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What's Fair? Ethical Decision-making in an Aging Society

By

Nuala Kenny

Research Report F|44
May 2004

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Foreword

In pre-industrial times, when most Canadians lived in rural areas, the interdependence of older and younger generations was transparent. Most often, all members of the family contributed to production, caregiving, household and farm chores, and each was cared for within the family home. Children and elders were valued for current, past or future contributions to the well-being of everyone.

In a post-industrial society like Canada, the generations live quite separate lives and maintain independent households. Children live with their parents, young adults move out to their own place as soon as they can manage it, and many adults without children or parents whose children have grown move to segregated "child-free" communities, reserved for the older years. This apparent independence of the generations risks making invisible the essential bonds of reciprocity and solidarity across generations.

Indeed, there are already signs that we are losing our policy capacity to allocate resources across the generations. Ratepayers in a small city with a large retired population vote against an ice arena used mainly by young families. A metropolitan city government refuses to provide public transit to a major university, forcing the university to provide parking for 30,000 cars a day. Many cities fail to provide affordable housing for the large group of young parents, both couples and lone parents, who have low or modest incomes precisely when the responsibility for raising children is most costly. Provinces are squeezing money out of the education and child care budgets in order to allocate more funds to health care, in part to meet the needs of an aging population.

These choices and decisions touch on all our needs and on the future health of the Canadian economy. But do they reflect our core social values? Do we understand the interconnections across generations and the need to think "inter-generationally"? Does thinking about "one generation at a time" make economic sense in the longer term? These questions all call for hard value choices as well as difficult policy decisions. They challenge us to establish an ethical foundation for making public investments.

This paper by Dr. Nuala Kenny, who is a Professor of Pediatrics and the Chair of the Bioethics Department at Dalhousie University, was commissioned to help us create an ethical foundation for such decisions. In this paper, Dr. Kenny explores interdependence across the generations. She examines ethics and public policy and suggests that, at a minimum, any useful and meaningful ethical framework for public policy should (a) identify the full range of relevant moral claims; (b) ensure recognition of the moral considerations; and (c) develop deliberative strategies to consider both the process and substance of decisions. She then extracts seven guiding principles to promote intergenerational equity from a long list of relevant theoretical and public policy documents.

Dr. Kenny's framework of guiding principles completes steps (a) and (b) of the three minimum requirements for ethical decision-making. The work of completing step (c) is left for us and other Canadians to do using the principles outlined here as a frame for deliberating where major investments should be made.

On behalf of CPRN and the Change Foundation, who were partners in this project, we wish to thank Nuala Kenny for giving us this framework. We also thank the Law Commission of Canada whose generous contribution and collaboration enabled its completion. Thanks, too, go to Jane Jenson, Beverly Boutilier and Julie Gilbert who worked to bring the paper to completion.

Both organizations pledge our own commitment to foster the deliberation needed to help bring these principles to life as a practical framework for making difficult choices and decisions in Canadian public policy.

Judith Maxwell
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May 2004

Executive Summary

1.0 Introduction

The aging of Canadian society raises a number of crucial public policy issues relating to the meaning of aging, to the fair and equitable allocation of resources between and among the generations, and even to social cohesion. How can Canada meet the goal of becoming a society of justice and fairness for all ages? Or, to frame the question more broadly, how does an aging society make ethical public policy choices now and for the future?

The aim of this project is to enrich the opportunity for anticipatory reflection and informed choice by policy-makers and citizens confronted with issues of sharing resources in an aging society. The aging of Canadian society can be a cause for alarm and increased competitiveness, or an opportunity to develop a richer concept of public policy as the sharing of common resources. Using the concept of intergenerational equity, this paper represents a first step toward laying a foundation for ethical decision-making that benefits all Canadians.

2.0 The Demographic Shift: Aging for Individuals and the Canadian Population

Today, we are experiencing a profound shift in the shape and makeup of Canadian society, due in part to a declining birth rate and to the huge post-war generation of "baby boomers," which has resulted in several population "bulges." Rather than a large number of infants and young children at the base of the traditional population pyramid, and a tapering of the population in the 55-years-plus group at the top, we are seeing smaller numbers of young children and a larger group of seniors than ever before. Indeed, the apex is widening, as life expectancy for individual Canadians increases and the population over 80 years of age expands.

These changes are intimately connected to other major social change in the last forty years, including the increased labour force participation of women with children, increasing numbers of family structures, and a relative decrease in the availability of secure, full-time jobs. The changes in personal, family and employment circumstances associated with these demographic trends may affect attitudes toward family obligations, as well as policy choices about the allocation of public resources between and among the generations.

3.0 Framing the Discourse: Intergenerational Equity

In thinking about a society for all ages, the paper rejects the more libertarian and individualistic concept of "generational equity" that originated in American public policy discussions in the 1980s, in favour of the concept of "generational interdependence" or "intergenerational equity." In contrast to generational equity, which is predicated on the inevitability of competition and conflict between the generations, *intergenerational equity* is a more egalitarian and communitarian approach, with emphasis given to sharing and collective decision-making. It is concerned with justice and fairness in the here and now as well as to future generations. Although we can learn from both of these established discourses, the discussion that follows is framed in terms of intergenerational equity in order to reflect the more communitarian concerns found in Canadian public policy.

But why focus on intergenerational equity at all? What is the significance of age as a criterion of public policy? What are the consequences of generational inequity? To answer these questions we need to understand the ethical significance of the different perspectives that result from thinking about generations.

There are basically two different ways of looking at the concept of a "generation." On the one hand, generations can be understood as *birth cohorts* who move through life together. For example, individuals born between 1950 and 1970 constitute one generation. On the other hand, a generation can also be understood as a *stage in life*, so that, at any given time, there is a generation of young, "middle-aged" and seniors. Because age cohorts are inherently diverse, and the concept can mask key differences among individuals within the same age cohort, we need to find a way to think of both individual and generational lives that go beyond comparisons of perceived cohort inequities.

One such approach is the concept of *lifespan*. The lifespan approach reminds us that, over a given lifetime, resources are distributed within stages of life rather than among age groups. Such an approach requires a shift of perspective. Justice is no longer defined as equity between distinct groups in competition for common resources. Instead, the lifespan approach focuses our attention on each age group as a stage in our own lives and promotes a sense of interdependence and shared experience.

4.0 Equity as a Particular Conception of Justice

Equity is a particular conception of justice as fairness. As such, it is concerned with both process and outcomes. A consideration of equity requires that similar cases be treated similarly. This same consideration includes a presumption against all forms of discrimination. Equity directs our attention to the ethical significance of relevant dissimilarities and requires that they be taken into account. It recognizes that treating persons the same way – equally – can be profoundly unjust if there are substantive differences that should be taken into account.

In Canada, the practical implications of equity have been played out very clearly in health care. The response in this area of public policy has been an assumption of shared risk in solidarity. Equity in other social welfare policy fields does not have the same public support. Equity among people in similar circumstances, sometimes called "horizontal equity," has been promoted by a redistribution of resources from the healthy to the sick, from the employed to the unemployed, and from young and middle-aged workers to children and seniors. Since the 1960s, there has been an increasing emphasis on "vertical equity" expressed as programs targeting the poor.

Our discussion here of intergenerational equity in public policy, using the examples of health care and income security, suggests that we need to re-vision equity as fairness of access, response to need, and outcomes in all social welfare policy fields.

5.0 Ethics and Public Policy

If public policy is a moral endeavour, how do we clarify its moral and ethical dimensions and implications? *Ethical frameworks* and sets of *guiding principles* have become tools for this process of clarification in public policy. While principles are normative generalizations that guide and direct choices and actions, frameworks are intended to help us to see an issue from varying perspectives and identify the consequences of different policy options from points of view of "affected others." Both are tools to stimulate our moral imagination and help make transparent the values at stake in policy options.

A meaningful framework or set of guiding principles should recognize the importance of both procedural (process) and substantive (criteria) ethical concerns. In turn, ethical analysis of both the process and criteria for decision-making can be descriptive, theoretical or normative. Descriptive ethics – as manifest in polling data and focus groups, for example – helps explain and clarify values people actually hold. However, descriptive ethics do not express what we *ought to do*; it is not normative. This is a crucial distinction to keep in mind as we proceed, for the process for public involvement envisioned in this project is more than a descriptive exercise. It is concerned with how public decisions *ought* to be made.

6.0 A Framework of Guiding Principles

Because we have positioned public policy as a moral/ethical enterprise where decisions are made that affect others and justice and fairness are central, we need to find an ethical framework that respects individual needs and rights but gives priority to the care and interdependence that is central to intergenerational equity. We need to surface a framework for deliberation, in other words, that is concerned with fostering solidarity and equity rather than one concerned only with resolution of the values conflicts that will inevitably occur. The framework will have to address how decisions are made precisely because this is not just a reflective or descriptive process. The goal of a framework is to direct and shape how public policy *ought* to be made.

We need to develop an ethical approach for public policy development that resonates with a framing of policy as a moral endeavour and fosters intergenerational equity. The **ethic of care** is one such approach. This approach holds that moral/ethical decision-making is not so much about rights or finding rules to arbitrate conflicting interests as it is about finding solutions that reduce conflict by fostering human dignity and the good of the entire community/society. This ethic does not see people as individual, autonomous and unconnected but rather as rooted within *relationships* – for instance, family relationships, social relationships, work relationships, and political relationships. The ethic of care says that every time decisions are made, there needs to be consideration of what kind of relationship the decision comes from and what kind of relationship is at stake.

This perspective is very meaningful for any work that attempts to look at those progressively difficult decisions about the sharing of common resources. It requires us to look at individuals not in competition but as interconnected. It also asks how decisions can be made fairly across time and age and stages of life, when there are different needs and dependencies. This centering of care is compatible with the framing of intergenerational issues within the sense of the unity of

the lifespan and a conception of justice understood primarily as equity. Both care and justice should be seen as types of practice, particularly in serving as the basis of claims to reallocate resources from more to less affluent individuals, or from one age group to another. In this perspective, justice and care are necessary for each other.

Because the ethic of care in an intergenerational context is *a general theoretical framework* only, a set of basic principles is needed both to distinguish it from other ethical approaches and to suggest how it can be used to inform actual policy decisions. The ethic of care framework can be enriched, and its potential utility for decision-makers enhanced, by adopting some basic principles of justice:

- Respect for persons of all ages
- Meaningful autonomy
- Solidarity
- Protection of the vulnerable
- Responsible citizenship
- Accountability
- Sustainability

These principles are only *a starting point* for thinking about the ethic of care as an ethical framework for decision-making in an aging society. Some are clearly interrelated, such as respect for the dignity of persons of all ages and meaningful autonomy. Some of the principles are in potential conflict, such as meaningful autonomy and solidarity or responsible citizenship. All or some of these principles may need to be applied to specific issues.

The principles outlined here provide no magic answer to difficult public policy choices, but they have the potential to help us frame and focus our deliberations on the ethical issues at stake. They are proposed as a possible lens for making public policy choices that are consistent with the relationships that underpin the concept of intergenerational equity.

7.0 Health Care, Income Security and the Ethical Framework

Since ethics is a practical discipline, any ethical framework for public policy will be meaningful only if it helps us make better decisions. Health care and income security are two key policy areas with implications for intergenerational equity. They can function as test cases for whether this ethical framework can foster inclusive, interdependent and equitable discussion and debate. It is critical for us to attend to the assumptions held by Canadians on these two distinct but powerfully related issues. These assumptions reflect the beliefs and values that shape, among other things, how people think they ought to act, how they believe they ought to treat others, and how they understand their duties and commitments.

Providing public resources for health care and income security have very different meanings and therefore a different priority for most Canadians. If health care is generally perceived to be of crucial importance, there is a lesser degree of consensus among Canadians about income security. Yet there is a powerful link between income, income inequality and health. There is a

different social response to a health need as compared with other kinds of need, even when these other needs – housing, food, meaningful employment and nurturance, especially in the first few years of life – have more direct impact on long-term health and well-being than the health care system itself.

Despite the importance of these determinants, income security policies are viewed very differently from health care policies. For policies focused on intergenerational equity to achieve goals of inclusion and equity, we need to incorporate into the information provided to citizens some clear factual messages, including that such effects cut across all income groups; they do not just affect the poorest. There are consequences to all members of society from income inequality. If a focus on intergenerational equity is to be meaningful, it needs to find ways to promote reflection on both health care and income, as well as on the crucial links between them.

The paper includes four case studies that invite readers to use the ethic of care framework to reflect on the best use of common resources to foster intergenerational equity in an aging society.

8.0 In Closing: A Dialogue with Nuala Kenny

The paper closes with the transcript of an interview with the study author, Nuala Kenny, who highlights some of the key points raised in the text.

What's Fair? Ethical Decision-making in an Aging Society

1.0 Introduction

The aging of Canadian society raises a number of crucial public policy issues relating to the meaning of aging, to the fair and equitable allocation of resources between and among the generations, and even to social cohesion. How can Canada meet the goal of becoming a society of justice and fairness for all ages? Or, to frame the question more broadly, how does an aging society make ethical public policy choices now and for the future?

This question of justice between the generations is inherently difficult. It has been linked to the "spiritual situation of the age," one that Jürgen Habermas (1984) has characterized as a dependence on science and technology and an inability to provide answers to deep existential questions, such as the meaning of aging, the quality of life in old age, and the unity of the lifespan. Finding answers to these questions requires that we make some fundamental choices in our policy options and in the framing of the public discourse about relationships among generations.

As the "baby boom" generation ages, a current of pessimism is emerging. In an increasingly youth-oriented, cure-focused and individual autonomy era, there is a general perception of aging as a time of declining function, limitation and dependence. Middle-aged and young adults, too, have increasing concerns about public resource consumption by the burgeoning over-65 population (National Council on Aging, 1999; Corak, 1998), fearing that their share of public resources will no longer be there when they need it. With obligations to both the young and the old, some in this group have begun to feel they were "born to pay" (Longman, 1987). Cutbacks in government spending have only heightened this sense of intergenerational competition so that at times, for example, the young seem pitted against seniors, or the sick against the healthy, or the affluent against the poor.

In the media and politically, the aging of Canadian society is frequently portrayed in dramatic terms as a crisis for the health care system. The sustainability of this system – a public resource required by persons of all ages – seems particularly threatened by the rising tide of seniors. The nature of modern science and technology has transformed health care for the very old, particularly at the end of life, into an almost limitless set of life-prolonging options. Surely, some critics say, there isn't enough for all.

Many social policies that emerged in the 20th century were based on a belief that society has obligations to all its members. Such policies included not only health and pension programs, such as the universal health system and the Canada and Quebec Pension Plans, but also family allowances, social assistance for the poor and unemployment insurance. Each of these policies involved, and still involves, using public power to redistribute income and services. Each therefore involves making choices about who deserves support and how much. As the portion of public spending going to pensions increases and health costs rise (although by no means all because of services to seniors), critics have begun to argue that such a distribution of public funds is unfair. In addition, if deficits are created to pay for these programs, and public debt grows, there is a concern that these costs are being displaced onto future generations without enough being done to meet our current obligations to today's children.

Public opinion over the appropriate division of resources between young and old is polarized. For some, the aging of Canadians presents an inevitable, apocalyptic, and catastrophic conflict across and between generations (Barer *et al.*, 1995; Gee and Gutman, 2000). For others, however, the aging of society presents a unique opportunity for reinforcing intergenerational solidarities (Townson, 1994), building bonds of community and fostering social cohesion, defined as the experience of

> building shared values and communities of interpretation, reducing disparities in wealth and income, and generally enabling people to have a sense that they are engaged in a common enterprise, facing shared challenges, and that they are members of the same community (Maxwell, quoted in Jenson, 1998: 3).

Given such divisions, it is important that public debate be engaged, open and inclusive in order to address the fundamental values at stake. *What is a fair share for seniors? How much do we owe to the very young? What is a just tax burden for adults who work?* These questions concern not only decision-makers in our major institutions, such as hospitals, schools, various agencies at all levels of government, foundations and companies. They also directly concern ordinary citizens at every stage of life.

These questions also inform, but do not limit, the exploration of ethical decision-making in an aging society that follows. The aim of the paper is not to answer these specific questions, but rather to formulate a set of principles for thinking about what is fair. Our aim is to find new ways of thinking about the relationships that unify rather than divide the generations.

Starting from the position that public policy is a moral endeavour that involves decisions about who we are and who we desire to be as a country, the paper elaborates an ethical framework to promote *intergenerational equity*, that is, justice and fairness in the here and now as well as to future generations. The foundation for this framework is the "ethic of care," an ethical approach to decision-making rooted in interdependence and relationships. This ethical framing of the issues represents a new and robust way of thinking about public policy that not only demands empirical evidence; it also requires reflection on a set of ethical principles relating to the equitable distribution of common resources across the lifespan.

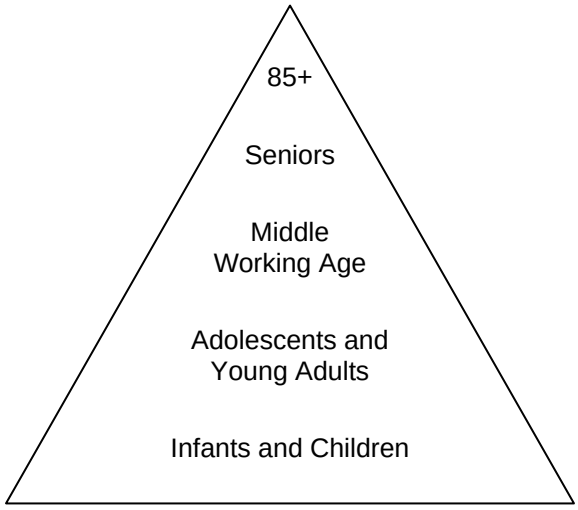
Because ethics is a practical discipline, an ethical framework is meaningful only insofar as it helps us make good policy decisions. Therefore, after defining a set of guiding principles, the paper discusses them in relation to the domains of health policy and income security. These issues have been chosen as *examples*, in order to illustrate some of the ethical issues involved and to illuminate the utility of the proposed ethical framework in public discourse. If the framework is found to be useful in these domains, then it will have application in other domains as well.

It is our hope that the project will enrich opportunities for anticipatory reflection and informed choice by decision-makers of all kinds, in the public and private sectors and in civil society, who are grappling with the issue of what constitutes a fair share in Canada's aging society.

2.0 The Demographic Shift: Aging for Individuals and the Canadian Population

Because the aging of Canadian society is regularly portrayed as a crisis situation, it is important to situate the discussion within the best available data. Reliable projections tell us that "the proportion of Canadians 60 years and older is expected to grow from 17 percent today to 28.5 percent by 2031" (Commission on the Future of Health Care in Canada, 2002: 20). The greatest growth in seniors is among the very old, that is, those 85 years and older. By 2041, there will be 1.6 million Canadians in this category, compared to 430,000 in 2001 (Statistics Canada, 2002). This segment is growing at four times the rate of the general population. Moreover, scientific advances focused on the aging process itself present the possibility of even more dramatic shifts in both average life expectancy and human lifespan (Juengst *et al.*, 2003; Gems, 2003). The aging of the Canadian population, then, is not just a short-term issue but one that requires anticipatory reflection and policy development.

Throughout most of Canada's history, the population has been characterized by an age "pyramid," with a large number of infants and young children at the base tapering to a few very old persons at the apex.



Today, in addition to an increased number of seniors, a number of other factors have converged. Canadians are having fewer children. The fertility rate was only 1.51 in 2001, a number which was actually an increase from the low of 1.49 in 2000 but nonetheless far below the replacement rate of 2.1 (Statistics Canada, *The Daily,* 11 August 2003*).* This trend does not hold for the entire population, however. Although Canada is in general an aging society, some specific populations, such as First Nations, are significantly younger. Immigration policies and higher birth rates among recent immigrants could also affect the actual proportion of seniors in the total population in the years to come.

This overall drop in the birth rate means we are experiencing a profound shift in the shape and makeup of Canadian society. In the past, the relatively large and stable mid-group of older youth and mid-age working adults provided both the care and tax revenues necessary to finance services for the large population of young and the relatively small population of seniors.

In addition to the declining birth rate – a trend that began in the 1960s – the huge post-war generation of "baby boomers" has created several population "bulges," both for themselves and their children's generation. Rather than a tapering of the population in the 55 years plus group, we are seeing a larger group than ever before. Indeed, the apex is widening, as life expectancy of individuals increases and the population over 80 years of age increases.

These changes are intimately connected to the second major social change of the last forty years: the increased labour force participation of women with children. The male breadwinner with a dependent wife and children is no longer typical. In 1997, only 22 percent of households with two parents and at least one child under 16 had one parent at work and another at home full-time (Statistics Canada, 2000b). Women's increased labour force participation has been mirrored in a trend toward delayed childbirth and in the declining birth rate. Family structures are increasingly diverse, with lone-parent households now representing over one-quarter of all households with children, and most of these are mother-led.

These changes have implications for relationships across the generations. Increased numbers of dual-earner and single-parent households have less time to care for seniors and for parenting. Increased stress, especially regarding affordable, accessible, high-quality long-term care for seniors and daycare for children, is a concern for many.

Changes in the labour market itself have also created new pressures for the mid-group of older youth and mid-age working adults. The availability of full-time, contract-secured work with earnings to maintain a family has been decreasing. Part-time and temporary jobs and self-employment has been increasing. Many who seek work can find none. The more part-time and temporary work there is, the more people are in a constant cycle of employed, seeking employment or unemployed. Youth are particularly disadvantaged. Yet, they are more than future workers. They are the next generation of parents and citizens.

All of these changes affect the young and middle-aged workers. When will youth enter the work force? What will be the level and type of education needed for meaningful employment? How should we think about financing education, especially post-secondary education? Do we see it as an issue of dependency or as an investment in the future? Further, the demographic data on 20-somethings who move back to the family home indicate the need for a new way of thinking about both needs and interconnections across the lifespan.

The changes in personal, family and employment circumstances associated with these demographic trends may affect attitudes toward family obligations, as well as social policy on intergenerational issues. Therefore, in thinking about a society for all ages, we must pay attention to the interconnections among individuals and families and the consequences social policies may have.

3.0 Framing the Discourse: Intergenerational Equity

The way an issue is framed, and the language of the discussion and debate used, determines in large part how it is resolved. Discourses organize and construct "what counts." They are sites of struggle over "what counts" and the meaning accorded to relationships. The words used highlight some beliefs and values and obscure others. The framing of the discourse therefore influences the construction of meaning and the valuing of beliefs.

How can we frame the key policy choices in order to promote a sense of interdependent relationships? Because we are situating our reflections on public policy in an aging society as an issue of intergenerational justice and fairness, specifically as an issue of equity, we need to understand two established and differing framings of the debate over public policy and seniors: *generational equity* and *generational interdependence*.

In discussions of the welfare state, the concept of inter-generationality has long been used to understand relations among generations (Quadagno, 1989). Its application is by no means uniform, however. The starting assumptions of collectivists and individualists regarding the welfare state, in both good and bad economic times, have shaped the use of the concept in public debate.

The "generational equity" (Williamson *et al.*, 1999) framing is a libertarian approach to fairness between generations that stresses individual rights and limits to them. It originated in the United States in the mid-1980s, when budgetary constraints and government cutbacks were the order of the day. Among other things, declining poverty among older adults and increasing poverty among children led many academics and politicians to sound an alarm that the old were benefiting at the expense of children. Some academic writings tended to extreme assertions such as arguing that the aging population would cause such burdens on the health care system that all sorts of treatments should be rationed by age.

The "generational interdependence" or "intergenerational equity" framing of public policy and seniors, in contrast, is a more egalitarian and communitarian approach, with emphasis given to sharing and collective decision-making. It is concerned with justice and fairness in the here and now as well as to future generations. Although we can learn from both of these established discourses, this discussion is framed in terms of intergenerational equity, which more closely mirrors the more communitarian concerns in Canadian health care and public policy.

There is a clear recognition of the centrality of equity and interdependence in the policy decisions that created Canadian medicare (National Forum on Health, 1997; Commission on the Future of Health Care in Canada, 2002). These decisions recognized the Canadian desire for citizens to share risk and contribute to support the health needs of vulnerable others based on need rather than ability to pay. While these values emerged over the 40-year development of Canadian medicare, they have been recently and explicitly reaffirmed in public consultation done for the Romanow Commission. The Citizen's Dialogue on the Future of Health Care in Canada has reinforced the desire of Canadians to build on the "old" values of universality, equity and solidarity, and link them to "new" values of quality, wellness (prevention), efficiency and accountability (Maxwell *et al.*, 2002). This dialogue also confirmed that Canadian values are not

static and new political and economic values are important. However, the essence of Canadian medicare – pooled risk, health care as a public good and an asset for both present and future generations – have all been affirmed (Maxwell *et al.*, 2002: 23-24).

While these core communitarian values have been reaffirmed in recent discussions about health care, they are not without challengers. Some believe that they represent an "exception" to the "new Canadian mindset" where "American-style individualism cohabits peacefully with European-style communitarianism" (Bricker and Greenspon, 2001: 4). International comparative studies of the long-term care of seniors, in contrast, suggest that communitarian values extend beyond the realm of health care. In particular, United States-Canadian comparisons are interesting (Chappell, 1987). Although issues of autonomy and independence dominate in the United States perspective (Churchill, 1987), a more collective approach is followed in Canada (Clark, 1993). It has been noted that "with regard to programs for the elderly, the Canadian voice is remarkably consistent in its emphasis on community as the basis for quality of life" (Clark, 1991: 635).

In the area of income security, the origin of values promoting intergenerational equity is not as clear. Canadians have accepted that it is fair for some to have more than others in most areas of life such as homes, cars and clothing. However, "seven in ten of us accept a role for government in redistributing wealth; we want to ensure that those at the bottom of the income ladder do not live in misery" (Peters, 1995: 19). While it is clear that many Canadians hold strong values related to individual autonomy and choice, there is a clear affirmation of policies that support recognition of interdependence and equity. As Bricker and Greenspon (2001: 258) recently observed, "In the Nervous Nineties, economic efficiency trumped social equity for an anxious population. But Canadians never ceased believing in society. Social equity is back in the picture."

3.1 How Should We Think of "Generations"?

Why might it be important to think of *intergenerational* equity? What is the significance of age as a criterion of public policy? What are the consequences of generational inequity? Inequity based on age is like other inequities but also different, for the young in the ordinary course of life do grow old. Most children today will one day be seniors. We therefore need to understand the ethical significance of the different perspectives that result from thinking about generations. To think of generations inevitably focuses us on **age** and **aging**.

Age is simply a measure of lived years. **Aging** is a natural process of moving through time and becoming older, which occurs first and foremost to individuals but also to populations. In thinking about justice between and among different generations, it is important to consider that age and aging are related concepts but not identical; we therefore need to explore their meanings separately.

Our personal experiences of aging can foster an understanding and identification with the aging process as normal and natural or promote fear and rejection (Clark, 1991). Age inequality is different from other kinds of inequality such as those associated with race and gender. While the latter depend on a "difference" that we may not share, we may see our own futures in the situation of seniors.

An important cultural element in shaping contemporary attitudes towards aging is its medicalization (Estes and Binney, 1989). Rather than being understood as a natural process, the social construction of aging as a medical *problem* focuses on sickness and treats aging as pathological and abnormal. Aging is viewed as a time of inevitable decline, disability, and death. Research suggesting that genetic manipulations could significantly extend the human lifespan (Harris, 1998) promotes a perception of aging as just another disease awaiting a cure. Significantly, the "public appears to have been convinced of the primary and rightful place of medicine in the management of the 'problem of aging'" (Estes and Binney, 1989: 594).

Concerted efforts to combat ageism have done much to debunk myths of aging and negative images of seniors but they are still insufficient. The new mythology of aging that is emerging – youthful and marathon-running – shows no more respect or acceptance of the vicissitudes of old age than the negative stereotypes.

The medicalization of aging has fostered fears of a large, sick and almost limitless dependence on scarce common resources. As scapegoats in public policy-making, seniors are often portrayed as the creators of injustice (Beaulieu and Spencer, 1999), who consume health care and financial resources.

Extending longevity has not only not resolved the problems of the burden of illness but added to an increase in chronic illness (Callahan, 1987). More important, the biomedical model fails to address the socio-economic determinants of health and well-being (Evans *et al.*, 1994; Daniels *et al.*, 1999; Marmot and Wildonson, 1999).

Youth, on the other hand, is understood to be a time of power and potential. It is prized and privileged, perhaps because the vigour and potential of youth seems to point to the importance of individual choice and personal autonomy in modern society.

We need to use language carefully. Next, we need clarity about the meaning of what constitutes a "**generation**." There are basically two different ways of looking at the concept. On the one hand, generations can be understood as **birth cohorts** who move through life together. For example, individuals born between 1950 and 1970 constitute one generation. On the other hand, a generation can also be understood as a stage in life, so that, at any given time, there is a generation of young, "middle-aged" and seniors. There are different perspectives on comparing present inequity between age cohorts and comparing lifetime/lifespan inequity (Nagel, 1991).

Cohort equity is a complex concept as cohorts move through time and varying socio-economic circumstances. The concept postulates that those born at a certain time in history experience some shared realities. At the same time, age cohorts are inherently diverse, and the concept can mask key differences among individuals within the same age cohort. A judgment of inequity among age cohorts assumes four basic conditions: a breach of equality; disproportional impact; foreseeability and modifiability (Moody, 1992). While each of these conditions is difficult to assess, foreseeability of the consequences of decisions is particularly troublesome. Judgments of fairness to a given age cohort today must be judged within a historical and social context.

So, while aging occurs to individuals and groups, our perceptions of the meaning of aging is deeply rooted in personal experience. These perceptions are brought to our policy reflections and decisions. We need to find a way to think of both individual and generational lives. Some concepts that are important are those of **lifespan**, **life cycle** and **life course**.

Life course is the progression through life stages with different capacities, roles and needs at each level. More specifically, it is seen as the move from infancy, to childhood and adolescence, to working life, to retirement. **Life cycle** is the movement through stages of development and decline, from birth to death. While individual, it is also a socially situated process requiring certain forms of organization to respond to needs associated with different stages.

Focusing on the **lifespan** as a unit of analysis undercuts much of the diversity of generational age groups and cohorts. Equity assumes an equal opportunity to pursue one's own life plan at every age. In his reflections on aging and the proper goals of medicine, for example, Callahan (1987) uses the notion of a natural lifespan and a communitarian perspective to challenge the indiscriminate use of life-prolonging technologies and to call for a rethinking of the meaning of old age and the place of seniors in our society.

Similarly, Daniels (1988) is alarmed at pitting generations against each other. To avoid this risk, he uses the lifespan concept, and develops a framework that argues for the "good" or "right" for persons at different stages of their lives. In this framework, over a given lifetime, resources are distributed within stages of life rather than among age groups. Such an approach requires a shift of perspective. Justice is no longer defined as equity between distinct groups in competition for common resources. For example, working middle-aged adults who pay taxes would not be seen as in competition with children who need education, or frail seniors who consume health and social services.

The lifespan approach focuses our attention on each age group as a stage in our own lives. If we are concerned with benefit over the lifespan and recognize that different ages and stages in a life require more or less resources, then "unequal" treatment of youth, the middle-aged and seniors may produce the most equitable or fair outcomes. If the policy decisions of health care or income support are just and fair, they improve the well-being of all over their lifetimes.

The lifespan approach (Marshall and Mueller, 2002) has developed as a fundamental unit of analysis, in part to undercut the divisiveness inherent in the age group or cohort understanding of generations. The lifespan approach promotes a sense of interdependence. Prudence leads people to support programs, "not out of commitment to a common good but in which they have a common stake. And in a society characterized by mass longevity, a life course perspective *can* encourage a kind of solidarity between age groups. Growing up *and* old is both a fate and a privilege that virtually all of us share" (Cole, 1989: 380). Such an approach highlights the shared experience of a life with differing needs and potentiality at different ages and stages of life. Its power for this project lies in the return to a historical tradition that, until recently, provided widely shared images of the unity and integrity of the life of each individual.

4.0 Equity as a Particular Conception of Justice

Thinking about justice between the young and the old is only part of the larger social challenge of sharing public goods. There is a range of perspectives on conceptions of justice and equity held within any liberal democratic society such as Canada. Although Canadian thought on justice issues has been influenced by the critical foundational work of many American philosophers, it is crucial to identify those Canadian factors such as history, the roles of the welfare state and the market, and societal values that should inform our public policies (Law Commission of Canada, 2004).

Rawls has argued that "justice is the first virtue of social institutions" (Rawls, 1971: 3). Generally, when we think of justice as an element of public policy we focus on distributive justice, that is, how public goods are distributed and how citizens share fairly in those goods (Veatch and Branson, 1976; Daniels *et al.*, 1996). Not surprisingly, several theories of distributive justice – libertarianism, utilitarianism, egalitarianism, communitarianism – have been developed to explain or rationalize how social burdens, goods and services should be distributed.

Libertarians view the individual as unencumbered, with individual rights trumping the common good and the state's role being to ensure fairness in voluntary transactions. Utilitarians define just allocation of resources as maximizing the greatest good for the greatest number. Egalitarians in the tradition of Kant, particularly Rawls (2001), understand justice as fairness resulting from agreement by reasonable people under conditions that do not allow for bargaining power to be translated into advantage; notions of the common good allow redistribution or reallocation of resources by the state under circumstances that benefit the least advantaged. Communitarians, such as Sandel (1982), believe that the common good can at times trump individual rights, particularly when those rights weaken social bonds necessary for civil society to work.

4.1 The Importance of Social Justice

Most discussions about justice in public policy concern questions of distributive justice, that is, how to share common goods. Distributive justice is not the same as social justice. Theories of distributive justice do not fully address issues related to social justice, such as differences among groups in accessing the goods of society, solidarity, inclusion and protection of the vulnerable (Young, 1990; Tronto, 1993). Meaningful participation by citizens in policy development (for example, through institutions of deliberative democracy) is a particularly important facet of justice and fairness (Daniels and Sabin, 1997, 2002).

Social justice has many meanings (Caputo, 2002), and is used in both a theoretical and a political sense. In the theoretical sense, it focuses on abstract principles. In the political sense, the concept of social justice addresses issues of power and inclusion with the aim of entering and changing public policy. The two perspectives necessarily work together. Theory and principles are important but the aim of social justice cannot be realized without also addressing power and politics.

Contemporary theories tend to restrict social justice to morally proper distributions of benefits and burdens among society's members (Roemer, 1996). However, social justice involves not only distributional outcomes but the social structures that produce patterned outcomes which either enable or constrain individuals over time. Thus, Iris Marion Young (2001) argues that non-material social goods are better viewed as relationships than as possessions. She evaluates social justice according to whether persons have opportunities or power. Chief among these benefits and burdens are non-material social goods such as rights, opportunity, power, and self-respect (Ackerman, 1980; Walzer, 1983). The idea of justice shifts from an exclusive focus on distributive patterns to a concern for the procedural issues of access to and participation in deliberation and decision-making.

4.2 Equity

Equity is a particular conception of justice as fairness. As such, it is concerned with both process and outcomes. A consideration of equity requires that similar cases be treated similarly. This same consideration includes a presumption against all forms of discrimination. Equity directs our attention to the ethical significance of relevant dissimilarities and requires that they be taken into account. It recognizes that treating persons the same way – equally – can be profoundly unjust if there are substantive differences that should be taken into account. In the Canadian conception, equity is conceived as a "balance between equality of opportunity and equality of results" (Saul, 1997: 505).

In Canada, the practical implications of equity have been played out very clearly in health care, where "equity means that citizens get the care they need without consideration of their social status or other personal characteristics such as age, gender, ethnicity or place of residence" (Commission on the Future of Health Care in Canada, 2002: 14). Health care equity "is rooted in a belief that health need was a particular need that required a particular response from a caring and compassionate community" (Kenny, 2002: 162). The response in this area of public policy has been an assumption of shared risk in solidarity.

Equity in other social welfare policy fields does not have the same public support. Equity among people in similar circumstances, sometimes called "horizontal equity," has been promoted by a redistribution of resources from the healthy to the sick, from the employed to the unemployed, and from young and middle-aged workers to children and seniors. Since the 1960s, there has been an increasing emphasis on "vertical equity" expressed as programs targeting the poor. It should be noted that legal conceptions of equity focus on fair process. In law, outcome concerns are generally considered equality issues rather than equity issues.

Our discussion here of intergenerational equity in public policy, using the examples of health care and income security, suggests that we need to re-vision equity as fairness of access, response to need, and outcomes in all social welfare policy fields.

5.0 Ethics and Public Policy

Public policy is an inescapably moral enterprise (Wildavsky, 1979; Dunn, 1983; Tong, 1986; Gillroy and Wade, 1992). We seem to grasp this reality in health care, where "Canadians view medicare as a moral enterprise, not a business venture" (Commission on the Future of Health Care in Canada, 2002). But value choices are equally important in other policy realms. In essence, public policy is "about communities trying to achieve something as communities" (Stone, 1997: 18).

As difficult as personal moral decisions can be, public policy issues in pluralist societies are even more complex. They typically "involve a decision about how to act toward affected others who are not involved (or only indirectly involved) in actually deciding what to do about an identified problem" (Malone, 1999: 18). Public policy decisions create possibilities for some and exclude others from these same possibilities. Public policy decisions are essentially decisions about *us* and how we want to be as a society.

Federal, provincial, territorial, and municipal governments, regional authorities and other institutions are under pressure to make decisions regarding the allocation of public resources amid the changing and complex forces of rising costs, governmental deficits, increasing public expectations and shifting demographics. However, because these decisions are fundamentally concerned with sharing and conceptions of persons, justice and society, they are not choices for politicians and policy elites alone. These decisions are citizen issues.

Ethics is understood by many to be about theoretical reflections on what we *ought* to do. Public policy is seen to be concerned with the *practical pursuit* of political and societal goals. The two therefore appear worlds apart. Historically, policy analysts have viewed policy development as a rational, goal-oriented activity. Policy analysis was thought to be a source of value-neutral, technical, problem-solving advice where statistical information and economic evaluations dominated. In recent years, it has become increasingly clear that this is a false dichotomy. Statistical and economic evidence are not value-free. The numbers cannot tell us what we *ought* to do. Moral imperatives underlie public policy instruments such as laws, resource allocation decisions, and regulations. Moreover, ideas about the good choice and the right thing to do are conditioned by historical, economic, social and political contexts.

As a result, policy studies today are paying increasingly explicit attention to means and ends, ethics and values (Pal, 2001). Capitalizing on developments in the social and political sciences (Lukes, 1986), policy science today includes normative concerns of ideology, power, and values, for "every policy presupposes an underlying moral argument that justifies it and requires some ethical principle(s) that will act as a standard of evaluation" (Gillroy and Wade, 1992: vii). Policy development in Canada has mirrored this trend (Doern and Phidd, 1992; Dobuzinskis *et al.*, 1996) to the extent that some now point to the emergence of an "ethics era" of Canadian policy (Kernaghan, 1996). At the same time, ethics is expanding from its focus on individual rights and autonomy to questions of public policy (Danis *et al.*, 2002). Our exploration of intergenerational equity in public policy is situated within these developments.

Despite these developments, some have cautioned that making ethical issues explicit may hinder consensus on practical issues (Kingdon, 2002). There is a political advantage in a lack of values clarification as policy decisions cannot be identified with specific political ideologies (Amy, 1987). However, the advantages of setting a framework of principles and making transparent the values at stake outweigh concerns in the areas of policy crucial to equity and social cohesion.

5.1 Clarifying the Ethical Dimensions of Public Policy

Our policy choices make statements about who we are as a society. If public policy is a moral endeavour, then how do we clarify its moral and ethical dimensions and implications? *Ethical frameworks* and sets of *guiding principles* (Beauchamp and Childress, 2001) have become tools for this clarification in public policy documents.

Principles are normative generalizations that guide and direct choices and actions. Principles are more general than rules; they leave considerable room for judgment in specific circumstances. A statement of a principle contains within it values and norms for decision-making. The Health Covenant for Canadians proposed by the Romanow Commission is a good recent example of a framework containing values and norms. It identifies the values that *ought* to guide health reform, including mutual responsibility for a public resource, patient-centered care, equity, a universal, accessible and portable, respectful and ethical system, transparency and accountability, public input and quality, efficiency and effectiveness (Commission on the Future of Health Care in Canada, 2002: 50).

What do we mean when we suggest the need for an "ethical framework" for public policy in an aging society? A framework is intended to help us to see an issue from varying perspectives and to identify the consequences of different policy options from points of view of "affected others." As such, it is a kind of lens that should stimulate our moral imagination and help make transparent the values at stake in policy options (Sherwin, 1999).

The minimum requirements for any useful and meaningful ethical framework for public policy development have been suggested as those that would:

- identify the full range of relevant moral claims;
- ensure recognition and analysis of the relevant moral considerations; and
- develop deliberative strategies to promote sensitivity to both process and substance of decisions (Sherwin, 2001).

Moreover, a meaningful framework or set of guiding principles should recognize the importance of both procedural (process) and substantive (criteria) ethical concerns.

Procedural ethics emphasizes the importance of a fair and transparent process, especially with difficult public issues where there is a range of viewpoints about the right and the good. It focuses on inclusion and fair process. It addresses questions such as:

- Who identified this as a problem?
- Whose interests are involved? How are legitimate interests determined?
- What is the range of appropriate participants?
- What is the role of experts, citizens, activists, and consumers?
- How does the process identify overlooked voices and risk-bearers, financial interests, and power interests?
- How does the process deal with decisions, consensus and lack of consensus?

If we acknowledge from the outset that there will be some competing and conflicting values operating in a pluralist society, then the importance of procedural ethics becomes very clear. A transparent, fair and reasonable process becomes itself an ethical tool for respecting diversity and inclusion and fostering social cohesion.

Substantive ethics focuses on the criteria for decision-making and action. Formal ethical theories pose perspectives from which criteria are derived. There are many possible philosophical approaches to determining the right decision or the good action. Though "public ethics" (Jonsen and Butler, 1975: 19-31) was defined over twenty years ago as a process of uncovering the values underlying programs and policies, the formal inclusion of ethics in public policy is still seen today as a newly emerging discipline and practice (Danis *et al.*, 2002). Public policy ethics needs to analyze the multiplicity of perspectives – formal and informal – that form the basis for the "right" criteria for "good" choices.

In turn, ethical analysis of both the process and criteria for decision-making can be descriptive, theoretical or normative.

Table 1.
Ethical Analysis

Descriptive Ethics	Identifies the values people indicate are important and the actual values in operation.
Theoretical Ethics	Is concerned with coherent justification for the proposed criteria for ethical choice. Historically understood as based in considerations of: • Duties • Consequences • Virtues (character)
Normative Ethics	Is concerned with how decisions *ought* to be made and generally takes into account both descriptive and theoretical considerations.

Descriptive ethics, as manifest in polling data and focus groups, helps explain and clarify values people actually hold. However, it does not express what we *ought to do*; it is not normative (Pellegrino, 1995). This is a crucial distinction to keep in mind as we proceed, for the process of public involvement envisioned in this project is more than a descriptive exercise. It is concerned with how decisions *ought* to be made. A specific challenge for this project will be to develop a process that captures a set of descriptive ethical issues and informs a process where justifications can be explored respectfully.

6.0 A Framework of Guiding Principles

To enrich the public deliberation on intergenerational equity, we will need to explore creative ways to show how different theoretical approaches challenge our position and help foster a commitment to inclusion of the other. The ethical framework should help by assisting us in identifying and examining assumptions, broadening perspectives, enlarging self knowledge, developing critical thinking skills, fostering tolerance, openness and skepticism about dogma, and cultivating empathy (Kopelman, 1995).

Because we have positioned public policy as a moral/ethical enterprise where decisions are made that affect others and justice and fairness are central, we need to find a framework that respects individual needs and rights but gives priority to the care and interdependence that is key to intergenerational equity. We need to surface a framework for deliberation that is concerned with fostering solidarity and equity, rather than one concerned only with resolution of the values conflicts that will inevitably occur. We will have to address how decisions are made precisely because this is not just a reflective or descriptive process. Its goal is to direct and shape how public policy *ought* to be made.

We must therefore reflect on how we ultimately make decisions. Consensus is often defined as the ideal process for complex and value-laden decisions. What is consensus? Why is it a procedural goal in public discourse? Why is support by a majority inadequate? What are the real difficulties in achieving consensus (Rescher, 1993; Moreno, 1995; Benjamin, 1990)? These are questions decision-makers in numerous institutions must frequently confront. Finally, we must address the important issue of how to respect those who cannot participate in the consensus on intergenerational equity, as well as those who do not agree that a policy option is the "right" or "good" thing to do.

6.1 Possible Foundations for an Ethical Framework

One approach to developing an ethical framework would be to choose an overarching ethical theory such as rights or duties or consequences, or the principle-based approach so popular in health care: respect for autonomy, beneficence, non-maleficence and justice (Beauchamp and Childress, 2001). However, choosing a single over-arching theory requires rejecting insights from other approaches. In making public policy in a pluralist society like Canada, this approach seems inadequate at best.

There are several competing notions of what constitutes fairness. A **natural justice orientation** focusing on rights is a crucial component of just policy. The *Canadian Charter of Rights and Freedoms* sets out a range of individual rights, including the right to life; liberty and security of the person; the right to equality; and the right to freedom of expression and association. These rights represent and protect the legitimate aspirations of individuals and groups. However, rights alone do not foster interdependence or attention to the needs of others.

The **social utility ethic** represents a particular understanding of the centrality of consequences for our appreciation of the good and right judgment and action. In its strictest sense it fosters the greatest good of the greatest number to the potential detriment of the needs of individuals and

small groups. It has been the ethical underpinning to policy focused on social investments – providing resources to a group such as children in the here and now, for example, in order to reap greater social benefit when these children are productive adults. However, many issues of intergenerational equity require policy responses that do not yield "investment reward" in these terms, among them, for example, long-term care for seniors and end-of-life care of the oldest-old. Moreover, it is important to acknowledge that many seniors are actively contributing to society and even the oldest-old in care have contributed over their lifetime financially and in other important ways.

The **libertarian perspective** views our bodies as our possessions. We ought to be able to do whatever we desire with them and the only limitation is on restriction against violating the ownership rights of others. The strictest version of this ethical approach sees distributive justice as a system that respects rights to freedom and ownership of property. Goods are distributed fairly only when traded on the free market. In this perspective, society should not interfere with private interests. Since there is no societal obligation to assist those who cannot participate in the market, this orientation is in conflict with both the interdependence of generations and equity goals of this project.

The **communitarian ethical perspective** understands the community as the central unit rather than the individual. It balances the protection of individual rights with this community focus in most liberal societies, including Canada. As such, this ethical perspective is very compatible with the generational equity focus.

Each of these possible theoretical approaches has something to contribute to this project, but we need to go further. We need to develop an ethical approach for public policy development that resonates with a framing of policy as a moral endeavour and fosters intergenerational equity.

6.2 The Ethic of Care

The **ethic of care** is one such approach. This approach holds that moral/ethical decision-making is not so much about rights or finding rules to arbitrate conflicting interests as it is about finding solutions that reduce conflict by fostering human dignity and the good of the entire community/society. The ethic of care is situated in the interdependence that is at the heart of intergenerational equity.

The ethic of care is a value base that submits all decisions, including policy decisions, to an assessment of the right and the good, based on the nature of *relationships*.[1] This ethic does not see people as individual, autonomous and unconnected but rather as rooted within relationships – for instance, family relationships, social relationships, work relationships, and political relationships. Employing an ethic of care implies that every time decisions are made, there needs to be consideration of what kind of relationship the decision comes from and what kind of relationship is at stake.

[1] Precisely because it was centered on interdependence, the Royal Commission on Reproductive Technologies also chose the ethic of care as its approach to the complex ethical issues associated with the very beginnings of human life.

The ethic of care perspective is very meaningful for any work that attempts to look at those progressively difficult decisions about the sharing of common resources. It requires us to look at individuals not in competition but as interconnected with one another. It also asks how decisions can be made fairly across time and age and stages of life when there are different needs and dependencies. From the perspective of justice and care, the need to consider the interdependence of generations when apportioning public resources is apparent.

This centering of care is compatible with the framing of intergenerational issues within the unity of the lifespan and a conception of justice understood primarily as equity. Both care and justice should be seen as types of practice, particularly in serving as the basis of claims to reallocate resources from more to less affluent individuals, or from one age group to another. Justice and care are necessary for each other. Caputo has suggested that:

> The concept of justice can be reframed to complement care so principles and practical consequences for the redistribution of resources can be seen to increase the likelihood of a fairer distribution of burdens and rewards associated with care and the meeting of care needs. This isn't to develop a complete account of morality but it does get closer to a better answer. Justice and care are both "ways of negotiating dependence" (Caputo, 2002: 359).

This is a "political" view of care with practical consequences. Linking the ethic of care, social justice and political power makes possible the development of an agenda that can foster intergenerational equity in crucial public policy decisions, such as those presented by health care reform and income security policies. Questions of when inequalities of resources prevent citizens from equal power would become political questions (Tronto, 1993; Meyers, 1998).

At its core, the ethic of care is respectful of the notion of interconnection. This, in turn, is consistent with the recognition that health cannot be understood separately from wealth, or that poverty, social disadvantage and social injustice can be as important to health and well-being – in fact, sometimes more so – than health care. It also highlights the importance of the continuum of care and the significance of the relationships of generations as an essential lens for policy-making, in the same way as other social relations such as race and gender. Policy-makers must come to understand that if they approach a policy issue without attention to the relationships of generations, no matter how much the policy is *intended* to do good, it could also do harm.

Finally, most individuals will eventually experience old age. This is, therefore, a conversation about what the effects of a decision made for one group might mean for others. This is an intrinsically inclusive question, posed in a way that is respectful of different needs at different times and ages and stages of life.

6.3 Some Guiding Principles

Because the ethic of care in an intergenerational context is only *a general framework*, a set of basic principles is needed both to distinguish it from other ethical approaches and to suggest how it can be used to inform actual policy decisions. The ethic of care framework can be enriched, and its potential utility for decision-makers enhanced, by identifying the basic principles of justice such as *respect for persons of all ages*, *meaningful autonomy*, *solidarity*, *protection of the vulnerable*, *responsible citizenship*, *accountability* and *sustainability*.

These principles are derived from an array of traditional ethical theories. They also appear consistent with Canadian values expressed in health care, the national aging policy, and policies and programs directed toward fighting poverty, particularly child poverty. A list of the key sources used to derive these principles is located in Appendix 2.

The principles outlined below are only *a starting point* for thinking about the ethic of care as an ethical framework for decision-making in an aging society. They are proposed here as a lens for making public policy choices that are consistent with the relationships that underpin the understanding of intergenerational equity used in this paper.

Table 2 lists the guiding principles that might elaborate an ethical framework rooted in the ethic of care. It includes a description of what each principle means in the context of relationships.

Table 2.
Some Guiding Principles to Promote Intergenerational Equity

Respect for persons of all ages	Respect for the dignity of all persons, from childhood through old age.
Meaningful autonomy	Fostering the fullest appropriate participation of persons of all ages in decisions that affect their well-being.
Solidarity	Acknowledging the interdependence of citizens in the sharing of risks and benefits across the lifespan.
Protection of the vulnerable	Making a commitment to protect those who cannot act for themselves and who are most disadvantaged.
Responsible citizenship	Enabling every member of the community to participate actively in public policy decisions in an informed manner.
Accountability	Presenting clear and transparent accounting of decisions and their ethical justification, as well as assessing their consequences for present and future generations.
Sustainability	Deciding public policy with concern for the needs of present Canadians and for future generations.

Respect for persons of all ages: Respect is a fundamental principle of human conduct. It is often articulated as respect for life or respect for human dignity. Respect for the dignity of persons of all ages captures both concepts. All persons should be treated with respect, not callousness or indifference. The specific dimension of age is mentioned so that respect is understood within the specific reality of persons at different ages and stages in life.

Meaningful autonomy: Autonomy has become the dominant principle – some call it the "trumping" principle – in contemporary liberal societies. This focus is generally directed to individual autonomy whereby people are free to choose how to lead their lives with respect to their health, family and wealth. Autonomy is not an unqualified principle; it does not include the freedom to harm others or to disrupt social stability, yet the common understanding of autonomy as the freedom of choice and action for rational, independent and self-sufficient individuals is grossly inadequate for moving forward intergenerational justice. Here, meaningful autonomy is the principle, such that the age, social and health related relational modifiers of autonomy are emphasized. Meaningful autonomy is an important consideration in decisions that span all ages.

Solidarity: Solidarity is a principle that situates our dialogue and decisions within a context of interdependence. It directs us to act in ways that acknowledge this interdependence, especially in the sharing of common resources. Benefits to some may mean reduced benefits for others. This principle also strengthens the sense of the lifespan as a reality that binds us together over life in all ages and stages of development and need.

Protection of the vulnerable: This principle of protection is crucial in policy decisions affecting the very young, the very old, the very poor and others who are marginalized. Vulnerability generally relates to power imbalances. It requires attention to those who cannot attend to their own well-being and protect themselves from exclusion and exploitation. This duty of attention is a trust that must be exercised well. This principle must be brought to policy decisions in light of the principles of meaningful autonomy and inclusion. In the context of lifespans, this principle also requires us to recognize that all citizens experience vulnerabilities at some stage of life.

Responsible citizenship: Since the policy issues inherent in acting to promote intergenerational equity are rooted in justice, the principle of responsible citizenship recognizes that there are diverse needs among people of different ages, stages and social situations of life. Shared resources should be used efficiently and effectively. Every member of a community affected by a public policy decision should have some meaningful involvement in the decision. The principle recognizes that there are many subtle ways of excluding participants. It also directs attention to the importance of developing strategies to promote empowerment and participation. Responsible citizenship is a natural corollary to understanding public policy as a moral endeavour.

Accountability: The principle of accountability for public policy has received heightened attention recently, especially in health care reform. It requires a clear and transparent accounting to the public of decisions affecting health and security. It also requires a careful assessment of the consequences of policy decisions and a continuous monitoring to ensure that the goals continue to be achieved in changing circumstances.

Sustainability: The principle of sustainability requires that we focus on equity both in the present and in relation to future generations.

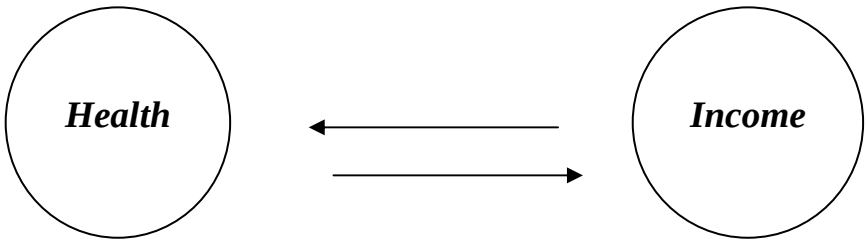
The principles outlined here provide no magic answer to difficult public policy choices, but they have the potential to help us frame and focus our deliberations on the ethical issues at stake. Some of them are clearly interrelated, such as respect for the dignity of persons of all ages and meaningful autonomy. Some of the principles are in potential conflict, such as meaningful autonomy and solidarity or responsible citizenship. No formal ordering or prioritizing of these principles is implied in this listing. All or some of these principles may need to be applied to specific issues.

7.0 Health Care, Income Security and the Ethical Framework

Since ethics is a practical discipline, any ethical framework for public policy will be meaningful only if it helps us make better decisions. Health care and income security are two key policy areas with implications for intergenerational equity. They therefore can function as test cases to assess whether this ethical framework can foster inclusive, interdependent and equitable decisions.

Providing public resources for health care and income security have very different meanings and therefore a different priority for most Canadians, even though needs for housing, food, meaningful employment and nurturance, especially in the first few years of life, have more direct impact on long-term health and well-being than the health care system itself. These socio-economic determinants of health have been identified as crucially important in every major review of health care from the seminal work by Marc Lalonde (1974) to the recent Senate Standing Committee on Social Affairs, Science and Technology (Senate of Canada, 2002) and the Commission on the Future of Health Care in Canada (2002) reports.

This powerful link between income, income inequality and health can be mapped (Ross *et al.*, 2000):



Evidence now documents that the position of individuals in the socio-economic order is proportionally related to how long they live and to their general level of health. Even more dramatically, our relative standing in the socio-economic order is directly related to our chances of getting and dying from specific diseases, with smoking and heart disease being two dramatic examples (Evans *et al.*, 1994).

For policies focused on intergenerational equity to achieve goals of inclusion and equity, we need therefore to incorporate into the information provided to citizens some clear factual messages, including that such effects cut across all income groups; they do not just affect the poorest. There are consequences to all members of society from income inequality: "The deleterious consequences of inequality are not borne by the poor alone; everyone pays for the cost of increased sickness and crime, as well as for the diminished quality of civic institutions and the social environment" (Kawachi and Kennedy, 1999: 225). Moreover, income inequality across groups and in society as a whole is more important than absolute income (Daniels and Sabin, 2002). If a focus on intergenerational equity is to be meaningful, it needs to find ways to promote reflection on both health care and income, as well as on the crucial links between them.

7.1 Health Care Policy

Health care is an arena of conflicting and competing demands. Many Canadians assume that health care costs are spiralling out of control mainly because seniors consume resources, with their demands sorely testing the sustainability of the Canadian health care system (Commission on the Future of Health Care in Canada, 2002). At first glance, the logic seems straightforward: health deteriorates with aging; health care use increases with age; the population is aging; and health care costs will be further pressured and our health care system will be unable to sustain the pressure. The aging population easily becomes the scapegoat for everything from emergency room crowding to escalating health care costs (Northcott, 1994).

While health expenditures do increase with age, is the pressure of an aging population on health care an avalanche or a glacier (Barer *et al.*, 1995)? Most policy analysts agree that aging alone only drives up health care costs by one percent a year (Conference Board of Canada, 2001). Thus, the aging of the population is too gradual a process to explain the growth in health spending. That growth is much more complex and relates to issues across the lifespan.

> Anyone interested in the problem of health care for older persons ought to have this message firmly engraved on their cerebrum. The argument that demography per se has been in the past and will be in the future a major driver of per capita health spending may have intuitive appeal at first blush, but it is a canard. It is a canard in the Canadian context, just as it is elsewhere on the globe (Reinhardt, 2001).

If it is true that the aging population has contributed minimally to the crisis in health care costs that so preoccupies Canadians (Evans *et al.*, 2001), why do these claims about the aging population limiting health resources for all persist? Some important reasons are:

- over long periods the effects of demographic trends can be substantial;
- the effects of aging on *some* types of services will be more dramatic, e.g., long-term care, but these cannot be extrapolated to other services; and
- health care providers are seeing more seniors but this is because there are more of them (Barer *et al.*, 1998).

Given that an aging population, in itself, is a slow, glacier-like force, good public policy should understand and take into account the other forces increasing health care expenditures, such as technology, pharmaceuticals and consumer demand, and develop policy options accordingly.

The Use of Technology

A compelling question in health reform is the appropriate access to and use of advances in technology. The appropriate use of technology for aging individuals has consequences for the sharing of resources across generations and between generations. How might a focus on intergenerational equity help us make decisions?

Studies from Manitoba (Menec *et al.*, 2002) indicate that most seniors are healthy and require few health care resources, especially those aged 65 to 74 years. The majority of seniors studied

was independent, did not require assistance with activities of everyday life, and had no significant disabilities. Even among those aged 85 years and over, many were living well and independently. Indeed, the health of seniors has been improving for some time and seniors have fewer disabilities (Chen and Millar, 2000). Life expectancy has increased and mortality rates have dropped due primarily to reduction in deaths from heart disease. All this is consistent with the compression of morbidity hypothesis (Fries, 1983), which suggests Canadians will live longer, and serious health problems will occur later and be compressed into a shorter period of time.

Yet, prescription drug use and costs per prescription have increased. The rate of prescription drug use increases with age from 10 per 1,000 for those less than 55 years of age to 20 prescriptions per 1,000 for those 85 years and older. A crucial issue relating to inappropriate drug use in seniors requires immediate attention. While many of these medications provide significant benefit to seniors, over-medication and inappropriate medication use can be harmful in many ways (Allard *et al.*, 2001). Clear and accessible information about medications in general and the pattern of medication use by individuals is a key to optimal care.

Patterns of demand and response are also contributors to rising demand and cost, especially demand for high-technology care – dialysis, heart transplant, chemotherapy – which have been used successfully with older patients. Total knee and hip replacements and coronary bypass surgery have increased substantially. Many more interventions are provided to older and older seniors (Barer *et al.*, 1995). This raises the question of what is *appropriate* care.

Avoidance of a "premature death" and the concept of a natural lifespan are being challenged by modern science (Glannon, 2002; Harris and Halm, 2002). What are the goals of care in aging (Callahan, 1987; 1990)? What is the fair use of life-sustaining technologies in old age? What is a fair share of common health care resources? These are crucial questions raised by the spectre of unlimited consumption by a growing population of seniors. In fact, the questions of the appropriate use of technology and the fair share of common health resources concern Canadians of all ages and stages of health need. Therefore, we need to think about the ethical issues involved in these changes.

Case 1.
Applying an Ethic of Care to Sharing Technology

John is an 82-year-old widower who has had diabetes for 42 years. He is now hospitalized for kidney failure. A resident of a nursing home for the last six years, he has experienced many complications from diabetes, including the amputation of one leg. He is also in the early stages of Alzheimer's disease, so his sons are making decisions for him. They demand that he be dialyzed.

*How might a focus on intergenerational equity, using the **ethic of care** as a guide, help us derive policy options from this case?*

This case involves determining whether dialysis for an 82-year-old man with early Alzheimer's and complications from kidney failure is an appropriate use of technology and, by extension, of limited health care resources. First, we need to clarify the medical "facts."

- Will dialysis be an effective medical intervention, i.e., will it turn around the kidney failure?
- What are the implications for the length and quality of John's life with dialysis and without it?

The answers to these questions need to be shared with John's sons, so that they will be able to balance their personal responsibility to protect their vulnerable father with their desire to act as responsible citizens. In particular, they need to be *informed* so as to avoid any tendency to act as if technology can improve all situations.

If there is a right to access such care, how do the relationships in this case – between John and his physician, between John and his sons, and between John's family and his doctor – shape the decision-making process?

- Does John himself want dialysis under these conditions? Is he able to indicate his wishes? Has he indicated his wishes in the past? In other words, has he been given the maximum opportunity to exercise his meaningful autonomy?
- Have his sons been informed of alternatives, such as available long-term care arrangements, that that might provide an even better quality of life?

What is done or not done for John affects not only himself and his family, but also the rest of society. Health care resources are less than the demand for them. Waiting lists for dialysis are a fact of life in most communities. John's case raises some basic questions.

- Is it possible to balance high cost, acute interventions for the older generation with the needs of others across the generations, now and in the future?
- What is an appropriate lifespan, both in the context of the individual and society?
- Are there appropriate interventions at different times in the lifespan?

Do the guiding principles derived from the ethic of care help us to address these issues?

Decisions such as those about "John" raise concerns regarding discrimination and ageism. Should age be a criterion for exclusion from certain potential benefits (Tadd, 2000)? While modern technology raises important questions about the goals of care in aging, chronological age, in itself, should not be used as a criterion for exclusion from potential health care benefits. Rather, as the ethic of care suggests, relationships need to be considered, both those among individuals and between individuals and society.

The aging of Canadians has focused much attention on fairness to the growing elderly population. By comparison, much less attention has been accorded to justice and fairness to the young (Brock, 2001; Callahan, 2001; Kopelman, 2001; Kopelman and Mouradian, 2001) – although there is a similar strong commitment to high technology health care for children and youth in Canada. Children's hospital telethons and even television shows demonstrate technological "miracles" in the lives of infants and children. Thus far, the only area in which there is serious consideration of the appropriate use of these resources is in neonatal medicine, where technology allows the survival of smaller and more premature infants than ever before. The long-term health and social consequences for some of these survivors of technology is significant. A health care system that focuses primarily on acute technology needs without balancing the long-term need for care, support, rehabilitation, and so on, will fail children and families in the long run.

The dominance of acute health care for children, as for seniors, fails to address real health needs adequately. The importance of the socio-economic determinants of health for all gets lost in this focus on acute, technological health care.

Intergenerational equity also requires that more careful consideration be given to women's health issues (Brodie, 1996; Armstrong *et al.*, 2001) and the cross-cutting influences of age and gender on equity. This is particularly important as middle-aged women assume health care responsibilities for both young and old. The importance of age in relation to other risk-bearing situations, such as disability and racial discrimination, needs particular attention. Some citizens are doubly or triply disadvantaged in their health and well being. These multiple disadvantages can only be dealt with adequately by a vision of equity that recognizes these cross-cutting influences.

Preventive Health Care

There are many issues raised above that require preventive health care. The inordinate focus in Canadian society on acute health care does a disservice to the care that will be needed by the aging population. Urgent change is needed because "the process of adjusting health programs and financing should begin to address the impact of aging, and in particular, the increase in demand for services linked to a decrease in independence as people age" (Hogan and Hogan, 2002). The age and level of care required on admission to a long-term care facility have increased, suggesting that seniors stay longer in the community. Chronic illness care and home care need to be a focus if we are to address appropriately the real needs of the aging population. The burden on family members, as seniors stay in the community, brings a new need for respite care.

Generally, hospitalization rates for seniors have declined due to an increase in outpatient surgery, and day clinics have remained constant for myocardial infarct and hip fracture. In Manitoba, five percent of seniors used 78 percent of all hospital days consumed by seniors. Stays of 30 days or longer were required because 52 percent of these days were spent waiting for long-term care placement; 24 percent for services such as physiotherapy; nine percent for diagnostic tests; seven percent for palliative care services; and five percent for home care to be arranged. These long stays occur because the system is not yet capable of responding to the real needs of this group of seniors. This inappropriate and unnecessary hospitalization occurs despite the fact that it is wasteful of resources and potentially dangerous to patients (Jacelon, 1999).

Falls are the most common injuries requiring hospitalization among seniors (Menec *et al.*, 2002). Hip fractures are especially high among the oldest-old women. These injuries are a particular concern because many individuals do not fully recover, leaving them with reduced functional ability which, in turn, often leads to admission to a long-term care facility.

Major recommendations on reforming primary care, reducing wait lists, funding home care, and catastrophic drug coverage, all seem to have particular importance in reshaping the health system to better respond to the needs of the aging population. Attending to the myths and realities of our aging population and our health care system brings into relief at least four pressing concerns, not just for seniors but for all Canadians:

- The importance of de-medicalizing aspects of care and promoting a more whole person, lifespan understanding of health.
- Improved assessment of the benefits and risks of new and emerging health technologies.
- The necessity of adding a population health perspective to our policy decisions in order to better balance the individual and technology-based focus of acute health care with disease prevention, health promotion and chronic illness, rehabilitative and palliative aspects of care. This, in turn, requires a deeper public understanding of the interrelationships between health and poverty, disadvantage and social exclusion.
- A serious consideration of the implications for intergenerational equity of the public versus private health care debate in Canada, including the crucial question of how items get included above and beyond universal coverage and what gets excluded.

Case 2.
Considering an Ethic of Care and the Continuum of Care: Long-term and Palliative Care

Mary is a fiercely independent 76-year-old. She has lived on her own despite an increasing number of medical problems. Six weeks ago she fell, suffering a serious hip fracture. There have been complications and her functional status has declined, but the hospital needs to discharge her. No alternate facility is available so she continues to occupy a hospital bed.

*How might a focus on intergenerational equity, using the **ethic of care** as a guide, help us derive policy options from this case?*

Mary's case raises questions about how best to provide a continuum of care for individuals who, for health reasons, require assistance with the activities of daily living but not acute care. All of us need and want to have our dignity respected. This dignity implies consideration of the appropriateness of the care that is given and the setting of such care. Mary no longer requires acute care in the restrictive setting of a hospital.

- What impact might this restrictive setting have on Mary's sense of dignity? She has always followed public affairs and, as an informed citizen, she knows hospitalization is costly and resources are limited. Is her dignity undermined by the knowledge that she is a "burden" on her fellow citizens? Might she make a poor choice in order to avoid that threat to her dignity? Are health care professionals ready to help her deal with this fear appropriately?
- To what extent is Mary able to influence the kind of care she receives or where it is delivered? Does the health system provide her with a range of choices so that she can both exercise meaningful autonomy and continue to behave as a responsible citizen?

Mary places a high value on her independence, as most of us do. This independence is closely linked to how and where we choose to live. Although Mary seeks meaningful autonomy, she lives in relationship to others, including members of her own family and the community at large. Her options, to some extent, depend on the sustainable use of common resources.

- In this context, is the decision to keep Mary in an expensive and inappropriate acute care bed a good use of common resources? What other options of care might Mary and others in her circumstances choose? Do we, as a society, pay sufficient attention to providing a range of appropriate choices – that is, is sustainability taken into account, alongside a commitment to meaningful autonomy and respect for persons of all ages?

We live in an aging society in which there are – and will be – a variety of different demands for care. The exercise of choice will depend on the availability of socially affordable options for care, which might include informal care supported by family and friends, home care to support independent living, assisted living, nursing homes and complex continuing care.

- Who should decide what options are available to patients like Mary who require long-term and/or palliative care?
- Who is accountable? Whose needs are met?

Do the guiding principles derived from the ethic of care help us to create options supportive of Mary and those involved with her?

7.2 Applying the Ethical Framework to Income Security

While Canadians have expressed a strong and consensual commitment to a sustainable public health care system, there is less agreement on how to ensure income security. Moreover, we have only begun to appreciate that the health and well-being of the population as a whole is more dependent on socio-economic determinants than on acute health care. How might a focus on intergenerational equity inform public understanding of this policy domain?

The aging of Canada has focused some attention on the sustainability of programs aimed at income security for seniors. A focus on intergenerational equity reveals a broad range of crucial issues here: income security across and between all age groups; income security and health status for all ages; the implications for women of framing poverty as "child poverty"; and the health consequences of a variety of policy decisions regarding child care, housing and employment. The inadequacy of our present thinking is highlighted in two examples, which may serve to stimulate our moral imagination as to the complexity of intergenerational equity. They are child poverty and income security for seniors.

Child Poverty

In 1989, one child in seven lived in poverty. In recognition of the need to act, the House of Commons unanimously resolved to seek the elimination of child poverty in Canada by the year 2000. Yet when this target year arrived, almost one in five Canadian children (18.5%) continued to live in poverty, despite an economic upswing (Statistics Canada, 2000a). This is surely a dramatic example of the inadequacy of our present thinking. Why have we been unable to eradicate child poverty in Canada? Is some of our failure related to our valuing of children and families? Is it a failure to understand interdependence?

Can a focus on intergenerational equity help us to understand the reasons for our failure? Might it help us to understand the social, economic and political forces that have shaped the discourse on child poverty, or enable us to re-imagine our responsibilities regarding the eradication of poverty generally and thereby develop more effective strategies?

Lying behind child poverty are important changes in the labour market that have produced increasing levels of economic insecurity for many Canadians. There is now a sharper distinction between "good" and "bad" jobs. There has also been a major increase in the labour force participation rates of mothers with young children. Government downsizing and changes in health care have offloaded responsibilities for the care of the sick and elderly onto women (Morris *et al.*, 1999) with consequences for their employment possibilities. Changes in family structure mean many children are living with only one adult, most often their mother. Given that real hourly earnings have not increased since 1994, one income is no longer sufficient (Vanier Institute, 2001).

The state's focus on children in poverty reflects a more general shift towards a child-centred discourse in family and social policy. This focus on children has been given momentum by increasing international attention to the rights and needs of children since the 1970s. In October of 1990, then Prime Minister Brian Mulroney co-chaired the World Summit for Children.

Following the Summit, Canada developed an action plan that identified "reducing children living in low income circumstances and preventing conditions of risk to children" as two areas of highest priority (Canada, 1992: 41).

While children constitute only a minority of the poor population (Statistics Canada, 2000a), they may constitute a disproportionate percentage of the chronically or persistently poor. Data available from the Survey of Labour and Income Dynamics suggest that 38 percent of all people living in lone-parent households, 12 percent of all children under six years, and six percent of couples with children, experienced poverty for at least four years in Canada between 1993 and 1998 (Morissette and Zhang, 2001). Four years is a long time in the life of a child.

> Being raised in a poor family somehow predisposes individuals to a lifetime of poverty: child poverty begets child poverty. In this sense, child poverty is an important element in the development of an "underclass" or a "culture of poverty," and as such should be at the centre of policy development (Corak and Heisz, 1996: 5).

Empirical evidence suggests a relationship between the secure attachment of parents/caregivers in the first 18 months of life and the formation of neural networks that benefit healthy adult development (McCain and Mustard, 1999). In addition, the impact of poverty on children's life experiences and chances has shown significant correlation with harmful adult outcomes (Ross and Roberts, 1999), including social problems, poor school performance, illiteracy and unemployment, as well as intergenerational poverty and welfare dependency (Rank and Li-Chen, 1995). Many factors contribute to the poor outcomes of child poverty including poor housing conditions, poor quality neighbourhoods, lower level of nutrition, fewer educational opportunities, poor quality daycare, inferior schools and parents experiencing higher levels of isolation, stress, depression and substance abuse. Adults living in poverty also suffer harmful consequences in trying to provide for their children. There is some evidence that low-income, lone mothers even compromise their own nutrition to feed their children (McIntyre *et al.*, 2003).

Measures to eradicate child poverty are increasingly justified in terms of the functional value of children as future workers and the impact of child poverty on long-term cost and economic growth:

> As a result of child poverty, society as a whole suffers, both economically and socially: society is less productive than would otherwise be the case; greater use is made of the unemployment insurance and social assistance schemes, and of such subsidized services as daycare, healthcare, and housing, greater burden are placed on our justice systems and the prisons; and the future generations grow up stigmatized, marginalized and deprived.... Children are a resource that society can not afford to waste (Canada, House of Commons, 1991: 20-21).

Despite this kind of rhetoric, the major solutions proposed by governments to counteract child poverty have been fairly consistent and relatively limited since the late 1980s. These include child benefits that supplement the income of low-income parents, increased enforcement of child support within provincial jurisdictions, and early childhood development programs. There has been very little discussion in the discourse on child poverty about the need to improve conditions in low-wage labour markets, to implement pay or employment equity, or ensure family-friendly employment policy.

Case 3.
An Ethic of Care Applied to Children (and Parents) Living in Poverty

Simon is an eight-year-old boy living with his mother and two younger sisters, Johanne and Isabelle, in a one-bedroom public housing unit. He has constant colds but is otherwise healthy. He is repeating Grade 2 and not doing well in school. Although only eight, he often is left in charge of his sisters when his mother, Manon, works and the elderly neighbour who babysits has to visit her own sister in hospital.

Manon is 27-years old. She dropped out of high school at age 16. She now works as an office cleaner. She works at a part-time job (because she is afraid to leave the children alone at home) and has been able to find only minimum wage work. She has no social benefits, such as health insurance or holiday pay, from her job. Moreover, because she cleans when offices are closed, she has not been able to find a good quality child care centre for her children. Two years ago, her common-law husband abandoned the family, disappearing to another province; he pays no child support for his three offspring, even though she has heard rumours that he has a good job.

The family's disposable income after paying the rent and telephone is $30 per week. Manon and her children sometimes go to the local food bank, but they avoid doing so as much as possible because it is in their church basement and they hate to be treated in a pitying way by members of their own church who volunteer there.

*How might a focus on intergenerational equity, using the **ethic of care** as a guide, help us develop better policy options to ensure a better future for Manon and her children?*

- To what extent might Simon's success in school and later life be improved by policies that acknowledge the interdependence of citizens in sharing risks and benefits? Such policies might include access to high quality child care services 24/7 or vouchers that would give Manon the autonomy to hire her own babysitter on a regular basis.
- Who, if anyone, beyond Manon is responsible for ensuring the best possible outcomes for her vulnerable children? What are the future consequences of Simon's problems in school or of his sisters' lack of preschool education?
- Should Manon's wages be supplemented? Does protection of the vulnerable extend to freeing her children from the negative effects of her decision not to complete school, or their father's decision to ignore his parental responsibilities? Or, should the aim be to foster meaningful autonomy by providing Manon with subsidies to finish her education?
- Does meaningful autonomy extend to permitting the father *not* to pay child maintenance, or do the principles of responsible citizenship and sustainability require the government to locate him out of province and compel him to pay maintenance?
- Despite her earlier choices, does respect for dignity of persons of all ages imply that public policies should recognize that Manon is behaving responsibility, juggling a job and her family responsibilities? Does this respect require an expression of solidarity from her neighbours, one that would allow her to avoid stigmatization for using the food bank? Or, does responsible citizenship imply that Manon should use the food bank in order to feed her children better?

Do the guiding principles derived from the ethic care help us to make a better future for Manon, Simon, Johanne and Isabelle?

Thinking of children as separate from their parental and family contexts fails to take into account the intergenerational interdependence that is critical to equity. Children are poor because their parents are poor. Moreover, because most children live with their mothers in two-parent or lone-parent households, there is a close link between child poverty and women's poverty. Most of the difference in the rates of poverty between women and men is linked to lack of recognition and support for women's child-rearing responsibilities (Armstrong and Armstrong, 1994). Families have changed significantly. The divorce rate is up and marital breakdown is a major reason that many women slide into poverty. Women are often low wage and marginalized workers. In 1995, women over 15 years of age who were members of visible minority groups were nearly twice as likely to have low incomes as white women, with Aboriginal women and children experiencing significantly higher levels of low income and more extreme poverty (Statistics Canada, 2000b). Women and children with disabilities also experience poverty disproportionately (Fawcett, 1996). Any effective approach to the eradication of child poverty must therefore be linked to eliminating the conditions of inequality experienced by women.

A focus on child poverty was intended to avoid rancorous debate about who "deserves" support, since children are vulnerable and dependent. In effect, this focus has actually reduced the scope of the debate and focused attention instead on individual rather than systemic causes of poverty.

> A focus on child poverty implicitly reinforces an ideology of individual responsibility by constructing adult dependence on state assistance as deviant. This underlying assumption obscures other forms of state dependency as well as important structural causes of poverty, including the dependency disproportionately experienced by women as a result of their care of the young, sick and elderly. A focus on child poverty makes it more difficult to identify and challenge structural constraints and work toward long term solutions because adult poverty in general and its intersecting and systemic inequalities are not identified as social problems (Weigers, 2002: 86).

The question of who deserves support still arises but it is now considered differently. As Kitchen notes,

> Most Canadians are willing to support impoverished children, who can hardly be held responsible for their poverty. But the problem with such children is that they live with impoverished parents, and these parents are held accountable for their economic circumstances. Financial support for parents often raises concerns that parents may spend the money irresponsibly. If such concern about parents' behaviour prevents support for children, then we risk hurting the children for the sake of punishing the parents. Few other industrialized nations have had such difficulties in matching their concern for children with their fear of providing financial assistance to adults (Kitchen, 1995: 437).

The narrow focus on child poverty has effectively diminished our sense of the state's responsibility to ensure equitable distribution of health, wealth and well-being. We've made very little progress on child poverty because there has been no change in the dominant assumptions exemplified by the rhetoric of blame and individual responsibility.

As UNICEF recently noted, the persistence of child poverty, even in affluent nations, is a serious issue. It challenges the industrialized world's ideals and tests its capacity to resolve many of its intractable social problems (United Nations Children's Fund, 2000). Reflection on these issues through the lens of intergenerational equity should assist us in developing more appropriate analysis and, hopefully, more effective responses.

Income Security and the Social Contract with Seniors

While we've made little progress on child poverty, there has been substantial progress made toward income security for seniors since the early 1980s (Clark, 1998). Today, the poverty rate for seniors is about equal to the rest of the population (Prus, 2000). Canada's social contract with its senior citizens is comprised of a mix of universal benefits, social insurance and individual responsibility. The sustainability of our public commitment to seniors is frequently raised as an issue for Canadians, however.

While much of the public debate focuses on how much the working generation can afford to contribute to the financial security of the retired generation, the reality is that,

> as seniors form an increasing percentage of the population, they will account for an increasing percentage of all taxpayers. They will also contribute an increasing share of amounts collected by various levels of government in different kinds of taxes and user fees. Some studies have even suggested that programs such as the OAS and GIC may be largely financed by intra-generational transfers rather than by inter-generational transfers (Townson, 2001: 11-12).

Canada is not alone in this experience. In almost all the industrialized countries, total dependency ratios are much lower than in the past. In other words, the burden of caring for a larger population of seniors could be largely offset by reduced spending on child care, education, and other services to a smaller number of children and young people.

Almost from the moment of maturation of the public pension system, discussions began over the looming "pension crisis." By the mid-1980s, the first serious efforts to reform national pension systems and resolve the "crisis" were underway. By 1998, almost all of the OECD countries had gone through at least one major pension or social security reform.

In Canada, the aging of the population has been regularly advanced as the reason necessitating the reform of the pension system away from universal public pensions towards private provision, with the state merely retaining the role of providing a safety net.

Scaling back the Old Age Security (OAS) and increasing pressure to raise the limits for Registered Retirement Saving Plans (RRSP) contributions are clear indications of the direction Canadian public policy on pensions has been taking. Not only are higher-income earners allowed to contribute more to an RRSP in dollar terms, but, because our tax system is progressive, higher-income earners receive a bigger tax refund for any given contribution than lower-income earners would receive for the same dollar amount contributed to an RRSP.

These outcomes are not inevitable consequences of relentless demographic forces. They are social and political decisions, which raise fundamental questions of intergenerational equity:

> If there really is a demographic time bomb waiting to explode, and if the countries of the western world face a crisis of population aging, how would it help to get rid of public pension plans? How would replacing social insurance pension programs with mandatory savings schemes help societies deal with the needs of an aging population? The answer – at least in the minds of the privatization advocates – seems to be that, by getting rid of public pensions, society would no longer have to face the problem. That challenge would be placed squarely on the shoulders of individuals, who would then be expected to sink or swim. Society would only pick up the pieces for the very poorest, through a minimal anti-poverty or social assistance program (Townson, 2001: 35).

These economic arguments are important. However, they "overlook the human face of the generational contract expressed in collective state provisions and within families" (Street and Ginn, 2001: 43). Clearly, as soon as we start talking about public expectations for income security in the senior years, we open ourselves up to a dialogue involving core notions of sharing and responsibility. When looking at the design and delivery of pension programs, it is more than just systematic constraints that shape the policy options available to politicians. Policies and programs are representations of values and they ultimately shape social relationships. The endurance of these core values needs to be a prime consideration in any policy options for pension reform.

Case 4.
Can We Afford Our Seniors? Does an Ethic of Care Help?

Jim is a 72-year-old retired manager of a grocery store. He and his 70-year-old wife, Lucy, live on a small private pension, provided by his former employer, an Old Age Security (OAS) benefit because their income is relatively low, and the Canada Pension Plan. They bought a modest home and paid off the mortgage, planning that it would be a reliable source of emergency income if they ever needed extended health care or could not live alone. They have just enough to "get by," and much of their social life depends on them being active volunteers in their community. Jim is a driver for Meals on Wheels and Lucy is a visitor at a nearby long-term care facility. They look forward to weekly visits from their three young grandchildren, who come from a bigger city nearby.

Jim and Lucy worry about the security of their pension income. They especially worry that they will be forced to sell their house if the OAS is scaled back, or the CPP regime becomes unsustainable because of the "demographic time bomb" they hear about in the news. Not only does their current neighbourhood have no rental units, but rents in their city are high. They would soon spend the money they received from the sale of the house on rent and living expenses. They are fearful that, if too little money were left when one or both of them needed long-term care, then they would become dependent on their children, who are still finding their own economic feet.

*How might a focus on intergenerational equity, using the **ethic of care** as a guide, help us to understand the costs and benefits of providing income security for seniors like Jim and Lucy?*

- Jim and Lucy both contributed throughout their working lives to the Canada Pension Plan, as well as paying taxes that went to the OAS benefits of earlier generations. Do the principles of accountability and solidarity imply they, too, should receive OAS and their own CPP contributions as part of an implicit social contract? Would it be ethical to revise this social contract to ensure sustainability for future generations, even if this means spending money on other age groups?
- As working adults, both Jim and Lucy invested wisely in the future – Jim by joining the company pension plan and paying off the mortgage, Lucy by helping their son and daughter attend university. Does an ethic of care imply that they should be enabled to continue to exercise meaningful autonomy even when they must have long-term care, or does intergenerational equity imply that their children should take responsibility for their needs?
- In retirement, Jim and Lucy are giving back to the community, as volunteer caregivers to the elderly as well as taxpayers, whose money helps finance schools and hospitals. If they had to move, they would lose touch with the people and activities that allow them to express their ongoing commitment as involved citizens. Does the principle of responsible citizenship imply they should be enabled to stay in their neighbourhood, or could full accountability or sustainability require them to move, either into rental housing or to one of their children's homes in another city?
- Does respect for the dignity of all persons and a commitment to meaningful autonomy imply that they should be able to keep their house as a guarantee of financial autonomy, or should they be expected to cover their own living costs by selling the one major investment of their lives – their home?

Do the guiding principles derived from the ethic of care help us to address these issues?

8.0 In Closing: A Dialogue with Nuala Kenny

The issues addressed in this paper are complex and demanding. In the following exchange, Dr. Kenny highlights some of the key points raised in the text about the role of ethical principles in public decision-making.[2]

What made you decide, at this point in history, that we need principles for ethical decision-making?

At this point in history, there is a need for a set of principles to aid in ethical public policy decision-making. There are two main reasons for this. First, demand for common resources is such that if a careful ethical approach is not taken, the process for sharing such resources will inevitably be competitive and conflicting. Unless there is a framework for thinking more carefully about how individuals benefit fairly and in a mutually respectful way, claims will continue to be made on behalf of those for whom people are most concerned or responsible.

The second reason for establishing ethical principles is because policy-making involves deciding about the right and the good. Therefore, it is intensively value-laden. Fifteen or 20 years ago, it was thought that public policy-making was about economic and political realities that were somehow divorced from the values of society. Policy-makers now recognize that public policy is precisely *about* the values that are at stake for the society. Because the Canadian population is also more pluralistic than ever before, careful, respectful attention must be paid to make more transparent which values are at stake, who is advantaged by certain decisions, who is disadvantaged, what is the nature of the advantage or disadvantage, and so on.

Decisions about shared resources must be made in a way that is mutually respectful and cooperative, rather than competitive. Public policy-makers are also more formally recognizing the need to be explicit about the underlying values of their decision and to be attentive to the very different and sometimes competing and conflicting values within this pluralist society.

Could you give us an example?

For example, those who are advocates for persons with Alzheimer's disease will try to make their case in competition with those who see troubled teenagers. Advocates have obligations and enthusiasm for their own groups but unless there is a more thoughtful way to allocate resources, it will be the squeaky wheels or the most politically astute who will benefit. The first reason for an ethical approach is then to avoid competition, conflict and self-interest in the making of public policy.

[2] This is an edited transcription of an interview that took place in December 2003 between Gale Murray, President and CEO of The Change Foundation, and Dr. Nuala Kenny, Chair of Dalhousie University's Department of Bioethics.

When we are thinking about an ethical framework to help us with public policy, what are some of the options?

Public policy is not simply about individual personal choices so the classic rights-based approach, while absolutely essential, doesn't lend itself to a cooperative mode of thinking. Assigning rights is the most fundamental way in which a society attends to issues about obligations and duties, entitlements, contributions, and so on among its members. It is very important to say that this exercise is not about adopting a principle-laden approach that is to the exclusion of others but rather an approach taken to develop a more communal response that builds on rights.

After World War Two, thirty or forty years ago, Canada had a tremendously strong orientation towards economic values and this was reflected in its public policy-making. This approach is rooted in the values of investment and return and looks at the question of "how do we best use public resources," from the perspective of dollars commonly held or invested, and "what kind of return does the community get?" The investment type strategy is based on what one would call a utilitarian calculus. It only reflects things that are measurable and it has the disadvantage of not taking certain values – for example, compassion and respect for the wisdom of seniors – into account.

Fundamentally, because the subject at hand is public dollars, there will never be enough resources for all potential benefits. An investment perspective doesn't take into account strongly enough that individuals at different ages and stages give and take differently. There are in fact some who need a tremendous amount of economic or medical resources in their early years and some who contribute their whole lives and never need much at all from common resources.

The general bioethical trend in North America of honouring individual choice goes beyond the ability of current public policy-making. Public policy is precisely about common decisions for the common good using common resources. That is why it is useful to think of a newer way to look at the issue that would build on rights, investment, and respect for individual choice, but would focus on something else that has to be in the picture if we're going to do things in a more cooperative and respectful way. This can be done by recognizing the interconnection and interdependence of members within society.

What's Fair? Ethical Decision-Making in an Aging Society briefly reviews different ways that people have attempted to articulate approaches to the determination of the right or the good. The "right" involves the right thing to do, the right way to act, the right criteria for choice. The "good" is ultimately the way a society would like to be, realizing the consequences of decision-making for all of its members. The paper builds on the understanding of rights and investment with a logical, principled focus and an understanding of justice. It looks at precedents, that is, case-based reasoning, realizing that at the level of public policy there is a need for better balance between individual good, individual choice and respect for individual autonomy, on one hand, and common resources, common good and common benefits, on the other.

That brings us to some discussion about your vision of this new way.

Canada has been characterized by a general commitment to egalitarian and communitarian values. These are appropriate for the cultural mix and pluralist society that characterize this country. Ethics is the practical discipline of philosophy that provides a framework, a lens or a theoretical approach to decision-making. The *ethic of care* is a more personal value base that suggests that all decisions, including policy decisions, have to be made looking at the right and the good, based on the nature of relationships. This ethic does not see people as individual, autonomous and unconnected but rather as rooted within relationships – for instance, family relationships, social relationships, work relationships, and political relationships. The ethic of care says that every time decisions are made, there needs to be consideration of what kind of relationship the decision comes from and what kind of relationship is at stake. This perspective is very meaningful for any work that attempts to look at these progressively tough decisions about the sharing of common resources. It calls for looking at individuals not in competition but as interconnected. It also asks how decisions can be made fairly across time and age and stages of life, when there are different needs and dependencies.

The ethic of care is respectful of the notion of interconnection. It is consistent with the recognition that health cannot be understood separately from wealth, or that poverty, social disadvantage and social injustice can be as important to health and well-being – in fact, sometimes more so – than health care. It also highlights the continuum of care, which is not given sufficient consideration in today's health care, and which is too often focused on the acute, high-tech fix.

A very important cornerstone of Canadian identity is its balance of solidarity and respect for individual persons and autonomy. Just as policy has become far more attentive to things like race and gender, policy-makers must come to understand that if they approach a policy issue without attention to the issue of generations, no matter how much the policy is intended to do good, it could also do harm. In contrast to the established areas of race and gender, age is something shared by all members of society. Most individuals will eventually experience old age. This is not a conversation rooted in individual voices clamoring for themselves or their cause. Rather, it is about being attentive to the question of what a decision made for one group might mean for others. This is an intrinsically inclusive question, posed in a way that is respectful of different needs at different times and ages and stages of life.

Because the ethic of care in an intergenerational context is a general theoretical framework, this paper develops a set of general principles to distinguish it from other ethical approaches. The relevant principles to consider include *respect for persons of all ages*, *meaningful autonomy*, *solidarity*, *protection of the vulnerable*, *responsible citizenship*, *accountability* and *sustainability*. These principles provide a way of looking at public policy through the lens of relationships in order to build a more respectful and attentive community. These principles were derived from other ethical approaches – from the National Framework on Aging, for example – that have articulated similar concepts. The paper also provides a list of key dimensions that embody what each principle means within the context of relationships.

Can you speak a little about your hopes for this paper or your hopes in doing this work?

In considering intergenerational interdependence, a new lens is applied to public policy choices to encourage conversations among citizens who grapple with this very difficult question of common resources and respectful sharing. The creation of this framework will hopefully bring about a different approach to citizen engagement – one that uses the perspective of intergenerational equity to think about consequences and to link, up and down, across and back, the ages and stages of life.

With the increasing scope and power of modern health science and technology and the globalization of national economies, the pressures for common resources will grow rather than diminish in the foreseeable future. The aging of Canadian society can be a cause for alarm and increased competitiveness or an opportunity to develop a richer concept of public policy in the sharing of common resources. This paper takes a first step toward that richer concept through a consideration of intergenerational equity. Canadians need to reflect today on how they wish to address these difficult decisions. Beginning to think in explicit terms about interdependence, equity and care is a first step in answering them in a principled way.

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Appendix 1.
Generational Equity Glossary

Age	A measure of lived years.
Age cohort	Those people born at a certain time in history, sharing a certain stage in life at a given moment.
Aging	The process of becoming older.
Equity	That which is founded on fairness and relationships seen as just.
Ethics	The moral dimension of choice, founded on what one *ought* to do, informed by social notions of the "good" or what is right.
Generation	A socially-defined period of years based on common experiences or common needs; this period is sometimes employed to characterize the people finding themselves of that generation, regardless of their individual experiences or needs. Historically, a generation has been seen as the period from one's birth to the birth of his or her children; with this measure, a generation comprises approximately 30 years.[3]
Generational equity	The fair treatment of individuals in different life stages, achieved through a social response to the needs associated with those life stages, ultimately creating or reinforcing just social relationships.
Lifespan	The distance in years between birth and death.
Life course	The progression through life stages with different capacities, roles and needs at each level; more specifically, it is seen as the move from infancy, to childhood and adolescence, to working life, to retirement.
Life cycle	The movement through stages of development and decline, from birth to death; while individual, it is also a socially situated process requiring certain forms of organization to respond to needs associated with different stages.
Public policy	The practical pursuit of social and political goals.
Social cohesion	A widely shared sense of a common social enterprise, supported by conditions of fairness, enabling people to meet their own needs and the needs of others through both their own efforts and commonly held institutions.
Total dependency ratio	The ratio of persons participating in the paid economy to persons making use of financial transfers and publicly provided services for core needs. This concept is used as a measure of the burden on wage earners for public programs responding to the physical and social needs of all persons not participating in the paid economy, notably children, youth, seniors and persons with disabilities.
Welfare state	The collection of institutions administered by government to promote the well-being and dignity of individuals and groups, notably in the health and social services arena.

[3] Oxford English Dictionary, 2nd ed. (1989).

Appendix 2.
Sources Used to Derive Guiding Principles

These principles were derived from ethical theory generally, health care and policy ethics and are consistent with values and principles explicitly mentioned in a number of key Canadian public policy documents.

Ethical Theory

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Our Support

Funding for this project was provided by:

- **The Change Foundation**
- **The Law Commission of Canada**

THE CHANGE FOUNDATION

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