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Dignity and the Capabilities Approach in Long-Term Elderly Care

Abstract

The ageing populations of the Western world present a wide range of economic, social and cultural implications, and given the challenges posed by deteriorating maintenance ratios, the scenario is somewhat worrying. In this paper, I investigate whether Martha C. Nussbaum's capabilities approach could secure dignity for the elderly in long-term care, despite the per capita decreases in resources. My key research question asks 'what implications does Nussbaum's theory have for practical social care?' My methodology combines Nussbaum's list of central human capabilities with ethnographic data gathered from a Finnish sheltered home for the elderly. On the basis of this study, it seems that the capabilities approach is a plausible framework for the ethics of elderly care because it highlights differences in the ability to function and thus differences in opportunities to pursue a good life. The ideas presented in this article could assist social policy planners and executives in creating policies and practices that help old people to maintain their dignity until the end of their days.

Keywords: Capabilities approach, long-term elderly care, *eudaimonia*, dignity, Martha C.

Nussbaum

To get back my youth I would do anything in the world, except take exercise, get up early, or be respectable. -Oscar Wilde-

Introduction

Although an ageing population and climate change may be totally different kinds of challenges to humankind, they have something in common. Statistics prove that the climate is warming and scientists tell us that this is irreversible. All we can do is try to slow its progress and cope with the consequences. Statistics also prove that Western societies are ageing fast, and social scientists tell us, due to younger generations are outnumbered by the old, the ageing of our own populations is at least temporarily irreversible. Both climate change and age structure change have similar mechanisms; the march of culture has resulted in environmental and age structure shifts that will have huge economic impacts. These effects will have huge a social impact globally and locally, and it is not fair to leave future generations to foot the bill. Like climate change, we need to accept that ageing is happening and deal with the consequences.

Western societies are ageing rapidly, and Finland is ageing fastest (Giannakouris 2008, Christensen et al. 2009, Official Statistics Finland 2012, Eurostat 2013). Finnish baby boomers, i.e. the generation born 1945–1954, are now entering retirement and will increase the demand on health and social services in the near future (Statistics Finland 2007). There has been widespread public discussion and political debate on the topic, and a new law concerning elderly people's rights to health care and social services came into effect on 1 July 2013. Changes in pension schemes, such as retirement age and the terms of voluntary pension insurance, are also being negotiated. Overall, the maintenance ratio continues to deteriorate, meaning fewer working people will have to support a growing number of non-working people. In these times of decreasing economic resources, the focus of social justice and the perception of the good life might change to a direction less dependent upon

the equity of resources but more upon the equity of opportunities (Allmark 2013, Molina-Mula & De Pedro-Gomez 2013).

In this article, I study the elderly's opportunities to feel dignified when receiving long-term elderly care. Promoting dignity can be regarded as the promotion of capabilities, where capabilities are seen as opportunities to pursue a good life. Of course, a 'good life' is a subjective and experiential phenomenon, so naming it as the aim of care requires clarification. Some kind of general or universal perception of the good life is needed, and a helping hand is extended from some 2300 years ago. Aristotle's definition of the factors of human well-being or *eudaimonia* creates a solid foundation for our purposes. Finnish philosopher Juha Sihvola (1998) has eloquently explicated Aristotle's view on human well-being in *The Nicomachean Ethics* (1962):

Eudaimonia requires preparedness for living a full human life without unfair risks, being healthy, satisfying the basic needs for nourishment, shelter and sexuality, using and developing one's senses and capacities to imagine and think, studying an extensive cognitive world view, bonding with other people, participating in the planning of one's own life and life of one's community, and living in well-balanced relation to nature. (Sihvola 1998, 32, my translation)

Upon this Aristotelian virtue-ethics, Martha C. Nussbaum (2007, 2011) has built her capabilities approach, which appears to be a very applicable theory for securing the basis of dignity in long-term elderly care. Peter Allmark (2013) has recently demanded the application of the capabilities approach to special areas, so this article represents my response to his call.

The Capabilities Approach Re-examined

The capabilities approach was originally introduced by Amartya Sen (1973, 1976) in the 1970s as a critique of the prevalent *Theory of justice* by John Rawls (1973). The substance of justice in Sen's theory is radically different from that of Rawls'. The former considers equity of opportunities to be the aim of justice, whereas the latter regards the equity of opportunities as a reason to approve differences concerning the distribution of resources. For Rawls, unfair distribution is acceptable as long as everyone has similar opportunities to pursue a better life. Sen's essential idea is that

resources are useless unless one can convert them into opportunities that support the achievement of the desired functionings, i.e. one's aims in life. To Sen (1995, 2001) functionings include a wide range of human action that incorporates both being and doing; being properly nourished and eating are both functionings. Nussbaum (2007, 2011) has developed the capabilities approach since the 1980s. Both Sen and Nussbaum emphasize the equity of opportunities, the plurality of human desires and the difference in people's abilities to pursue them. Nussbaum, however, has a more distinct, Aristotelian perspective of ethics. Regardless of the fundamental plurality of human nature, she considers it possible to elucidate essential human capabilities i.e. the aspects of life that make it worth living in general. To Nussbaum (2007, 2011), capabilities are opportunities to be and to do things according to one's own aims in life. Capabilities need to be converted to functionings to reach Nussbaum's *eudaimonia*.

Nussbaum has outlined a list of human capabilities that she regards as essential and universal. Her aim is to apply these universal capabilities to particular contexts. I believe that the concept of capability requires some clarification and refinement for the context of elderly care. A capability can easily be mixed up with an ability to function. I would argue that a person's own ability to function is a central but not essential part of a capability. A capability consists of the need or will to function (i.e. a desire), whereas the ability to function incorporates the actualization of one's ability with the means of doing so.

In order to demonstrate this approach, let us apply one of Nussbaum's capabilities to a sheltered home for the elderly. *Affiliation* is a capability concerning social interaction and sense of being a member of a community. According to Nussbaum (2007, 2011) we need to be able to live with and for others. What does this mean when we consider, for example, the physically disabled but mentally able elderly person living in a sheltered home? How can her opportunities for affiliation be secured? What type of care would support her dignity according to the capabilities approach?

Firstly, there is the issue of desire. An elderly person may have a desire to be with other people. We must constantly bear in mind that capabilities are, before anything else, opportunities, not necessities. A just society provides people with genuine opportunities. For example, freedom of religion is not just freedom to choose what one believes in, but also freedom to choose whether to believe or not. Similarly, in a sheltered home, freedom of affiliation is not just the freedom to choose one's company but also the freedom to choose whether to be alone or among other people. Currently, I am afraid this is not a real choice for all residents of sheltered homes. On the basis of my study experience, loneliness is a problem for the elderly in institutions as well as for those living alone at home. Nevertheless, being alone is not automatically loneliness, so being in company must be an opportunity, not a necessity, in sheltered homes.

Secondly, there is the issue of ability. An elderly person must be able to join other people if she wants to. This means that if she is physically unable to move herself, the care system should make it possible. Are there enough moving aids, e.g. wheelchairs for residents and enough staff to help those unable to manage independently with those aids? During the last year there has been a heated public and political discussion about the staffing ratio in long-term elderly care in Finland. Parties on the political left wanted to legislate a minimum staffing ratio of 0.5 staff members per resident, but parties on the political right won, so there is only a recommendation on this matter in the new law concerning the elderly's rights to health care and social services. The Right had quite a reasonable argument on this matter; it is not just to tie staffing ratio to numbers, rather staffing should be based on local needs. Nevertheless, the argument of the Left was even more Nussbaumian; 0.5 is the threshold of good care. Providing 0.5 is just, providing more is proper.

Thirdly, there is the issue of means. The desire to join others and the ability to reach them is useless if there is no proper space to socialize. Sheltered homes should provide their residents with comfortable and spacious common rooms. The public sector is responsible for providing long-term elderly care in Finland, but during the last few years, it has outsourced service provision to private

enterprises. Private enterprises are undeniably more effective than the public sector in many ways in their elderly care provision, but this effectiveness can lead to – and has led to – the compromise of the ethics of care. Commercial management might view spacious common rooms in sheltered homes as financially unproductive spaces and sacrifice them. I have worked in a brand-new building which had no common space for residents' activities. The public sector should be more demanding as a buyer of services.

Fourthly, there is the issue of access. Common spaces are useless if they are not accessible to residents at will. The life of a resident in a sheltered home should be arranged on basis of her desires, not according to needs of the nursing organization. Elderly people in sheltered homes should be independent with their time management in daily living, just like those living at home. I have worked in two places where there were common rooms for residents but they were closed after dinner. Residents spent long evenings in their apartments alone, with a quick visit by a practical nurse being the only human contact. Such treatment feels like a disregard of the human desires of the residents.

This clarification demonstrates the capacity of the capabilities approach to be a multidimensional concept. Capability entails the dimensions of desire, ability, means and access. In the case of affiliation, dignity in elderly care begins by taking the resident's desires into account. Just elderly care then provides mobility aids, helping hands, and a comfortable and spacious room that is accessible when the residents want it. Naturally, affiliation for a resident can involve more than socializing with other residents inside the sheltered home. It may include meeting friends and relatives, taking part in civic society and interacting with society at large. When the concept of capability is understood in this way, the capabilities approach seems applicable to long-term elderly care. In the next section, I will elaborate Nussbaum's list of central capabilities further.

Nussbaum's List and the Long-term Care of the Elderly

Nussbaum (2007, 2011) has stressed that her list of capabilities is only one of those possible. She urges us to apply her list to various regional, cultural and functional areas. Therefore, I apply her list to long-term elderly care in Finland to study whether it maintains its plausibility. This section is based on empirical ethnographical data I collected for my master's thesis that was accepted by the University of Jyväskylä (Pirhonen 2012). I observed life in a sheltered home for 43 days (334.5 hours) in summer 2011 and made field notes. Additionally, my ethnographical data involved taking part in the daily life of my research subjects and unrecorded conversations with residents, their relatives and staff. Before taking my master's degree in philosophy and sociology, I worked for a number of years as a practical nurse in sheltered homes. I apply each of Nussbaum's capabilities to elderly care in turn. For every capability, I present Nussbaum's definition followed by my specifications.

Life

Life. Being able to live to the end of a human life of normal length; not dying prematurely, or before one's life is so reduced as to be not worth living (Nussbaum 2011, 33).

As the residents of long-term elderly care have already lived a life of normal length, I concentrate on the final part of Nussbaum's definition. The criteria of a life worth living are complex and individual, so everyone should make their own definition. This could be done when an elderly person needs care services for the first time, or at the latest by the time she enters long-term elderly care. Every elderly person should be given information about the opportunity of writing a living will while being cognitively capable of doing so. Of course, writing a living will should be voluntary. In a living will, an individual could personally define their own life worth living. Such a

will might contain a prohibition to resuscitate if a person's own terms of a life worth living are no longer met. The right to euthanasia is commonly brought up in discussions about quality of life. Finnish legislation prohibits it and the Finnish Medical Association opposes it, but public opinion is becoming more favourable, so the discussion will continue. One element of a dignified death could be the opportunity to die at home. In the past, elderly people in Finland were transferred to hospitals and health centres to die, although many elderly people prefer familiar surroundings. Fortunately this situation is changing little by little, although sheltered homes should be equipped to deal with the death of residents. Of course, a life worth living is much more than the opportunity to have a dignified death. To actualize this capability, decent elderly care must secure all the following capabilities to the best of its ability.

Bodily Health

Bodily Health. Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter (Nussbaum 2011, 33).

Reproductive health is not a topical issue with residents in sheltered homes, but good health, adequate nourishment and shelter are. The older people are, the more they use pharmaceuticals (Barat et al. 2000, Mintzer & Burns 2000). Successful medication is therefore an important factor of good health in sheltered homes. Pharmacotherapy should be planned by a geriatrician or a doctor with geriatric expertise because elderly people metabolise drugs differently compared with younger people. Pharmacotherapy should also be regularly evaluated to avoid unnecessary drug-taking. The logistics of drug delivery should be carefully planned and executed, and to ensure justice, pharmacotherapy should not depend on the resident's wealth. Finland has a well-functioning compensation system for drug expenses. After the first 670 euros per calendar year, the customer pays 1.50 euros per prescription and the state pays the rest. For those who live on social relief, income support covers all medical expenses.

Besides pharmacotherapy, there are a number of factors that affect the health of residents. There should be a gym and physiotherapists to assist residents in every sheltered home. Unfortunately this cannot be taken for granted because gyms, like common rooms, can be seen as non-profit spaces in sheltered homes. Diverse nutrition is another matter that affects health (Rudman 1989, Chandra 1990). Old people are quite particular about their food (Schlettwein-Gsell 1992), and I have witnessed countless times how pizzas and paellas end up uneaten. It may be acceptable to compromise the diversity of nutrition to secure the willingness of elderly people to eat. Taste is more significant than nutrition when considering food in sheltered homes. After all, it is only the food you eat that will nourish you.

Obviously, sheltered homes should provide elderly people with proper shelter (Marquardt & Schmiege 2009). This means providing healthy and safe surroundings which take into account the special needs of elderly people. Ensuring adequate shelter includes the architecture, the choice of surface materials, and the planning of staffing and materials logistics. There are usually residents whose functional cognitive ability has declined, so some kind of access control system and security system are appropriate. On the whole, health is probably the most important single capability concerning human well-being (Daniels 2010, Wolff & De-Shalit 2010).

Bodily Integrity

Bodily integrity. Being able to move freely from place to place; to be secure against violent assault; including sexual assault and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction (Nussbaum 2011, 33).

The ability to move freely may be compromised when one's physical and/or cognitive ability declines as a consequence of ageing. This capability may be secured by offering subsidised transportation and escorts that help to run errands. In Finland, it is possible to use taxis at public transport prices when one's functional decline is acknowledged by a doctor. Staff management at

sheltered homes should allow residents to be escorted outside. While sheltered home residents are usually adequately secured against violent assaults, more worrying is the phenomenon of ‘nursing by force’. There has been an animated public debate on this matter in Finland. Old people have been tied down or heavily dosed with sedatives to prevent dangerous situations, and it has been claimed that nursing staff do this just to ease their work. The use of force should always be the last resort and the correct procedure is legislatively outlined in Finland. The third aspect of bodily integrity, sexuality, should also be considered in elderly care. We are sexual beings until the end of our days (Walz 2002). Romances between residents should be looked on favourably if there are no signs of abuse whatsoever. It should be self-evident that residents can express their sexuality and gender identity with their clothing, hairstyle, cosmetics etc. just like the rest of us. I have observed that women usually behave like ladies in sheltered homes, and boys will be boys, regardless of their age.

Senses, Imagination and Thought

Senses, imagination, and thought. Being able to use the senses, to imagine, think and reason [...] in ways protected by guarantees of freedom of expression with respect to both political and artistic speech, and freedom of religious exercise. Being able to have pleasant experiences and avoid nonbeneficial pain (Nussbaum 2011, 33).

In sheltered homes, there should be opportunities to do everything that one does when living at home. Residents pay considerable sums to live in sheltered homes, so they should have access to good quality activities that stimulate the senses, the imagination and thought. Day care centres run by professional instructors and occupational therapists are most desirable (Howie 2005). Residents should also be encouraged to take part in the day-to-day activities of the place they live in, for example, by cooking and cleaning in accordance to their ability and wishes. Trips outside should be easily arranged, and cultural, religious and political activities could be brought into sheltered homes

and made available to residents. Nussbaum's point of avoiding non-beneficial pain is salient when considering the elderly. Ageing can lead to physical pain caused, for example, by arthritis and attrition of the joints. Doctors should always consider which is worse, addiction to pain killers or constant pain at the end of one's life.

Emotions

Emotions. Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general to love, to grieve, to experience longing, gratitude, and just anger. Not having one's emotional development blighted by fear and anxiety (Nussbaum 2011, 33–34).

During the course of our lives, we form close attachments with various people, possessions, places, ideologies etc. Moving from one's own home to a sheltered home should not intrinsically cut off any of these attachments, except for the obvious fact that one can no longer live in one's own home. 'Home-likeness' is the one slogan of long-term care in Finland today. Conceptually, however, it is highly problematic. Would you like to drive to work in a car-like object and eat some food-like substance for lunch? Would you like to have a home-like apartment where you live with your spouse-like partner, to live happily-like ever after? Sheltered homes should be seen as homes – at least there should be an actual opportunity to do so. After all, residents will probably spend the rest of their lives there.

As we have already seen, affection for other people can be maintained with common rooms in sheltered homes. In addition, there should be private spaces to socialize with friends and relatives, and access to all modern communications equipment. Emotional attachments to possessions can be maintained by furnishing sheltered home apartments with the residents' own furniture and ornaments. On the basis of my experience, I believe that one's emotional life can be balanced only if one feels at home in a sheltered home. One of the saddest things I encountered were those elderly

people who would not accept the sheltered home as their home and were constantly packing their bags to leave. The reason for this behaviour is usually some kind of cognitive weakening, but the emotions are real. Care producers should understand that a home is more than walls and furniture. It is an emotional space. An old adage states 'home is where the heart is', meaning that your home follows you because it is located within yourself. Home is the place where you can be yourself. A sheltered home can be a true home only if the daily routines are based around the residents, not on the schedules and needs of the care-giving organization.

Practical reason

Practical reason. Being able to form a conception of the good and to engage in critical reflection about the planning of one's life (Nussbaum 2011, 34).

As rational animals, practical reasoning is an important capability for us. The significance of rationality as a characteristic of human beings is obvious in ethics. Nussbaum's (2007, 2009a, 2009b, 2011) and Macintyre's (2012) Aristotelian concept of rationality as one factor among others creating *eudaimonia* is a plausible basis for dignity in elderly care. Nussbaum (2009b) points out that stressing rationality is problematic when considering the increasing number of cognitively disabled people in ageing Western societies.

The ability to form a conception of the good and to plan one's life according to it means having proper, understandable information about one's own situation and one's choices in long-term elderly care. Therefore, the service system should be clear to any elderly person and her close relatives. Information about care for the elderly should be in plain language and every elderly person should be guided through it personally, and in good time to avoid problems caused by cognitive decline. A person's own views on suitable care could be written down in a living will, for example. Close relatives can also provide valuable information about an individual's conception of the good life and quality care.

Affiliation

Nussbaum's next capability is *affiliation*, which I already introduced in the previous chapter. I mentioned that affiliation is defined as being able to live with and for others in suitable surroundings in sheltered homes. There is, however, a further aspect to affiliation:

Having the social bases of self-respect and nonhumiliation; being able to be treated as a dignified being whose worth is equal to that of others (Nussbaum 2011, 34).

I believe *self-respect* is important enough to be an autonomous capability when considering long-term elderly care. It is very strongly linked to affiliation yet it has its own implications for quality of life and dignity, and has both individual and collective dimensions in elderly care. Individually, every elderly person should be treated as an end within elderly care. The elderly are an extremely heterogeneous group; every life is unique. From a Nussbaumian point of view, just elderly care is not about caring for everyone similarly but caring for everyone on the basis of her needs. Equality is not the equal distribution of resources but an equal effort to compensate for the losses in opportunities to pursue a good life, of which self-respect is a self-evident part. Reciprocity is also worthy of note when considering individual self-respect (Wolff & De-Shalit 2010). One who receives wants to give because reciprocity creates equality. There should therefore be ways for residents to give back in sheltered homes, for example, by taking part in housework or being treated as an authority on life.

On a collective level, self-respect includes organizational and societal aspects. Organizational self-respect is about *us, the residents of a particular sheltered home*, and about residents' rights in relation to the service system. An obvious way to support this kind of self-respect is to develop organizational democracy in order to improve residents' opportunities to influence their surroundings. Societal self-respect deals with *representations of old age and old people* (Featherstone & Hepworth 2005). In Finland, the public discussion of old age in general is often

associated with societal problems; elderly people primarily represent an expense. Their pensions are a burden on the younger generations and their care will be too great an expense in the future. If this is not ageism then what is? It would be wise to remember that we will be the elderly in the future.

Other Species

Other species. Being able to live with concern for and in relation to animals, plants, and the world of nature (Nussbaum 2011, 34).

There are two ways to bring sheltered home residents closer to nature: take them to nature, or bring nature to them. There should be cosy gardens or yards around sheltered homes, and residents should have easy access to them. In urban areas where this is not possible, regular trips to gardens or other suitable destinations should be arranged. There should at least be a wide range of plants indoors.

One striking feature of sheltered homes is the absence of animals. Normally, it would be impossible to find a building of a few dozen inhabitants where there are no pets at all. It seems that pets are categorically forbidden in long-term elderly care. In places where residents have their own rooms or apartments, at least, they should be allowed to have pets that they can take care of themselves.

Forbidding pets is more a problem of attitudes than practicality. I have been to a sheltered home where residents had a collective cat. It wandered wherever it wanted and staff took care of its food and litter. Both staff and residents were happy with this arrangement. It is not 'home-like' to sit in a rocking chair with a cat on your lap – it *is* home. Furthermore, having animals around can be very therapeutic in many ways (Banks & Banks 2002).

Play

Play. Being able to laugh, to play, to enjoy recreational activities (Nussbaum 2011, 34).

Happiness may be an endogenous phenomenon, but it is founded on one's surroundings. The general atmosphere of a sheltered home affects the residents' happiness. A sheltered home manager

once told me that it is good to hear residents complaining about their circumstances. This strange comment was explained when she added that complaining indicates that the residents feel safe. In an atmosphere of fear, the residents would be silent. Atmosphere is based on management in sheltered homes, so if managers treat staff badly or unjustly, it inevitably has negative effects on resident satisfaction. A poor working atmosphere leads to a poor living atmosphere. Therefore, management training is extremely important (Burgio & Burgio 1990).

One simple and well-tested way to bring joy to residents is to break routines. Drinking coffee outside on a summer's day, barbecuing sausages or taking a trip to a market brings smiles to the residents' faces. A party tied to a theme or a season is always popular among residents. Celebrating life is something we all should remember to do on a regular basis.

Control over One's Environment

Control over one's environment. (A) Political. Being able to participate effectively in political choices that govern one's life. (B) Material. Being able to hold property, and have property rights on an equal basis with others... (Nussbaum 2011, 34).

Basic political participation is secured in Finland through institutional voting. There is the opportunity to vote inside geriatric facilities and to use an assistant during every public election.

Due to societal ageing, elderly care has been a big issue in the latest elections. One day it would be nice to see candidates include visits to sheltered homes on their regular campaign trails. Local branches of political parties could seize the initiative by taking concrete action to improve the quality of life in local sheltered homes. As mentioned in the section on 'affiliation', the importance of institutional democracy and residential participation should not be overlooked.

Elderly peoples' material environments are based on their wealth and savings accumulated during their lifetime as well as on pensions and other social security. For sheltered home residents, the key

issues are regular incomes and the cost of treatment, with the former determining the latter in public-based elderly care. The purchasing power of pensions must be secured by regular index increments and the costs of treatment should be considered in social policy.

Nussbaum (2007, 2011) states that her list is a proposal, albeit a very justifiable one. Capabilities could be weighted according to different cultural or local surroundings. Some capabilities could be seen as central capabilities that organize and pervade the others; Nussbaum herself considers affiliation and practical reason as examples of such capabilities. When considering the list, one must keep in mind that central capabilities are not merely instrumental but constituent parts of a worthwhile human life (Nussbaum 2011, 36).

Exercising this criterion, I would add a new capability to the list, at least when considering Finnish sheltered home residents – *a sense of security and trust*. I believe that a worthwhile human life is partly based on the confidence that you'll receive help when you need it – regardless of the political and economic framework of the society. This is why MacIntyre (2012) calls us rational dependent animals. For a sheltered home resident, a sense of security and trust is based at least on skilled nursing staff, the atmosphere of the home, the continuity of care and public representations of old age and the elderly. In essence, a sense of security and trust can only thrive when Nussbaum's list has been adequately implemented.

Discussion

On the basis of this study, the capabilities approach is an applicable theory of justice concerning long-term elderly care, at least if the purpose of care is defined as supporting an elderly person's dignity. The very purpose of the capabilities approach is to secure the pursuit of the good life for everyone. The good life manifests itself as the dignity that arises from human well-being. In turn, well-being connects with every major dimension of human life. For example, it connects with good

health, welfare, the material standard of living, social relations, the meaningfulness of life and a comfortable living environment (Vaarama 2009).

As we have seen, Nussbaum's capabilities approach is aimed at securing overall well-being, i.e. flourishing or *eudaimonia*. This is especially the case in long-term elderly care, where clients' opportunities to pursue a good life are diminished due to a decline in functional ability. Nussbaum's idea of capabilities is highly relevant for just elderly care; its purpose is to help elderly people to live according to their own aims in life, while compensating for the losses in physical, cognitive, social functional ability caused by ageing. Human diversity blossoms in old age.

Diversity calls for the capabilities approach, but is this diversity too diffuse to generate general principles for good elderly care? Nussbaum herself (2011, 35) sees capabilities belonging first and foremost to individuals and only derivatively to groups. In the real world, however, care systems cannot function well without generalization, alignments, categorization and routines. Furthermore, standards are commercially effective. The capabilities approach acts as a buffer between individual persons and care systems because it focuses on offering people opportunities, not obligations. Just long-term elderly care provides people with opportunities to socialize, to take trips, to participate in house work, to have pets, to wake up when they want and everything else mentioned in this paper. Each person is allowed to choose whether to actualize an opportunity or not. The universality of Nussbaum's capabilities is actually based on locality, because every capability must invariably be applied locally.

The biggest challenge for the capabilities approach has always been the question of sufficiency. Nussbaum (2007, 2011) discusses thresholds of capabilities that must be reached to secure human dignity. But how does one define when life is dignified enough? This question includes aspects of subjective experience and objective measurement. Measuring capabilities is certainly not easy (Brighouse & Robeyns 2011). As Nussbaum (2007, 2009b) points out, the issue of sufficiency is

sometimes about equality and sometimes about adequacy. For example, political rights are a matter of equality, material rights are a matter of adequacy. Perhaps defining thresholds is not the task of philosophers, but of social scientists. The development of quality of life indicators is engaging, and indicators of sufficiency might be developed together with those suggested by Wolff and De-Shalit (2010).

The current discussion of elderly care is extremely resource-oriented, and for good reason. Nobody can deny the significance of the distribution of resources as a foundation of societal justice.

Distribution must be fair and exceptions concerning equality must be well justified, as Rawls (1973, 2001) stressed. However, justice is more than just fairness of distribution. Justice is also an emotional and experiential phenomenon. To illustrate this idea, consider this example from everyday life in sheltered homes. From a resource point of view, it is just and fair that every resident is allowed three diapers per day. However, would it be just to deny a resident a fourth diaper if she needed it? It depends on the staff whether the resident's capabilities of health, bodily integrity, self-respect and sense of security and trust are actualized. The capabilities approach can bring additional value on top of resources by treating every resident as an end.

It is important to understand the contingent nature of our perception of dignity, well-being and the good life. Perceptions change regionally, culturally and historically. Aristotle (1962) himself understood this since he talked about the discursive nature of ethics. He maintained that ethical principles were to be shaped by considering individual cases. If a principle and an individual case conflicts, the principle should be corrected. This very idea gives the capabilities approach its feasibility in long-term elderly care. The central ethical units in this case are the individual residents and individual sheltered homes. If Nussbaum's list conflicts with an individual case, the list should be corrected to fit the local surroundings. This does not mean rejecting Nussbaum's capabilities but applying her particular list to different cases. The formulation of a list of capabilities for elderly care requires a wide range of professionals: gerontologists, geriatricians, nursing scientists, nursing

professionals, officials, planners of social policy, and, of course, elderly people themselves. Since ethics is formulated through a dialectic between our values and the concrete world, there is also a role for philosophers. However, philosophers must clearly bear in mind the practical aim of this pursuit, i.e. securing or even improving the quality of life of elderly people. By doing so, philosophers may refute the criticism Marx and Engels aimed at contemporary German philosophers when they accused them “of representing not true requirements, but the requirements of truth; not the interests of the proletariat, but the interests of human nature, of man in general, who belongs to no class, has no reality, who exists only in the misty realm of philosophical fantasy” (Marx & Engels 1978, 75).

Elderly people do not exist in the misty realm of philosophical fantasy. We are the elderly of the future.

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