving responsibilities. One feature of this reorientation is the shifting of caregiving away from a dependency-led approach of meeting needs, where the focus is on meeting the older person’s needs, to a partnership model where caregiver and

care recipient are both participants engaged in a shared, social process of exercising their agency together or alongside each other.

The state's responsibility to secure social justice will also extend beyond simply supporting acts of caregiving. Particularly (though not only) when an older person lacks familial support, or a wider social network, community-based supports will also need to be strengthened and properly resources. In practical terms, this might extend to the development of befriending or volunteer services that provide a surrogate set of navigational supports to older people. Again, befrienders and volunteers need to be trained appropriately such that they can act as partners in the support of an older person's agency, potentially making decisions together about what social activities they should pursue, enabling these activities to be undertaken, and continually ensuring that activities remain aligned with the older person's values.

#### Meeting social obligations within interpersonal encounters

The exercise of navigational agency needs to be attended to continuously in social settings, and in interpersonal relationships and encounters, that go well beyond those who have a distinctive role in meeting the care and support needs of an older person. In contrast to how social obligations are typically conceived, each and every person will stand in an important position to meet the requirements of social justice for older persons – entering in and out of their lives, in everyday social encounters, in ways that will be crucial to maintain older people's capabilities to exercise their agency in the requisite sense.

Take, for example, the difficulty that a frail older person might face in crossing the street safely. This looks like a paradigmatic case in which a valuable capability for the older person needs to be appropriately protected because crossing the street is a crucial component of the person's ability to navigate between social practices that she would like to participate

in. There are, however, different ways in which social justice might be realized in such a situation. The state could fund the building of more crosswalks, and ensure that these were designed in such a way to enable the older person to cross the street with as little difficulty as possible. In the commonly encountered situation where there is no crosswalk available, the only help that the older person might be able to receive to cross the road safely is through personal assistance provided by a member of the public. Here, the obligation is being met by a stranger rather than a state-provided or state-sanctioned caregiver. Is it right to claim that this stranger has a basic, justice-related obligation to assist a frail older person in this way? I believe that it is correct to make this claim, and that such a claim is not better founded on an alternative account of intergenerational duty, on the basis of an overarching duty of easy rescue, or through altruistic motivation. Quite simply, without support of this kind, the older person will lack the opportunity to enter into a social practice, and there might be no other person on whom the obligation to realise this capability can be said to fall in any given social situation.

Importantly, this example reveals that realising capabilities in late life may well be contingent on the inculcation, or reinforcement, of a new social compact that advances the idea that population aging is a shared ethical concern, in the sense that having the opportunity to exercise one's agency across the entirety of one's life is a shared value that we can all identify as being of fundamental ethical importance. Fundamentally, this social compact will involve each and every member of a society recognizing the claim that they possess wide-ranging justice-related duties to ensure that older people are provided with real-world opportunities to exercise their agency in the world.

Specifying the precise role that the state should play in advancing this social compact requires much careful thought. The question of how public policy should be formulated to advance the idea that late life is a social project that we are all invested in as a matter of

social justice, also needs to be addressed. Predominantly, this is likely to require extensive investment in awareness-building and educational campaigns in the public square. However, living well in late life will, I believe, hinge on the responsiveness of each and every member of society to ensure real-world opportunities are available for older people, and so these are challenges that cannot be shirked.

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