

The Graying of America

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Americans are getting older. On the individual level, of course, the melancholy fact that every day each of us is another day older is a truism. But demographers, with a mounting urgency, have been calling attention to the aging of our society more generally. Since the turn of the century, there has been an eightfold increase in the number of Americans over the age of 65, and almost a tripling of their proportion in the population. Those over the age of 85 — the fastest-growing group in the country — are 21 times as numerous as in 1900.

This dramatic change in the age structure of the United States is straightforwardly explained by two interacting social and medical developments. First, there has been a decrease in the number of children, accelerating precipitously in recent years as the last of the baby boomers moved into adulthood: from 1960 to 1982 the number of children younger than 15 fell by 7 percent. Second, with improved medical care and sharply declining death rates for the elderly, there has been an even more rapid increase in the number of senior citizens: between 1960 and 1980 the number of people 65 or older grew by 54 percent. America's elderly are now facing a population explosion, demographers warn, greater than that of the population of India.

The graying of America has consequences that ramify throughout our society. McDonalds ads portray perky oldsters slinging hamburgers, while Alzheimer's support groups multiply to help families cope with one of the tragedies plaguing the aged. But perhaps nowhere is the demographic shift more evident than

in the changing contours of the federal budget. As the ranks of Medicare and Social Security beneficiaries continue to swell, the costs of administering these programs have become staggering in an era of spiraling deficits and retrenchment in other areas of public spending. In the early 1960s, less than 15 percent of the federal budget was targeted to those over the age of 65; by 1985, that percentage had almost doubled. The \$80 billion of private and government money spent on health care for the old in 1981 is expected to grow to \$200 billion by the year 2000, with public expenditures alone rising to \$114 billion. We now spend more on the elderly than on national defense, in 1983 some \$217 billion or \$7,700 per elderly person. (In contrast, expenditures for child-oriented programs — AFDC, Head Start, food stamps, child nutrition, and all federal aid to education — totaled about \$36 billion in 1984, about one-sixth of federal expenditures on the elderly.) Real doubts have been expressed about whether we as a society can continue to afford expenditures of this magnitude or allow programs for the elderly to dominate our public spending to such a degree.

Indeed, the question can be raised whether the support of the elderly is properly a core responsibility of government at all. It could be argued, for instance, that while the education of America's children is clearly a public responsibility, since this is an investment in the future that benefits us all collectively, health care for the elderly has no comparable dimension as a public good. Even setting aside libertarian arguments for reducing the role of the state in private life generally, special arguments can be made for centering care for the elderly in the family. Conservatives call for a return to the traditional roles and responsibilities of families, and even those who look less nostalgically at the past may worry about the values expressed by a society that increasingly consigns its elderly to institutional care.

Who should bear the largest responsibility for taking care of the aged: old people themselves, their children, the government? To what extent is it morally desirable or practically feasible to shift care of the elderly back again from the state to families? What is required in this arena by justice, by compassion, by sheer human decency?

Prudence and Self-Reliance

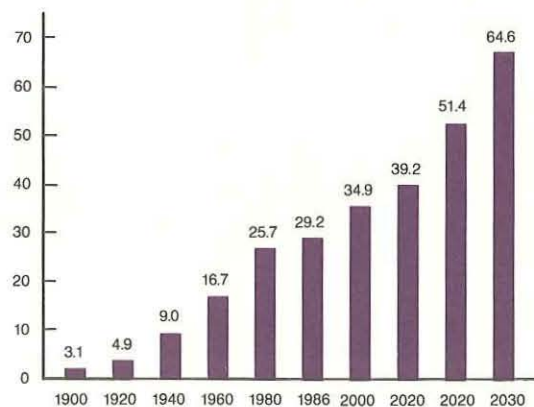
The elderly themselves already shoulder much of the burden of their own care, principally by the plans they lay for their old age in their younger, working lives. Each of us tries to anticipate the financial needs of our later years, through various pension plans and saving schemes; ideally, we also try to develop other resources — hobbies, friendships, social and political commitments — that will sustain us as we retire from the work force and watch our children leave home. It seems fair to expect individuals to take the initiative in facing their own future. We have our whole lives to prepare for old age, after all. Why shouldn't the quality of our post-65 years depend at least in part on the choices we made over the lifetime preceding?

But there are several reasons for doubting that individuals can and should be held accountable for meeting the financial and health care needs of their old age. For one, such long-term planning must be undertaken in the face of massive uncertainties. How long will each of us live? How healthy will we be? How will periods of inflation and recession affect our savings? The magnitude of these unknown variables as they confront individuals makes old-age planning into a gigantic crap game, in which we are better served by pooling our risks through collective decision-making.

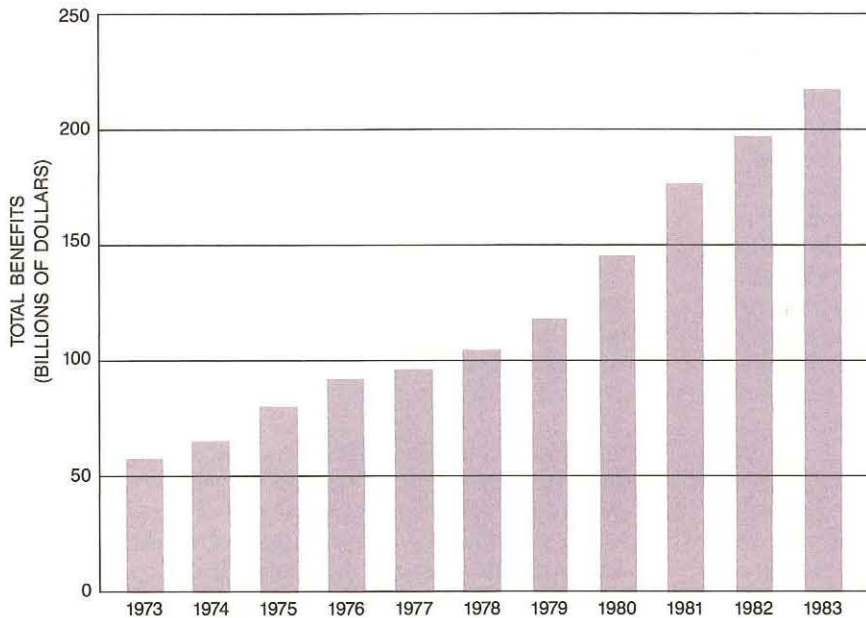
It simply seems to be the case, moreover, that in the world as we know it individual prudence is one virtue in regrettably short supply. Daniel Wikler, a philosopher at the University of Wisconsin Medical School, argues that individual provision of finances for the elderly "would require not only adequate wealth but prudent planning, demanding in turn more discipline, self-control, and foresightedness than many individuals are normally capable of." Our best-laid plans are notorious for tangling aghast; and it's difficult enough to postpone today's indulgence for tomorrow's security, let alone for the security of a tomorrow some twenty, thirty, or forty years distant. Wikler concludes that "any proposal to shift responsibility upon individuals for rationing resources in old age must address the gap that may appear between ideal or optimal allocation plans and the one that, in the many moments of actual decisions, our imperfectly rational constitution leads us to make."

Such problems might be addressed by instituting various "self-binding" mechanisms, in which a person legally commits himself to follow what he deems at the time of commitment to be the prudent course of action, but such schemes hold out little promise for financial and health care planning across a lifetime. The binding of our future by our present selves in essence amounts to the binding of our older by our younger

Number of Americans 65 and Older
1900 to 2030
(in millions)



Source: U.S. Bureau of the Census



Federal Expenditures on the Elderly

Source: Samuel H. Preston
"Children and the Elderly in the
U.S." *Scientific American*, vol. 251,
no. 6 (December 1984)

selves; this hardly seems likely to be the best way of securing full consideration of the interests and preferences of our twilight years. Norman Daniels, professor of philosophy at Tufts University, argues that "as an individual ages, his situation changes. The passage of time erases uncertainties and alters probabilities that must affect early judgments about what it is prudent to do, even assuming preferences and values remain constant. But these are likely to change, too. . . . Adhering to the prudent choices of fully informed consumers risks biasing our health care system in favor of the prudence of the young."

Finally, perhaps through their own fault, perhaps through no fault of their own, some will simply lack the resources to sustain themselves through the vicissitudes of old age. A compassionate society cannot leave destitute even the imprudent. So the question faces us: when the elderly cannot meet their own needs, who is next in line to take up the responsibility?

The Duties of Families

A first answer is that, just as parents should take care of their young children, so adult children in turn should take care of their aging parents, in a cycle of familial reciprocity. The Chinese philosopher Lin Yutang asks: "How can any one deny that parents who have toiled for their children in their youth, have lost many a good night's sleep when they were ill, have washed their diapers long before they could talk and have spent about a quarter of a century bringing them up and fitting them for life, have the right to be fed by them and respected when they are old?"

But many do deny just this, arguing that the care given by parents to children fulfills a parental responsibility for which there is no filial analogue. Parents choose to have children and so tacitly agree to assume the obligations of parenthood; children, as teenagers

are fond of reminding their parents, do not choose to be born. While children may of course *want* to provide comfort and assistance to their parents out of love and affection, this is to sidestep talk of familial *duties* altogether.

Yet it is difficult to let go of the idea that familial ties do exert a moral claim on us, however involuntarily we may have entered into them. Nancy Jecker, Rockefeller Resident Fellow at the Institute for Philosophy and Public Policy, points out that we often acknowledge duties of gratitude in response to unrequested benefits, even when others are morally bound to benefit us. For example, we consider gratitude fitting if "the tasks that are required result in goods that are especially valuable" or if "discharging one's duty is especially onerous or requires substantial sacrifice or risk." Certainly parenthood often partakes of the heroic. Moreover, to have an obligation to someone other than oneself, a deep and not altogether voluntary commitment to his or her destiny, just seems to be part of how families work, what families are *for*. It seems that the explanation of why children might owe care to their aging parents may lie in some notion of what families fundamentally are all about.

Daniels argues that to the extent that we believe in the institution of the family at all, as currently constituted, we may have grounds for carrying out the duties and obligations that make up family life. In our society, at least when they are functioning normally, "families are a fundamental cooperative arrangement," providing "a set of goods of mutual benefit to various family members." Legitimate expectations thus arise about "the importance of reciprocity and the importance of sustaining the kinds of interpersonal relationships which generate these benefits. . . . Filial obligations arise out of the obligation not to frustrate legitimate expectations of those with whom one in-

timately cooperates to produce mutual benefits of fundamental importance."

Daniel Callahan, director of the Hastings Center, suggests that children may owe at least love and affection to their aging parents simply because there is no one else who can meet these vital human needs: "In a world of strangers or fleeting casual acquaintances, of distant government agencies and a society beyond their control, elderly parents can see in their children their only hope for someone who ought to care for them." Sheer dependence can exert a powerful moral pull that is not easily escaped or evaded: "The issue, as it presents itself, may be less one of trying to discover the grounds of obligation that would require a response than one of trying to find a basis for ignoring a demand that so patently assaults the sensibilities. It is not so much 'Must I?' as it is 'How can I not?'"

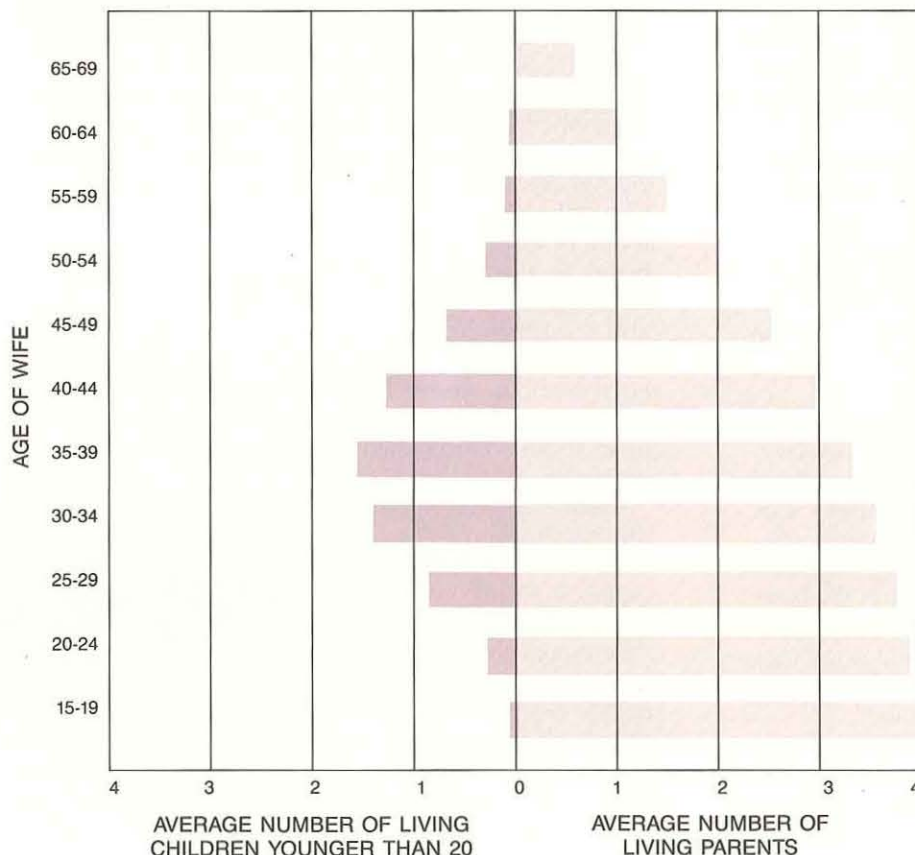
Daniels, Jecker, and Callahan insist that duties of children toward parents grounded in these ways do not legitimate demands that children make major sacrifices of their own life prospects to provide financial support to their parents. Such needs, for reasons that emerge below, may be better met communally. But the need for emotional support, for love pure and simple, can often be met only by family members. Care for the elderly cannot be consigned completely to professional caregivers; we need care as persons, not merely as ciphers on an institutional roster. Jecker reminds us that we share an intimate past with our elderly parents and

"the character of an earlier time imposes upon the present in a variety of ways." In their present relationship with their parents, grown children "ought not to betray the significance of a relationship that is now past." At least some duties toward the elderly seem to fall necessarily to families; they are duties no one else can assume.

The Role of Government

Some critics would like to see the government enforce a more stringent set of familial duties as a way both of reducing the public tax burden and of strengthening what they view as eroding family ties. Soaring budget deficits, as well as conservative concerns about the state of the American family, led legislators in the early 1980s to propose "family responsibility initiatives" in about half the states to hold family members legally responsible for costs currently paid by Medicaid. Despite strong support from the Reagan administration, these proved politically unpalatable, but calls for a renewed commitment to family-based care for the elderly continue.

It is not clear, however, that alarm about the current level of familial care is justified. While the creation of Social Security and Medicaid dramatically shifted financial burdens from the family to the state, families currently provide about 80 percent of all home health care to the partially disabled elderly. Fewer than 6 percent of the elderly at any time reside in nursing homes.



Balance of Dependents

The balance of dependents has shifted toward the elderly because of decreases in both birth and death rates. The chart shows the number of living parents and children under age 20 that the average working-age couple will have at each stage in life.

Source: Samuel H. Preston
 "Children and the Elderly in the U.S." *Scientific American*, vol. 251, no. 6 (December 1984)

The oft-invoked good old days of multi-generational families in which devoted children outdid themselves in caring for their elderly parents appear a matter more of myth than of history. One sociologist points out that, for example, in pre-industrial England, less than 10 percent of households had more than two generations in them, and levels of care within families were similar to those found today. And even if golden-tinted pictures of the family in ages past were grounded in reality, the changing demographic balance between old and young has to alter our current expectations of family-based care. Parents today simply live longer, with fewer children to share the burden of their support. Housewives once able to provide extensive home nursing are now full-time members of the labor force. No amount of wishful thinking can turn the clock back on these far-reaching demographic and social changes.

Governmental enforcement of (governmentally determined) familial duties to the elderly is promoted as a cost-saving measure; but in fact it wouldn't reduce costs but would simply redistribute them. Daniels points out that "The overall costs of care for the elderly are not reduced through [family responsibility] initiatives, since individual families will still pick up the tab"; however, "the burden of bearing those costs will fall much more heavily on a narrower group of the young, those with frail elderly parents. For them, the burden of caring for elderly parents will intensify." Nor, Daniels observes, will shifting costs out of public budgets eliminate competition between the elderly and the young for resources: "It will only shift the locus and burden of that competition — from public budgets to family budgets."

Most important, some argue that governmental intervention into the private domain of the family can only weaken rather than strengthen family ties. Ferdinand Schoeman, professor of philosophy at the University of South Carolina, insists that governmental regulation of family life compromises intimacy within the family. "Such regulation," he argues, "transforms relationships into less intimate ones. . . . Practically speaking, the strength or very possibility of intimate relationships varies inversely with the degree of social intrusion into such relationships generally tolerated. . . . To give the state authority to regulate such relationships would inevitably result in a redirection or 'socialization' of [them]."

The best way to strengthen family ties, it seems, is to relieve excessive strain on them, rather than to strain them further. Parents and children are one in their fear of debilitating dependence on each other. To the extent that the state assumes at least the financial burden of providing a minimal level of income and health care support, the elderly retain a sense of independence and their children are spared a festering source of resentment. Callahan suggests that "A balance is sought between that independence which enables people to have a sense of controlling their own destinies, and those ties of obligation and affection which are for each an indispensable source of solace in the face of a world

that has little reason to care for them." This delicate balance would be wrenched by coercing children to make what might amount to crushing financial sacrifices for their parents.

On the positive side, government can actively assist families by funding services that make it easier for family members to continue providing home care to the elderly. According to Daniels, "Some who would provide care, or would do so for longer periods, are unable to meet the responsibilities they feel because appropriate support services are not available. This leads

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to frustration, guilt, and even rationalization that can undermine an individual's conviction that he or she has such family responsibilities." Thus Daniels calls for an increase in publicly funded day-care facilities for the elderly, social-support services to relieve the family, and tax incentives to reduce the stress on family obligations to younger children. Callahan concludes: "A minimal duty of any government should be to do nothing to hinder, and when possible what it can to protect, those ties which give families their power to nurture and sustain their members."

How Much? How to Decide?

None of this answers the question of how much we as a society should elect to pay for services for the elderly as opposed to meeting other pressing human needs. But it seems that we can at least conclude that this is a decision we do need to make collectively, that is, as a society. We cannot escape this dilemma by delegating responsibilities in this arena to individuals or to families. There are intensely private and personal choices to be made by parents and children facing the aging process, choices that government cannot make for them. But there are also societal choices that an aging society must make, not each of us alone, but all of us together.

Sources quoted in this article are: Daniel Wikler, "Ought the Young Make Health Care Decisions for Their Aged Selves?" *The Journal of Medicine and Philosophy* 13 (1988); Norman Daniels, *Am I My Parents' Keeper? An Essay on Justice Between the Young and the Old* (New York: Oxford University Press, 1988); Nancy Jecker, "Are Filial Duties Unfounded?" *American Philosophical Quarterly*, forthcoming; Lin Yutang, "On Growing Old Gracefully," in *Philosophical Foundations of Gerontology*, edited by Patrick L. McKee (New York: Human Sciences Press, 1982); Daniel Callahan, *Setting Limits: Medical Goals in an Aging Society* (New York: Simon and Schuster, 1987); Ferdinand Schoeman, "Rights of Children, Rights of Parents, and the Moral Basis of the Family," *Ethics* 91 (October 1980).