

Analysis of the Vulnerability Model for Decision-Making in the Field of Care for the Elderly

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Abstract

This article analyzes the validity of vulnerability as a model for decision making regarding the personal and socio-family situation of the elderly person in need of care. The adequacy of the model responds to the centrality of the risk element in decision-making, the nature of care and respect for the principles that inspire the rights of vulnerable older persons. The concept of vulnerability connects with a new conception in which vulnerability is based, not only on the loss of autonomy, but also on the susceptibility to bankruptcy of the rights of dignity and integrity in daily life; in line with an existentially diverse and vulnerable human conception. The incorporation of this approach to the Law of the capacity of the elderly and regulation of social services will require its consideration in the reports and diagnoses of Social Work.

Keywords: *Vulnerability, Elderly, Decision-Making, Care.*



A. INTRODUCTION

Vulnerability in the field of gerontology is addressed primarily from two approaches: a first approach associated with the human rights of the elderly as a group that is repeatedly subjected to material inequality and indirect discrimination; and a second approach linked to the idea of risk, which considers the elderly as a group in need of special care and protection due to their greater susceptibility to harm resulting from various threats (Avilés, 2016).

This second approach finds its roots in the concept and models of vulnerability to poverty (Chambers, 1989) and to natural disasters (Cyr, 2005). Its subsequent development seeks to capture the diversity and complexity of contemporary risks together with the variety of forms of vulnerability, insecurity and uncertainty (Sánchez-González & Egea-Jiménez, 2011). Today it can be stated that vulnerable groups can be as many as the risks to which they are exposed and their analysis allows to prevent or minimize damage through making the most appropriate decisions.

The vulnerability approach is applied in post-nineties gerontology (Tappen & Beckerman 1993), either to analyze the social conditions of a group that faces the risks derived from aging, either from the micro or meso-social level of the elderly, as a subject who experiences their vulnerability in a personal and circumstantial way (Garrau, 2013). In this sense, Martín (2011) affirms that it is necessary to "analyze care and vulnerabilities from micro perspectives, to know how the various forms of

vulnerability are manifested in specific men and women who have their specific problems".

B. METHOD

Research was conducted using qualitative methods. With this qualitative method, researchers attempt to reveal the universal essence of phenomena personally experienced by a group of individuals in depth (Estenberg, 2002). Data was collected through several techniques, including observation techniques, and documentation studies. Data analysis was carried out through three analysis processes, namely coding, merging codes that emerged into themes, verification of themes through theory and follow-up interviews, and drawing conclusions (Creswell, 2010).

C. RESULT AND DISCUSSION

1. The concept of vulnerability and its components in the group of older people

Vulnerability in the second of the aforementioned approaches is defined by the exposure of a person, family, group or community to one or several determined risks, as well as by the foreseeable inability to respond to face them (Villa & Vignoli, 2002). In short, vulnerability refers to the feasibility of a subject, group or community being affected by the damage derived from a threat (Cardona, 2001). The very exposure to the threat, the incidence of damage, as well as the ability to Anticipation or response are determined by the structural, social and personal conditions (Sánchez & Rego, 2012). In this way, the vulnerability of who is in it is presented as a multidimensional process in which all the elements converge internal and external factors that give rise to the risk or probability of damage in a given time and space (Busso, 2001).

This multidimensional and cumulative nature requires taking into account not only the components of vulnerability (threat, degree of exposure, possibility of generating damage, magnitude of damage and capacity to cope), but also the relationships established between them. The virtuality of the vulnerability approach lies, precisely, in the possibility of acting at each of these levels: on the very existence of the threat, on the exposure of the person, home or community, on their ability to coping and on the eventuality of damage (Reghezza, 2006).

Vulnerability takes different forms: thus, the internal weakness or fragility of the individual, their defenselessness in the face of the environment, institutional helplessness or the incapacity and insecurity when it comes to taking advantage of opportunities and thinking of strategies to improve well-being (Busso, 2001). In the case of older people, their vulnerability depends on a wide spectrum of factors such as physical and mental health, cognitive abilities, social networks and support, material

resources, housing, knowledge and experience, availability of social services, individual personality and expectations and personal motivations. Among them, the following are pointed out as the most notable vulnerability conditions: the decline in health - including memory impairment, mobility limitations and the ability to perform activities, pain, and insecurity (Fananas, 2002).

The approach incorporates the subjective aspect of vulnerability, that is, the feeling of insecurity that results from the conditions of old age and that has a strong impact on the perceived well-being of the elderly person. Vulnerability goes beyond the specific perception of threats and becomes a permanent feeling in the older person's life, linked to feelings of fragility, defenselessness and personal insecurity that are maintained over time, and that can even affect personal identity. This feeling arises from the uncertainty associated with the concept of risk itself from the uncertainty that the threat will finally take place or that the damage will occur -, as well as from the perception of eventual incapacity to control one's own destiny. In the case of vulnerable older people, to this psychological state underlying the very notion of vulnerability is added that which results from the impact of unforeseen stressful events, such as the loss of significant others, falls and domestic accidents, and hospital admissions. The vulnerable older person is more exposed to critical events, has fewer physical (frailty) and functional (dependency) reserves to respond to a crisis or trauma (resilience), and these are usually turning points in relation to trust and security in life future personal situation (Mori, 2014).

2. The Relational Assets of Older People to Cope with Vulnerability

The study of vulnerability includes the analysis of resource management and the strategies used by communities, families and individuals to face the effects of risk. Vulnerable groups put in It operates its own strategies according to its particular situation and its convictions. The group of older people faces the risks derived from old age by resorting to personal assets, family and community strategies of informal care, as well as public or private organized services. Moreno points out in reference to informal assets that, although some of them often depend on voluntarism and are ultimately a source of inequality, they are characterized by an immediacy and flexibility that constitutes a great relief for those who use them (Adelantado, 2013).

The approach thus highlights the relational nature of coping with difficulties during aging. This supposes the overcoming of a liberal conception of the concept of autonomy, which had focused its attention on the guarantee of freedom, independence and vital space free from external interference (Rodríguez, 2012) which, at the same time, had remained ignorant of the influence of the context in the situation of vulnerability.

The vulnerability model is based on an anthropological vulnerability – “understood as a condition of fragility inherent and intrinsic to the human being, due to his biological and psychic being”, which can be modulated by personal circumstances or by the context itself or social dimension, which have repercussions on the susceptibility to damage and on the achievement of greater autonomy and quality of life (Fananas, 2002). Although the approach admits that the human being is essentially vulnerable and interdependent, it recognizes that there are people with greater fragility, defenselessness and vulnerability. Thus, the concept of relational autonomy is incorporated as a means to achieve personal, a goal that is also shared with other principles such as dignity or integrity, in line with the conception of the vulnerable as that of a person with “another way of being in the world”. Dignity is no longer conceived as an attribute inherent to the condition of autonomy and rationality, as a human right elaborated on the ability to reason, feel or communicate and is predicated of the person who “is” (Bermejo, 2014).

3. Vulnerability, Shared Decision Making and Day-to-Day Care

In the vulnerability approach, the elderly person in need of care is no longer subject to dichotomous or categorized classifications of capacity or disability, or of autonomy or dependency, and is now considered as a person with conditions and in a context that makes them vulnerable to a decrease in their well-being. This conception is transferred in practical terms to the field of decision-making related to the elderly, in which those related to care occupy a central place.

Decisions about care during aging have a direct impact on the life of the elderly person, they incorporate emotional and evaluative elements and refer to aspects that are close, understandable and in a certain sense manageable (Salthouse, 1996). Under this prism, it is coherent that decisions about care in the sense of *caring about* and *caring for* (Tronto, 1998) are made on the basis of the naturalistic theory of decision-making and as part of an interactive and shared process between the different agents involved (*shared mind*). Decisions regarding care incorporate emotional components, intuitions or critical elements (*whole mind*) that together with professional knowledge are part of shared knowledge. Regarding the process, it is a process of constant communication and negotiation in which personal values emerge, the tasks and risks of daily personal and domestic life are reflected on and aspects related to control and control are discussed and agreed upon independence. This is nothing more than a reflection of the logic that older people follow in their decisions about risks and difficulties, which is based on normalization and continuous adaptation strategies (Craig & Higgs, 2012).

Faced with a contractual relationship model, which has informed consent as its central element and which seeks non-interference in the life and rights of the elderly

person, shared decisions are made under the approach of the helping relationship centered on the person (Rodríguez, 2012). The relational autonomy of the elderly person is recognized and their self-government is promoted, starting from their interdependence of the daily socio-family context in facing the conditions of vulnerability (Romero, 2010) and taking into consideration the fact that significant people are those with whom relevant decisions are routinely consulted and reflected upon (Ponce, 2019).

On a practical level, shared decision-making makes it possible to decide with the vulnerable older person who authorizes it, the continuity of their participation in daily tasks that involve risk, or the incorporation, where appropriate, of changes, adjustments and necessary adaptations. It is about raising the expectations of what is possible at the highest levels, in order to promote the empowerment and satisfaction of the elderly person, while promoting the co-responsibility of those who participate in decision-making (Mori, 2014).

4. Discussion: The Applicability of the Model to Decision-Making Regarding Vulnerable Older People with Cognitive Difficulties

Shared decision making can be called into question when the vulnerable older person has impaired cognitive abilities and their participation in the decision-making process is therefore questioned *ab initio*. Consideration of the opinions, emotions and desires of this person and the participation of relatives or close associates has a place in the deontological principle of social work for the integral promotion of the person, but its fit entails greater difficulty in the current regulation of social services. It can be affirmed that the regulations of social services still rest on a rational concept of autonomy, of a cognitive nature, which underlines the informed consent typical of traditional civil law. In contrast to what happens in the Anglo-Saxon environment, where the vulnerability focus underlies the protective legal system of the elderly (ABA, 2005), Possibility that is also the object of analysis in recent years in French civil law (Flohimont, 2018), in the Spanish legal system, an approach based on individual autonomy and consent still remains. The autonomous regulations governing social services that are approved in the first decade of the new millennium expressly incorporate in its articles as a regulatory principle the autonomy of users over their own life project, as well as their right to consent, to resign or to make decisions free on social interventions, subject to current civil legislation, in those cases of incapacitated or presumed incapable persons.

The reception of the Convention on the Human Rights of People with Disabilities, of December 13, 2006, operated in the civil legal system with the latest reforms related to the modification of capacity (Law 26/2015, of July 28, modifying the child and adolescent protection system), lays the foundations for a change in the

social services regulations that overcomes the traditional dichotomy between capacity and disability. The establishment of the support system necessary for the promotion of decision-making by the person with disabilities, –including the elderly –, and the growing differentiation of the spheres of the person for the purposes.

From the assessment of their capacity, they allow to predict an area of development of social work. Consideration of skills for independent living as a specific area of assessment in the capacity modification processes (Instruction No. 3/2010 of the State Attorney General's Office) will place the social worker as a key agent in the determination of the capacity of the vulnerable elderly person with cognitive impairment (Rueda, 2012), as well as the promotion of their autonomy, also in a relational sense. In these cases, then, it is necessary to reconstruct whatever your will, preferences and values were, reconciling them, as far as possible, with the risk management that currently configures your vulnerability.

C. CONCLUSION

As has been said so far, the care of vulnerable older people is characterized by the confluence of social and health aspects, with socio-family implications, in which a psychological state of uncertainty is present and whose current resolution depends on the start-up of assets, largely informal. It is commonplace that social work has as one of its distinctive elements freedom and individuality considered in the social context of the person. Respect for the freely formed will of the elderly person and the promotion of their support network, taking their opinions into consideration, are part of the principles and foundations of the discipline.

If the vulnerability model is useful for professionals, the elderly and significant others to identify the risk and the available assets and establish joint strategies for their management; When the elderly person has impaired cognitive faculties, decisions regarding their care also require social work aimed at identifying and analyzing the social elements that make it possible to assess this person's ability to understand, assume and manage their own vulnerability.

The risks that result from the context, the need to receive care, and the older person's understanding of their own situation constitute evaluative elements that must be part of the diagnoses and social reports issued for this purpose from the discipline of social work. Likewise, shared decision-making will have to be considered if the right of the elderly person, even with cognitive difficulties, to participate in decisions that affect them is to be enforced.

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