

**Respect for the Autonomy of the Elderly:
An Orthodox Perspective of Theosis**

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Abstract

This thesis will investigate the significance of the Eastern Orthodox perspective of theosis, for the bioethical principle of autonomy, specifically with regard to its respect for the elderly. Theosis is a central doctrine of the Orthodox Church which pertains to the salvation of human persons and their free and cooperative response to God's grace, and as such, has an intimate relationship with the Eastern Orthodox understanding of personhood.

On the one hand there are a number of areas of mutual concern or overlap between the concept of respect for autonomy and the Orthodox understanding of personhood and the goal of theosis. There are, however, significant differences which prevent them from being viewed as synonymous or even as totally compatible.

There are complementary aspects, some of which will be identified in this initial study. It is hoped that such an investigation can help to further develop Eastern Orthodox thinking with regard to bioethical issues and be of value when dealing with the complex issues related to the elderly. This topic will also be of interest to a wider audience involved in bioethical reflection from both Christian and secular perspectives.

Le respect de l'autonomie des aînés: perspective orthodoxe sur la déification

Résumé

La présente thèse examine la signification de la perspective orthodoxe orientale de la déification pour le principe bioéthique de l'autonomie, particulièrement en ce qui regarde son respect des aînés. La déification est une doctrine centrale de l'Église orthodoxe qui a trait au salut des personnes humaines et à leur réponse libre et coopérative à la grâce divine et, comme telle, a une relation intime avec la compréhension de la personne qu'a l'orthodoxie orientale.

Il y a, d'une part, un certain nombre de domaines d'intérêt mutuel ou de chevauchements entre le concept de respect de l'autonomie et la compréhension de la personne ainsi que l'objectif de la déification chez les Orthodoxes. Il y a toutefois des différences significatives qui empêchent de les voir comme synonymes ni même comme étant totalement compatibles.

Il y a des aspects complémentaires dont certains sont identifiés dans cette première étude. On espère qu'un tel examen peut aider les Orthodoxes orientaux à développer davantage leur pensée quant aux questions bioéthiques et qu'il aura de la valeur dans le traitement de certaines questions complexes liées aux aînés. Ce sujet interressera également un auditoire plus vaste de personnes engagées dans la réflexion sur la bioéthique des points de vue tant chrétien que profane.

Now the Lord is the Spirit, and where the Spirit of the Lord is, there is freedom. And we all, with unveiled face, beholding the glory of the Lord, are being changed into his likeness from one degree of glory to another; for this comes from the Lord who is the Spirit. 2 Corinthians 3:17-18 (Revised Standard Version).

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Table Of Contents

Introduction	p. 7
Chapter 1. Autonomy and the Elderly	p. 14
1.1 General Principles and Related Issues	p. 14
1.2 Specific Concerns of Geriatric Bioethics	p. 20
1.3 Issues Surrounding Home Care	p. 23
Chapter 2. Personhood and Autonomy: The Orthodox View	p. 33
2.1 The Orthodox Approach to Bioethics	p. 34
2.2 Man Made in God's Image	p. 37
2.3 God became man, so that man may become god	p. 42
Chapter 3. Respect for the Autonomy of the Elderly: An Orthodox Perspective of Theosis	p. 48
3.1 Eastern and Western Approaches to Bioethics	p. 49
3.2 Notions of Freedom, Autonomy and Community	p. 53
3.3 The Concept of Personhood	p. 57
3.4 Concerning the Right to Self-determination, Suffering and Death	p. 61
3.5 "The right to flourish"	p. 64
3.6 A Personal Model, An Interpersonal Reality	p. 68
3.7 An Orthodox Response to a Social Dilemma	p. 73
Conclusion	p. 77
Bibliography	p. 87

Introduction

Then God said, "Let us make man in our image, after our likeness; and let them have dominion ... over all the earth." So God created man in his own image, in the image of God he created him; male and female he created them. And God blessed them And God saw everything that he had made, and behold, it was very good. Genesis 1: 26-31a (Revised Standard Version).¹

The field of bioethics is still a relatively young discipline², with contributors from a variety of backgrounds, philosophical, religious, legal and medical, engaged in discourse in order to find appropriate and adequate answers to some of the challenging moral questions of the day. Topics in the area of geriatric bioethics are particularly interesting with regard to the spectrum of issues which they cover and the manner in which they bring into focus some of the more fundamental values regarding health care and treatment cherished by a society. One of those values is

¹ **Although this study will not elaborate upon the Orthodox perspective of gender in its theological anthropology, it is important to stress the equality of men and women, both sharing one same human nature, which by grace, has been endowed with the quality of being made in the image and likeness of God. Readers interested in this subject may consult Behr-Sigel (1991), especially her chapter entitled "Woman is Also Made in the Image of God." (p. 81-92).**

For purposes of simplicity, generic terms such as "man" or "mankind" have been employed in this study, and unless otherwise stated, are to be interpreted as applying to both men and women.

All Biblical quotations cited directly by this author will be taken from the Revised Standard Version.

² **Although moral responsibilities were encoded in medical practice from the time of Hippocrates, what is meant here is the contemporary, rigorous and disciplined study of ethical precepts, duties and obligations with regard to health care and delivery in the wake of rapid bio-technological and other social developments. See in Beauchamp and Childress (1994), Chapter 1.**

concerned with the respect for the autonomy of persons, autonomy being one of the fundamental, *prima facie* principles of bioethics.³

Although in its simplest formulation it can be expressed in terms of non-interference with people's preferences, decisions and actions (so long as they do not harm others), the principle of respect for autonomy is in fact a much more complicated matter involving not only the other *prima facie* principles but also complex correlative issues such as competence, to mention but one.

Demographically the elderly represent an increasingly important segment of the population⁴ and can be beset with a series of challenges to their autonomy due to such factors as increased risk of chronic and acute illnesses, greater use of prescription medications and their possible side effects, possible loss of memory, limited financial resources, possible reduction of mobility and motility, the prospect of death, etc.. Sometimes their needs revolve around basic home maintenance and health care issues, at other times the circumstances can be much more dramatic if confronted with cessation of treatment and other end of life decisions.

³ Beauchamp and Childress (1994) group moral principles that are central to biomedical ethics into four clusters: (1) respect for autonomy, (2) non-maleficence, (3) beneficence, and (4) justice. (p. 37-38). The authors define *prima facie obligation* as "...an obligation that must be fulfilled unless it conflicts on a particular occasion with an equal or stronger obligation" (p. 33). Concerning the *prima facie* status of autonomy, see p. 126-127.

⁴ In 1971, persons aged 65 and over represented 8.1 % of the Canadian population. It is projected that by the year 2031, the elderly will represent an estimated 23.8 % of Canadians. (Statistics Canada, 1990, p. 11).

As can be derived from the morbidity and health care utilisation data presented below, the consequences for health care costs will be dramatic.

Although it is a mistake to regard all elderly⁵ as frail or of poor or ailing health⁶, the prevalence of disease and disability increases with age.⁷ This, coupled with a Baby Boom generation that is advancing in age, will result in our society being increasingly concerned, on an individual, familial and collective level, with a wide variety of bioethical questions related to the provision of care and support for the elderly.

To date, the overwhelming majority of contributions to the bioethical discourse have been, understandably, from "Western" theological and philosophical sources. In recent years however, with the increasing presence "in the West" of immigrants or their descendants from East European and Middle-Eastern backgrounds, a new voice has been added to the debate, namely that of Orthodox Christians who, because of socio-cultural, philosophical, historical and political factors, have evolved theologically in a manner different from that of "the West".

⁵ The term "elderly", as employed in this paper, will refer to persons sixty-five years of age and older.

This population can be subdivided into three age subgroups: the "young elderly" representing persons between the ages of 65 and 74, the "middle elderly", ranging between the ages of 75 and 85, and those persons over the age of 85 years of age, the "old elderly". (Shah, 1990, p. 57).

⁶ Shah (1990) reported that less than 2 % of persons between the ages of 65 and 74 are cared for in long-term care institutions. He writes: "Although the elderly are major consumers of health care, the majority are not sick. The young elderly enjoy good health and psychological, physical and financial independence". (p. 58).

⁷ Statistics Canada (1990, p. 35 and 44). Also, studies reveal that hospital usage does rise dramatically with age, with the old elderly using approximately ten times more hospital days than any other age group of persons under the age of 60. (Shah, 1990, p. 58).

Although the Orthodox represent a relatively recent addition to the pluralistic North American social context, the Eastern Orthodox Church claims an unbroken Apostolic link with the Early Church and draws upon what it considers to be the fullness of the Truth in the Holy Spirit as expressed and received in Holy Tradition.⁸ One of the central doctrines of the Orthodox Church, one that has also captured the interest of the West⁹, has to do with theosis or “deification”. Theosis is a process which involves the free and cooperative response of human persons to God’s grace leading to their salvation and to the full realization of their intended calling having been made in the image and likeness of God.

Orthodox theological anthropology, a subsection of Christology, is theocentric and draws heavily on the concept of “Personhood” looking to the Trinitarian Godhead for its model. The Fathers of the Church had been fairly explicit¹⁰ in their Trinitarian and Christological formulations. However, in their

⁸ This is a dynamic relationship with the experience of the revelation of the fullness of the Truth being found in the sources of that Tradition, that is to say in Scripture, in the Liturgical and Sacramental life of the Church, in Iconography and Hymnography, in the Writings of the Church Fathers, etc.. To quote Lossky (1974): “...to be within the Tradition is to keep the living Truth in the Light of the Holy Spirit; or rather, it is to be kept in the Truth by the vivifying power of Tradition.” (p.160). For a fuller understanding of Holy Tradition, see “Tradition and Traditions” in Lossky, 1974, Chapter 8.

⁹ Recent publications related to Orthodox and Lutheran perspectives of theosis include McDaniel’s article (1992) in the publication Salvation in Christ: A Lutheran - Orthodox Dialogue edited by John Meyendorff and Robert Tobias as well as Bakken’s article (1994) entitled “Holy Spirit and Theosis: Toward a Lutheran Theology of Healing”.

¹⁰ The Orthodox Church, in its theological formulations, recognizes two approaches. Through the Divine Economy, God has been revealed as Trinity, the

attempt to define man and describe what it means to be a person, often in the context of theological controversy, they also sometimes made statements which, if taken in isolation, appear to be incomplete or even contradictory.¹¹ This does not mean however, that the Church cannot discern, in the fullness of the faith, that which is true or correct to the extent that it has indeed been revealed to us that we are made in the image and likeness of God. Thus cautioned, it is relevant at this point to have a brief overview of the characteristics or themes drawn out by some of the Early Church Fathers.

John T. Chirban (1996) provides us with the following summary of some of the Patristic teachings with regard to personhood and the intrinsic gifts with which man, although not initially created perfect, was endowed, in order for him to achieve communion with God and realize his potential for growth, having been made in the image and likeness of God. He writes:

Son of God as Incarnate in Jesus Christ, etc. thus making possible positive expressions of man's experience and knowledge of God. This approach is referred to as "cataphatic theology". However, given the unknowable nature of God who is Transcendent and unlike the created order, man cannot know God as He really is and can therefore only attempt to describe in human language what He is not. To quote Fr. Meyendorff (1974/1983): "By saying what God *is not*, the theologian is really speaking the Truth, for no human word or thought is capable of comprehending what God *is*." (p. 11-12). This negative approach is referred to as "apophatic theology" and is the one that has dominated in the East.

¹¹ It is therefore wise to heed Bishop Kallistos Ware's (1996) warning against enlarging or oversimplifying the patristic standpoint, for, as he writes, "... the Fathers do not actually offer us a single, systematic doctrine of the human person; they merely provide us with a diversity of approaches to the continuing mystery of personhood." (p. 3).

The unique potentialities of the human person, include (1) *innocence* with potential for life toward enhancing growth (St. Irenaeus), (2) *rational faculties* (Sts. Athanasios, Basil, Gregory of Nyssa, and John Chrysostom), (3) *the capacity for moral perfection* (St. John of Damascus), (4) *creativity* (Sts. John Chrysostom, and John of Damascus), (5) *free will* (Sts. Basil, John Chrysostom, Gregory of Nyssa, and John of Damascus), (6) *the ability to rise above impulses* (St. Basil), and (7) *love* (probably all saints of the church). (p. xiii).

As this partial list suggests, there appear to be a number of areas within Orthodox theological anthropology which potentially have a relationship with the principle of respect for autonomy, particularly with regard to free will and notions of freedom and self-determination. This study will attempt to uncover some of the possible parallels which may exist between the Orthodox Church's understanding of personhood and its teaching concerning theosis and the bioethical principle of respect for autonomy, and investigate its possible relevance specifically with regard to the respect for the autonomy of the elderly.

The challenging nature of the topic, as well as the limited scope of this study, impose a number of restrictions which must be addressed at the outset.

Foremost is the relatively limited access to Orthodox sources in the area of bioethical discourse in general, let alone with respect to the specific focus of this study in the area of geriatric bioethics. There is however a considerable amount of Orthodox literature now available in English which can provide the theological anthropological and ethical foundation from which such a study can be approached. Although original Patristic sources were also consulted, this investigation has focused primarily on the synthesis of Patristic thought and reflection provided by contemporary Orthodox theologians and ethicists.

A second point is equally important to mention.

Because of the wide variety of interrelated bioethical issues which could potentially be explored, this study is being undertaken with a more specific view of the respect for the autonomy of the elderly in the context of community-based as opposed to institutional settings. This focus however does not preclude that discussion also involve issues that more commonly arise when the elderly seek or receive services in those institutions.

The reader will also appreciate that the constraints inherent in a master's level thesis prohibit the type of in depth exploration worthy of such a profound and fascinating topic. Nevertheless, it is hoped that this initial investigation will be both fruitful and of value to future development of the Orthodox theological perspective of theosis and its relevance for bioethical discourse with regard to the respect for the autonomy of the elderly and that of all persons.

CHAPTER 1. Autonomy and the Elderly

Like the concept of personhood as understood in the theological anthropology of the Eastern Orthodox Church, the philosophical principle of autonomy has been given a variety of meanings by its interpreters. Some of the more important aspects of this fundamental principle of bioethics will be addressed in the first part of this chapter in order to lay the groundwork in the second part for a more careful analysis of its relevance and application in the case of the elderly.

As will be seen in the next chapter, certain themes associated with the concept of autonomy will be echoed in the Eastern Orthodox view of personhood. A more careful comparison of the two perspectives will be undertaken in the third chapter, including insights that may be gained from the Orthodox doctrine of theosis with regard to the respect of the autonomy of the elderly. But first it is necessary to review some of the more important aspects of the philosophical concept of autonomy for bioethical discourse.

1.1 General Principles and Related Issues

Beauchamp and Childress (1994) provide the following background to the concept of autonomy:

The word *autonomy*, derived from the Greek *autos* ("self") and *nomos* ("rule," "governance," or "law"), was first used to refer to the self-rule or self-governance of independent Hellenic city-states. *Autonomy* has since been extended to individuals and has acquired meanings as

diverse as self-governance, liberty rights, privacy, individual choice, freedom of the will, causing one's behavior, and being one's own person. Thus, autonomy is not a univocal concept in either ordinary English or contemporary philosophy. Several ideas constitute the concept, creating a need to refine it in light of particular objectives. (p. 120-121).

Though Beauchamp and Childress' principle-based approach will figure more prominently in this section, it is nevertheless important to briefly consider the influence of the two philosophical theories most strongly identified with the development of the bioethical concept of respect for autonomy, that is to say, utilitarianism and the ethics of Immanuel Kant. Only a few of the salient features of these two ethical theories will be presented here, the purpose being not to present a detailed analysis of these approaches but rather to highlight those aspects which are most relevant for a comparison with an Eastern Orthodox approach to bioethics and the respect for the autonomy of the elderly.

Although they employ totally different rationales for their ethical reasoning, utilitarianism being teleological and consequentialist and Kant's ethics being deontological (Munson, 1992, p. 4 and 13), these philosophical theories have been tremendously influential in shaping the Western concept of, and the premium placed upon, autonomy and its various derivatives. As a result, reason and liberal views of freedom, individuality and rights have figured prominently in various aspects of Western society, the sphere of bioethics being no exception, especially in its more formative years. Though the concept of autonomy has evolved with time, as Cummins Gauthier (1993) points out, despite differences, these theories agree in

a number of significant areas and both have contributed in important ways to bioethical discourse and continue to do so. (p. 21).

Utilitarian and Kantian theories are the product of philosophical approaches to morality and rely exclusively on the power of reason to arrive at their justifications and conclusions of what is right. As Munson (1992) explains, utilitarians, by their choice of actions, seek after the “greatest happiness for the greatest number of people” (p. 3). Their ethical goal is to increase utility, that is to say happiness or any other intrinsic good such as knowledge or liberty. (p. 4). In the case of the approach taken by Kantian ethics, the moral good is gained by following the “categorical imperative”, that is to say, doing the right act, the one that is universally recognized by all rational beings to be so. Kant’s approach commands respect for all persons, who are always to be treated as ends and never only as means. (p. 12).

Although utilitarians can be classified into different types¹², when considering “classical utilitarianism” (Munson, 1992, p. 3), the writings of the social political philosopher John Stuart Mill are extremely influential. With regard to the liberty of tastes and pursuits, or alternatively the freedom to act on one’s opinions, he espouses this as the liberty “... of framing the plan of our life to suit our own character; of doing as we like, subject to such consequences as may follow: without impediment from our fellow creatures, so long as what we do does not harm them...”

¹² Munson (1992) refers to differences between “act” and “rule” utilitarian approaches which are to be distinguished. There are in addition “pluralistic” views regarding the “intrinsic goods” sought and there is room as well to consider prioritization of desires through a “preference” utilitarian approach. (Munson, p. 4-10).

(cited by Cummins Gauthier, p. 25). For Mill, this freedom is necessary for the development of individuality, it being a quality essential for human well-being. It is indispensable to happiness and necessary for progress on the levels of both the individual and society. (p. 25).

Like Kant, Mill's approach is centered on the rational nature or capacities of human beings. He writes:

The human faculties of perception, judgement, discriminative feeling, mental activity, and even moral preference, are exercised only in making a choice.

He who lets the world,.... choose his plan of life for him, has no need of any other faculty than the ape-like one of imitation. He who chooses his plan for himself, employs all his faculties. He must use observation to see, reasoning and judgement to foresee,... (cited by Cummins Gauthier, p. 26).

For Mill, it is essential to exercise these faculties in order to strengthen reason and people should be allowed the necessary freedom in order to develop the rational faculties that are essential for individuality. (p. 26). As Cummins Gauthier explains: "It is precisely because humans are rational that liberty of choice and action result in individuality and, ultimately, personal well-being and happiness for both the individual and society." (p.26).

In Kant's view, man exercises a privileged status by virtue of his capacity for rational agency or self-determination. As a rational being possessing free will, man has the freedom to act independently of the natural law concept of cause and effect and may act upon moral principles supplied by reason alone. (Cummins Gauthier, p. 23). With regard to the Kantian approach to humanity which refuses to view persons simply as means, Cummins Gauthier writes:

When we treat another person as an end in himself or herself, we respect that person's dignity and intrinsic value as a rational and autonomous being. We recognize that as a free and rational being the other has the capacity to choose his or her own goals and projects on the basis of moral principles known by reason and, thus, to act on a personal conception of what is right. (p. 24).

It should be noted however, that because for Kant respect for autonomy is contingent upon the exercise of a capacity possessed by rational human beings, those not capable of reason or rational decision-making would be excluded (eg., children, adults affected by mental or neurological conditions). (Cummins Gauthier, p. 29-30). Mill's view also applies similar restrictions. (p. 30).

As Munson points out, although both theories suffer from shortcomings¹³, both utilitarian and Kantian approaches can make contributions to the bioethical enterprise¹⁴. The purpose here has not been to present a detailed analysis of these theories but rather to highlight certain aspects which are relevant for a comparison with an Eastern Orthodox approach to bioethics. Both Munson (ie., p. 3-4) and Cummins Gauthier (ie., p. 21, 23, 27) point out that both of these theories are more

¹³ Although there are a number of difficulties, for Munson (1992), the most serious problem with utilitarianism concerns the lack of a concept or principle of justice. (p. 10). In the case of Kant's ethics, difficulties arise around possible interpretations of his concept of a person as an autonomous rational being which Munson considers to be both too restrictive and arbitrary. Furthermore, he is critical of Kant's poorly developed notion of an "autonomous self-regulating will." (p. 15-16).

¹⁴ For instance, Munson specifically mentions the area of medical research as having benefitted significantly from some of the positive aspects of Kant's ethics. (p. 13-15). Cummins Gauthier suggests that these two theories, which stress the importance of respect for autonomy, are of particular value with regard to such issues as truth telling, informed consent and confidentiality among others. (p. 21, 30-32).

balanced in their perspective than they are often reputed to be. Nevertheless, the more extreme interpretations that they have at times come to acquire continue to exert an influence on the meanings attached to the concept of respect for autonomy. This discussion will be resumed in Chapter 3.

If viewed in its simplest form, the principle of respect for autonomy, if expressed negatively, could be stated as follows: "*Autonomous actions should not be subjected to controlling constraints by others.*" (Beauchamp & Childress, 1994, p. 126). However, the principle of respect for autonomy is a prima facie principle which as such recognizes the moral legitimacy of the other prima facie bioethical principles. Thus there can be exceptions to the rule of non-interference under specified conditions. For instance, in the case of an emergency, beneficent motives take precedence over patient autonomy and the requisite need to obtain voluntary and informed consent before undertaking the prescribed medical procedure.

The principle of respect for autonomy entails a number of important dimensions and associated rights. One that is critical to this discussion pertains to the right to consent to, or to refuse, treatment. Several factors influence the exercise of this right, including the appropriate communication of adequate information allowing the client to make an informed decision. Another critical dimension concerns competence which is related to the cognitive abilities of the person making the decision. Because it is such a crucial element in the exercise of autonomy, and because much confusion surrounds this subject, it is necessary to make a few

general comments here. Its significance for the respect of the autonomy of the elderly will be addressed further below.

The question of competence in decision-making is a complex matter. Buchanan and Brock (1990) illustrate this point well in their analysis and identification of nine major conclusions which require consideration if the question of competence is to be adequately understood. (p. 84-86). It should be especially noted that there are serious problems with the measurement or determination of competence and that this is particularly problematic in cases of "borderline" or "marginal" competence. It should also be stressed that competence to make decisions is task specific (eg. a person may be competent to make a health care decision but not be able to manage their own financial affairs).

It is to an examination of some of the issues related to the application of the principle of respect for autonomy, particularly with regard to the elderly, that we now turn our attention. Given the limited scope of this study, it will not be possible to examine all facets of this topic. Therefore, only certain dimensions will be highlighted here.

1.2 Specific Concerns of Geriatric Bioethics

Many factors can contribute to limit patient autonomy. Questions related to competence are often a serious concern in the care and treatment of the elderly. Because of confusion concerning autonomy and competence, and because of difficulties measuring the latter, this problem can lead to unwarranted restrictions

on the autonomy of the elderly, who very often already are affected by negative stereotypes. Those who do have legitimate reductions in their cognitive abilities, will have their autonomy seriously affected. As stated by Collopy (1990), "No condition of frailty has more pervasive impact on the autonomy of the elderly than cognitive impairment." (p. 9). It can also have a profound effect on their families.

Although in some cases the person's cognitive abilities are only affected for a temporary period due to a reversible condition, the incidence of more permanent forms of dementia increases with age. Prevalence data for 1990-1991 placed estimates at 8 % of the Canadian population over the age of 65 meeting the criteria for dementia. (Keyserlingk, 1995, p. 319). Thus not all elderly residing in the community suffer from cognitive deficiencies. Those who do are generally limited only in certain areas. There is a danger however that many elderly, by virtue of their age, will be discriminated against. They may suffer as a result of blatant stereotypes surrounding "incompetence and the elderly" or may be victims of more subtle forms of discrimination when they come into contact with paternalistic attitudes on the part of health care professionals.

It is against this background that one must attempt to extract what are the more essential aspects of respect for the autonomy of the elderly. As Kapp (1989) reports, some authors advocate for patient empowerment and a more active role by the elderly in decision-making. This, in their opinion, would help to ward off paternalistic and condescending attitudes on the part of health care professionals. (p. 6).

Although autonomy is often viewed from a liberal perspective with its strong emphasis upon individual rights and freedom, there are other dimensions as well and these appear to be particularly important in the context of modern medicine. As Jecker and Self (1991) point out "... autonomy refers to the patient's ability to render decisions about medical care based on the values and goals of the patient" (p. 46). The respect for patient autonomy is important because it is linked to such fundamental values as self-respect, self-esteem, and self-confidence (p. 46). Furthermore, they add that:

Respect for patient autonomy is also important because it is connected to notions of creativity and authenticity, it is the basis for responsibility and adherence to principle, and it relates to forms of consciousness and experience that are desirable features of a good life. In short, autonomy is highly valued because its exercise is a source of meaning and satisfaction in life (p. 46-47).

Unfortunately many factors interfere with the attainment of this full and vibrant concept of autonomy. Because the aging process often brings limitations, these act as barriers to the exercise of patient autonomy.

The exercise of autonomy by the elderly may be constrained by either "internal" or "external" factors (Fry, 1991, p. 174) or what Taler & Waymack (1989) refer to as "intrinsic" and "extrinsic" factors (p. 530), (eg. capacities or limits internal to the patient as opposed to outside factors such as familial or legal restrictions). Borrowing from Collopy's (1990) distinction between "decisional" and "executorial" autonomy (p. 11), Fry illustrates how limitations from the latter can lead to a reduction in the former (p. 177).

In the context of diminished autonomy and diminishing resources, Fry (1991)

points out:

After all, to realize autonomy one must be a self-determining agent capable of acting on the plans and rational choices that one makes. The reality of what it means to be elderly indicates that the amount of autonomy that an elderly person enjoys is extremely limited with the passing of years. This is a fact that affects lifestyle, happiness, and even how and when one dies (p. 173).

A brief examination of some of the issues which affect the autonomy of the elderly in the home is warranted and it is to this that we now turn our attention.

1.3 Issues Surrounding Home Care

The majority of elderly, even those suffering from considerable disability, continue to live in the community (Collopy et al, 1990, p. 2). Given the significant number of elderly who are afflicted by one or more chronic conditions, the need for various health care services is considerable. Statistics Canada (1990) reports that in 1986, 41.8 % of those over the age of sixty-five residing in the community suffered from some form of disability. (p. 36). As a result, one can then agree with Taler & Waymack's (1989) statement that "*The home*, though often not recognized as such, is a health care setting" (p. 533).

In order to appreciate the complexity and diversity of ethical issues that may arise in the context of home care for the elderly, the following overview provided by Collopy, Dubler and Zuckerman (1990) serves as an enlightening introduction to the subject. They write:

For all its simple and domestic connotations, "home" care encompasses services ranging from personal care, home-making, and shopping assistance to high technology medical care such as dialysis and tube feeding (...). It includes medical diagnosis and treatment, nursing care, laboratory services, medication, physical and speech therapy, the provision of medical supplies and equipment, personal care, health aide and home-maker assistance, repair and maintenance services, transportation, mental health care, personal emergency response systems, adult day care, respite care, even social companionship (...). (p. 2).

As Collopy et al (1990) point out, given the broad range of services encompassed under the rubric of "home care," there can often be tensions between a medical model and a social model of care. (p. 2). Collopy et al (p. 2-3) and a number of other authors draw attention to the fact that although there has been a change of site, the medical model continues to dominate long-term care. This approach to care in the home can seriously contribute to limiting the autonomy of the elderly in a number of significant ways. Not only can the concept of care, the range of services offered, and the mix of caregivers be influenced, (Collopy et al, p. 3) but as was pointed out by Christiansen (1974), the elderly are typecast into the "sick role" with all the detrimental effects that that may have on their image and subsequently on their autonomy. (p. 8).

Taler & Waymack (1989) emphasize the critical role of the physician in helping the patient to exercise autonomy (p. 540). Nevertheless, the mundane nature of the daily activities and the important need for social services places the elderly in more frequent contact with informal caregivers such as family members as well as formal caregivers, the members of a variety of health care professions and homemakers (Collopy et al, 1990, p. 3). Because of the nature of the tasks and

the potential for conflicting goals, the autonomy of the elderly is often restricted (Collopy et al, 1990, p. 8). This occurs even though the elderly find themselves in the familiar surroundings of the home where they are more confident and therefore more prone to want to exercise their autonomy. (Taler & Waymack, p. 533).

In the past, much of the bioethical discussion concerning autonomy has focused on the acute care setting. However, with the reality of the growing number of elderly, their personal preference for the home as opposed to institutional settings, as well as the economic factors involved, researchers and ethicists will need to direct greater attention in the future to questions related to the respect for autonomy in the home. According to Patricia Ann Young (1990), patient autonomy is influenced by three major characteristics which distinguish the provision of care in the home from the hospital setting. These are "... (1) the location of service delivery in the patient's home; (2) the caregiver mix, including both family and formal caregivers; and (3) the interaction between the exercise of autonomy and reimbursement, regulation, environment, and technology in the home care setting" (p. 17).

P. A. Young (1990) maintains that the familiar surroundings of the home may predispose the elderly to a stronger exercise of their autonomy. However, this freedom to choose may in fact run contrary to what others may perceive to be in their best interest. Although motivated by the ethical principle of beneficence, those who interfere with the choices or preferences of the elderly often do so without there

being a clear consensus of opinion or policies concerning their interventions. To quote Young:

Although our society espouses autonomy, dignity, and minimum standards for almost everything, we have yet to develop a communal sense of values around the care of the vulnerable elderly in the community. Our society lacks a community ethic to guide community-based health care so that it preserves dignity, fosters humane standards of care, and respects the individual's right to autonomy (p. 18).

There are many sources of potential problems with the exercise of autonomy of the elderly. Because of the extensive caregiving role played by the family, conflicts often arise concerning health care decisions and these are further complicated by the involvement of formal caregivers. (Young, 1990, p. 18-19). As Young explains, "In home-care situations there is a delicate triangular balancing act among the rights of the client, the rights of the family caregivers, and the rights of the professional caregiver" (p. 19). Although it is not possible to elaborate in any detail, the budgetary and efficiency concerns of formal health care providers are counterproductive to the development or promotion of patient autonomy (p. 20). It is easier for the provider to have the patient conform to its schedule rather than offer services that better suit the needs and preferences of individual clients.

If respect for autonomy is a valued goal that is truly to be realized, then society must be more attentive to the needs and concerns of the elderly. In a survey conducted by Sabatino (1990), it was determined that when it came to questions of rights related to the exercise of autonomy, the elderly valued non-medical "quality of life" concerns more than those involving their clinical care (p. 22). For them the

maintenance of "...the 'normalcy' of their personal space, their home, and their day-to-day lifestyle" took precedence (p. 22). This information is important because it points to a significant difference in values between the elderly and their health care providers. Policies as well as the education of staff, clients, and their families could be improved in order to better reflect client concerns and abilities related to the respect of their autonomy (p. 23). Sabatino agrees that an approach of accommodation of competing interests might form part of the solution as would viewing rights from the client's perspective, that is to say, "bottom-up" rather than through the current "top-down" approach that exists with the superimposition of program designs (p. 24).

Researchers and ethicists have proposed a number of critical areas where patient autonomy is severely at risk for the elderly. A few examples are cited here. For instance, Jecker and Self (1991) have identified and analyzed ethical concerns for the elderly under five headings: advance directives, mental health, gender bias, medications, special settings. In the case of advanced directives, their research leads them to the conclusion that their use is generally helpful but that this experience may be the cause of greater stress for some members of the elderly population. Overall, much greater communication is required in order to assess what is the optimal level of autonomy of any one person. It is only through meaningful dialogue that the resolution of potential problems can be brought about (p. 47). As Kapp (1989, p. 6-7) and Jecker & Self (p. 47) have pointed out, though

one must be wary of the potential for abuse, not all elderly wish to exercise their right to autonomous decision-making.

Another problem raised by Jecker and Self has to do with the relative isolation of the elderly cared for in the home compared to those in institutional settings where the burdens and responsibilities of care are shared by a larger number of people. This situation may erode autonomy and put the rights of some elderly at greater risk (p. 49-50).

The research conducted by Ferrara (1990) confirms that there is "...a troubling lack of autonomy in home health care programs" (p. 422). This is serious cause for concern as "...numerous studies have shown that a loss of autonomy by the elderly negatively affects their emotional, physical, and behavioral well-being, and ultimately undermines their health over the long-run" (p. 427).

In Ferrara's (1990) view, autonomy involves both a positive and a negative dimension (p. 429). The positive aspect entails the design of programs and services that would maximize and promote patient autonomy. For instance, services could be provided that enhance opportunities for social contact with family members and friends or that facilitate participation in church or community activities. This may require improvements in transportation or the rescheduling of certain services in order to give greater access to activities outside of the home. Despite current limitations and the potential for conflicts of interest, Ferrara believes that when compared to the acute care setting,

...patient autonomy should probably play a greater role in home health care, as opposed to less. The choices in home health care are

more subjective and personal, involving more private matters. Objective medical evaluation is much less a factor in the services provided. The treatment is for a longer term and often permanent, therefore loss of autonomy and control will be a much greater burden on the life of the patient than in a short-term, acute care setting (p. 429).

There are however hidden dangers¹⁵. Ferrara, deferring to research by Collopy writes: "Because home care is beneficent and motivated by the best of intentions, the issue of autonomy and preferences of the recipients is often overlooked." (p. 429).

Ferrara (1990) has grouped impediments to patient autonomy into legal, social, economic, and institutional or practical categories (p. 430). For instance, it may be difficult for a patient to request or obtain the services of a different health care provider if for some reason the services of the person assigned did not appear to be satisfactory (p. 434). According to Ferrara, economic factors weigh heavily in restricting patient autonomy. He does not however see these problems as being insurmountable and offers a number of suggestions¹⁶ intended to give the elderly more economic power as "consumers" of health care services (p. 449-453). Even concern over the increasing number of elderly who suffer from some form of incompetence should not act as a deterrent to promoting a positive approach to the

¹⁵ In Ferrara's view, there is an institutional bias on the part of formal home care providers which can reduce client autonomy significantly. By limiting client choices and autonomy, these providers experience less "trouble" by applying uniform practices and also contain costs. (p. 445-446).

¹⁶ Ferrara's suggestions are geared to the American health care system and involve aspects of a free market approach to services. There are nevertheless elements which may be applicable to the Canadian context.

exercise of patient autonomy. Not only are a minority of seniors affected, but those who are, are often so to a limited degree. They can continue to exercise a measure of autonomy in a number of areas of their lives which are still important and meaningful to them (eg. making decisions about meals and clothing). Under these circumstances, surrogates can also play an important role in assuring the respect of autonomy of the elderly in other areas of their lives (p. 446-447).

The role played by families is an extremely important one. Studies show that approximately 80 % of home care provided to the elderly is given by family members (Collopy et al, 1990, p. 3-4). Often, this responsibility falls to women who generally have other familial or professional obligations¹⁷. Families are also involved in the elderly's relationships with professional health care providers, forming what Taler & Waymack (1989) refer to as an ethical triad (p. 530), and can be an excellent source of information concerning their needs and preferences (p. 531). It is also interesting to note that Taler & Waymack suggest that the conditions which exist in the ambulatory care setting may provide the best opportunity for the primary care

¹⁷ The question of women as informal caregivers is of such vital importance that it cannot be adequately summarized here. The author acknowledges their role and recognizes the dangers of their being too heavily taxed by the responsibilities of caregiving. Any references to greater involvement of the family in the care of the elderly recognizes that there are appropriate limits to what a family can be expected to provide. Readers interested in the question of caregiver burden, especially Elaine M. Brody's concept of "women in the middle", are invited to consult her book, (1990), Women in the Middle: Their Parent-Care Years. In addition, Collopy et al (1990) provide a brief summary of the burdens and difficulties associated with caregiving (p. 3-4).

physician to broach questions of care preferences with the elderly and thus establish guidelines for future treatment decisions. (p. 533).

This brief overview of the bioethical issues demonstrates the complexity of the question of respect for the autonomy of the elderly. Many factors need to be weighed and each case be considered individually.

Although discussion has focused more on some of the more overt obstacles, some of the barriers to patient autonomy can indeed be very subtle. Elias S. Cohen (1988, 1990) suggests that much of the language used in geriatrics and gerontology involves the use of terms which are negative in meaning (eg. "frail elderly", "elderly at risk"). Because these terms are contrary to notions of growth and continuing engagement, they are counterproductive to the development of autonomy for the elderly (1990, p. 13). He is concerned that despite significant advances in the care of the elderly, our society is plagued by a new form of ageism that is being fed by these "failure models" (1990, p. 14). Cohen aptly punctuates the problem when he writes: "There is more debate over the right to die than over the right to flourish" (1990, p. 15).

This concern for a more positive model will be taken up again in Chapter 3. First however, it is necessary to be introduced to the Eastern Orthodox bioethical perspective, the significance of personhood and the goal of theosis. As will be seen in the next chapter, a number of the general characteristics or meanings attached to the concept of autonomy are echoed in the Eastern Orthodox perspective of

personhood. A more careful comparison and its significance for the respect for the autonomy of the elderly will be reserved for the third chapter.

CHAPTER 2. Personhood and Autonomy: The Orthodox View

Although the Orthodox Church can claim a strong *ethos*, one that is indeed intimately related to her doctrine and spirituality¹⁸, it was not until the beginning of the twentieth century that her theologians began to elaborate, in a systematic fashion upon, matters of the faith in relation to specific social concerns or issues in a distinct discipline of Christian Ethics. (Harakas, 1983b, p. 13). This does not mean however that the Orthodox Church has been devoid of a social conscience¹⁹ or disinterested in matters pertaining to health.²⁰ Although this study will not review

¹⁸ Father Harakas (1990) provides an overview of some of the qualities emphasized that form a pattern which set the Orthodox faith apart from other traditions. They include: the "Sense of the Holy" which is expressed and experienced most vividly in Orthodox worship; the "Incarnational Sense" which conveys the immanence of God and the essential goodness of the created order; the "Transfigurational Sense" which implies a process of change and development, of growth toward "God-likeness"; the "Sense of Evil and Sin" which provides a realistic assessment of the consequences of the Fall; the "Sense of Ultimate Victory" which proclaims Christ's Resurrection, the defeat of death and the new life to be found in Him; and the "Sense of Compassion and Love" which despite formal doctrines, ethical teachings and standards, does not result in an ethos which is legalistic but rather one which is guided by love. (p. 15-18).

¹⁹ Indeed, the teachings and writings of the Fathers are replete with ethical prescriptions. One such example can be found in the homilies of St. John Chrysostom pertaining to the Christian's proper attitude toward wealth and poverty. For a collection of these sermons, see in On Wealth and Poverty, St. Vladimir's Seminary Press, 1984.

²⁰ The Eastern Orthodox can claim a strong philanthropic heritage, one that was particularly marked during the Byzantine period as evidenced by the numerous philanthropic institutions which had sprung up during that era. A significant number of these institutions were hospitals and other centres of healing, which in the Orthodox view, has always had a close and intimate relationship to matters of

in an in depth fashion the whole of the Orthodox thinking with regard to health and medicine and the proper ethical response to such matters, it is nevertheless necessary to trace some of the elements of an Orthodox approach to bioethics before being able to examine more closely its implications for the respect of the autonomy of the elderly.

2.1 The Orthodox Approach to Bioethics

From an Orthodox perspective, that which is true in the created order can be of value. This can be said of such disciplines as the physical or behavioral sciences or of philosophical approaches which can disclose that which is “good” in this world. However, from an Orthodox perspective, the fullness of the truth and the definitive ethical norms are revealed and communicated in the Scriptures and Holy Tradition (Harakas, 1983b, p. 5-10). Two sources of the Tradition, namely the dogmatic and liturgical forms of theological expression, have been particularly important in shaping the content of Orthodox ethics.

spirituality. (Harakas, 1986a and 1988). Harakas (1986a) notes that the Church, in the Early Byzantine period (324-Eighth Century), established and maintained many homes for the aged. (p. 157).

The numerous writings of Father Stanley Harakas are an excellent source concerning the history and theology of the Orthodox Church with regard to health and healing. The reader interested in this subject may wish to consult the two references cited above as well as the comprehensive exposition of the Orthodox perspective in Fr. Harakas' (1990) contribution to the Park Ridge Centre series on Health/Medicine and the Faith Traditions entitled Health and Medicine in the Eastern Orthodox Tradition.

Ethics in the Orthodox tradition has always had a close association with dogmatic theology, being in fact the application of the tenets of the Faith for the Christian life. For this reason it is totally dependent upon the theological teachings, doctrines and dogmas of the Church which are the fundamental source for Orthodox Ethics (Harakas, 1983b, p. 10). However, as Father Harakas (1983b) points out, doctrine and ethics are not identical. Thus from an Orthodox perspective, while it is necessary to make a distinction between them, they cannot be separated. (p. 1-2). With regard to Orthodox theology and its influence upon the shaping of Orthodox ethics, Guroian (1987) draws attention to the fact that Orthodox theology "... has never been rigorously systematic". (p. 27). This approach contrasts with the one which evolved in the "West", and is a matter to be taken up again below.

Orthodox worship and ecclesiology are also of particular significance for Orthodox ethics. Not only is the believer brought into communion with the transcendent God, and His grace received through the sacraments and in the life of the Church, but the hymnography and iconography at each point in the Church's liturgical cycle communicate dogmatic truths also necessary for the proper ethical development of Christians.

Through their membership in the Church, the Body of Christ, and because of their reception of Divine grace through their participation in the liturgical and sacramental life of the Church, especially the Eucharist, Christians begin to partake in this world, of the fullness of the life that awaits them in "the life of the world to

come".²¹ The foretaste of this life is made possible by admission into the Church through the sacrament of Baptism. To quote Father Hopko (1982):

A person enters the Church by dying and rising with Christ in the baptismal mystery which, in the Orthodox tradition, is called "holy illumination."....Persons die in the baptismal waters with Jesus in order to be born into the new humanity of the Kingdom of God....to live with Him already *now* in the eternal life of the age to come. (p. 37)

As Father Hopko points out, this is the person's personal pascha and his anointing in the sacrament of Chrismation, his personal pentecost. (p. 37).

The ecclesial nature of Orthodox bioethics will be present throughout this study. At this time however, it is important to stress that this concerns man's fundamental calling to a life of love and communion in his relationships both with God and with other persons. This is to be realized in this world and is part of the Church's eschatological vision.

Father Harakas (1991), taking a meta-ethical approach to historical, theological, and liturgical sources as guidelines to an Orthodox perspective to bioethical decision-making, suggests a framework which will be helpful in presenting here a brief overview of the theological premises of the Orthodox Faith most relevant to the topic under study. Below and in subsequent sections, certain theological and liturgical aspects will be developed more fully.

Father Harakas (1991b) identifies ten doctrinal areas as providing the theological bench marks for ethical decision-making from an Orthodox perspective. They are: 1) Apophatic/Kataphatic Theology, 2) The Holy Trinity, 3) The Image and

²¹ The last phrase of the Nicene-Constantinopolitan Creed.

Likeness, 4) Human Fallenness, 5) Body-Soul Inter-relatedness, 6) The Incarnation, 7) The Church as Body of Christ, 8) Pro-Life, 9) Sacramental Living, and 10) Eschatological Vision. Although certain doctrines will be developed more fully than others, these theological loci will be incorporated under two main headings below.

2.2 Man Made in God's Image

For the Orthodox, the starting point for an appreciation and understanding of the "right belief"²² concerning the respect for the autonomy of the elderly, or any other ethical query, is to be found by turning to its doctrines, particularly with regard the Triune Godhead and Christology.²³

Orthodox Trinitarian theology is particularly significant for this study because of its strong emphasis upon the unique features or characteristics of each of the three Divine Hypostasis that are distinct, yet sharing one Divine Essence and Will, united in a perfect community of love. The Tri-Personal quality of God is at the root of the Orthodox understanding of man as created in God's image and likeness and the Trinitarian model is the archetype for all forms of human community. Although

²² As Bishop Kallistos of Diokleia (Timothy Ware, 1963/1985) explains, the word "Orthodoxy" has a double meaning and signifies both "right belief" and "right glory" (or "right worship"). (p. 16).

²³ Not only do these two areas have particular significance for this study under investigation, but Harakas (1983b) gives special emphasis to the importance of Orthodox theological doctrines pertaining to the Trinity and man (theological anthropology as assumed under Christology) when approaching specific ethical issues (p. 15).

it can only be approached from an apophatic perspective, the importance of the revelation of God as a Tri-Personal Unity, bears closer examination.

The Orthodox theological approach to the Trinity makes the distinction between God's Nature (physis) or Essence (ousia) and God's Energies (energia). God, being unlike His creation, is totally transcendent and totally unknowable (hyperousia), save for His operation in the world through His Energies. Through the Divine Economy, God has revealed Himself to be Tri-Hypostatic or Tri-Personal. Witness Christ's Baptism in the Jordan (Matt. 3: 16-17) and Transfiguration on Mount Tabor (Matt 17: 5), and the promise of the Counsellor Whom Christ tells His disciples the Father will send in His Name (John 14:26). Each Hypostasis actively participates in this operation in a perfect act of love and cooperative realization of the Divine Will²⁴. The Three Persons are identical in nature or essence (ὁμοούσιος), that is "consubstantial" (Lossky, 1974, p. 134). This unity however does not blur the distinct Personal qualities of each of the three Hypostasis of the Godhead, their Personhood being the expression of the Divine nature which, being Love, in no way diminishes the unique features of each of the three Persons of the Trinity. To quote Lossky (1974): "It is identity of essence which is shown in the difference of persons: the Son, in his function of (εἰκῶν), bears witness to the divinity of the Father." (p. 135).

²⁴ For an explanation of the primacy and relationship between the Divine Hypostasis, Nature and Will in creation, see Father Florovsky's chapter on "Creation and Creaturehood", 1976, p. 43-78.

In Orthodox Trinitarian theology, the Father is the unique and original source of the Godhead, Who being Love, begat from all time His Only-Begotten Son and was the cause of the procession of the Holy Spirit through the Son.²⁵ The Second and Third Persons of the Trinity are said to be Homo-ousion with the Father but each Hypostasis retains His distinct features. The unique features of each of the Persons of the Trinity are nevertheless retained in their relationship as a community of love, which is for human persons, the divine model of personhood and community.

Yannaras (1991), after recapitulating (p. 20-22) the revelation concerning the Triune Godhead to which the Old and New Testaments testify, observes specifically with regard to the Johanine text that:

The expressions chosen plainly exhibit three different Existences, three Persons of Divinity, without it appearing that the Existences constitute autonomous individuals, and these expressions are quite typical of the gospel text. The Persons of the Trinity do not exist each for himself, they do not claim existential autonomy. On the contrary, the unity of life, will and activity of the Triadic God, of the three divine Persons, is made plain in the words of Christ. (p. 22).

Over the centuries, the Fathers of the Church have sought to apprehend and define the meaning of man being made "in the image" and "likeness" of God.

²⁵ It is to be noted that the Orthodox formulation of the second part of the Nicene-Constantinopolitan Creed refers to the Holy Spirit "...who proceeds from the Father; who with the Father and the Son together is worshipped and glorified; ...".

The interpolation in the West known as the Filioque, involving the addition of the words "and the Son" concerning the procession of the Holy Spirit, is a matter of great doctrinal significance which acts not only as a barrier to intercommunion but also influences tremendously the understanding of the operation of the Godhead in relation to the created order. See in Meyendorff, 1974/1983 p. 60-61, 91-94.

Although there is a danger in attempting to be overly systematic in one's approach, their understanding revolved around such characteristics as dignity, free will, intelligence, etc.

Yannaras (1984) unequivocally states that: "Personal distinctiveness *forms the image* of God in man. It is the *mode of existence* shared by God and man, the *ethos* of trinitarian life imprinted upon the human being." (p. 23). As will be seen further below, this aspect of Orthodox theological anthropology is crucial to the topic under investigation.

Orthodox theological anthropology stresses the absolute uniqueness of each person and looks to the distinction between Essence and Hypostasis in the Godhead for its understanding. To quote Yannaras (1991):

... man, formed "in the image" of God, is also one Essence (consubstantial) and a multitude of hypostases or persons (multi-hypostatic)...Each man has reason, thought, will, judgement, imagination, memory, etc. All of us share these common ways in existence, in being; we have a common essence. But every particular realization (hypostasis) of this Being, that is, each man separately, incarnates all the common marks of our essence in a unique, different and unrepeatable way: He speaks, thinks, decides, imagines in a manner absolutely *other* (different to any other man). Each human existence has absolute *otherness*. (p. 27).

The unique features of each human person, this otherness, is not to be confused with individuality. It is a deeply personal existence, related to being made in God's Image and Likeness. Lossky (1974) states the following:

Man is not merely an individual of a particular nature, included in the generic relationship of human nature to God the Creator of the whole cosmos, but he is also - he is chiefly - a person, not reducible to the common (or even individualized) attributes of the nature which he shares with other human individuals. Personhood belongs to every

human being by virtue of a singular and unique relation to God who created him "in his image." (p. 137).

In the Orthodox view, man had been created in God's Image such that the God-like qualities were imparted to him by being added to his nature. However, man was still in a somewhat imperfect state and was to grow in Likeness to God. This potential was freely offered to him by God, who is by definition Love (I John 4:7), as part of the Divine Plan for creation. Man is made in the image of the Divine Logos, the Second Person of the Trinity who is Himself the Image of the Father. Like the Trinity, man is called to a communion of love. Because of the Fall, God's plan for man, conceived from all eternity, could only be accomplished through the Incarnation. Only in this manner could man's full potential be realized. (Lossky, 1974, p. 136-137).

Before examining more carefully the soteriological view of the Orthodox Church, it is important to draw attention to the fact that the "image" of God in man was conceived in a different fashion in the West.

In reference to the Western schematization which related the "image" to the soul which was endowed with the Godlike qualities of rationality, free will and dominion, Yannaras (1991) writes:

These three attributes were used as well by the Greek Fathers to interpret the "image", but chiefly in the attempt to determine the mode of existence of the entire man, without fragmenting and division of his nature into "parts". Rationality, free will, and dominion are not simply "mental" or "spiritual" qualities, but a concise recapitulation of the mode in which man exists as personal otherness - which is particularly an otherness as to nature: Even if the nature of man is created, he has been endowed with the possibility of a mode of existence which is other than, different from, the mode of existence

of the created. He is endowed with the possibility of the mode of the divine existence, which is manifested especially in the gift of rationality, of free will, and of dominion. But these gifts reveal, without exhausting it, the image of God in man, and therefore the disturbance of their functions does not take away the mode of personal existence with which the nature of man has been endowed. (p. 57).

As will be seen in the next chapter, this last point is very relevant to this study.

2.3 God became man, so that man may become god

As recorded in Genesis 3, man disobeyed the Divine Command, and the consequences of man's misuse of his freedom are well known resulting, from an Orthodox perspective, in a distortion of his nature, a fragmenting of his will, a life fraught with conflict, disease and ultimately death²⁶.

In reference to the Fall, citing the Great Canon of St. Andrew, a penitential office celebrated by the Orthodox during Great Lent, Nellas (1987) writes:

By making himself his own goal and objective, man "became his own idol." Of his own free will he broke off his iconic relationship with God and impeded his movement towards Him. He made himself

²⁶ The Orthodox Church does not share the Western view of "Original Sin". Indeed, there were grave consequences to Adam's disobedience, with the world now subject to death and corruption. However, because of the Orthodox understanding of the exercise of freedom, Adam's sin was a personal act and not one of nature which would have automatically made subsequent generations inheritors of his sin rather than the consequences of his sin.

Furthermore, due to difficulties related to translation, there is also an important distinction to be made concerning the interpretation of Romans 5:12. For the Orthodox, the meaning would be as follows: "As sin came into the world through one man and death through sin, so death spread to all men; and *because of death*, all men have sinned...." For a more complete explanation, see Meyendorff (1974/1983), p. 143-146.

autonomous, limited himself to created time and space, to his created nature, with the physiological result that a spiritual famine broke out within him... Living not with the life of God ... he was led physiologically to death. The destruction of his non-created center disorganized his psychosomatic constitution. What was the image was darkened; what was the likeness was transformed into unlikeness. (p. 175).

The insights of St. Maximus the Confessor are particularly relevant for this analysis of man in his fallen state. St. Maximus identified man's volitional state as being of two types. He used the term "natural will" to describe man's freedom to choose in a manner harmonious with his nature that had been created in the image and likeness of God. However, after the Fall, man's freedom had been destroyed, he now being subject to death, was assailed with conflict and indecision, what Maximus referred to as the "gnomic will". (Lossky, 1978, p. 129).

As a result of the Fall, man's image had become distorted and his ability to achieve likeness impossible. As Lossky (1974) explains:

It was necessary that the voluntary humiliation, the redemptive (κένωσις), of the Son of God should take place, so that fallen men might accomplish their vocation of (θέωσις), the deification of created beings by uncreated grace. Thus the redeeming work of Christ - or rather, more generally speaking, the Incarnation of the Word - is seen to be directly related to the ultimate goal of creatures: to know union with God. (p. 97-98).

In Christ was realized the perfect union of Divine nature and human nature. His life-saving act made possible the transformation of the whole of the human experience, from birth to death, thus forging for mankind a clear path leading back to the Father. This however was not to be an automatic process. Rather it required man's freely given response to God's will, a process of cooperation with Divine

grace leading to salvation through the restoration of his nature and his increase in the Divine likeness.

Through the Incarnation, Christ not only destroyed sin and death, thus opening the doors for mankind's salvation, but as the New Adam, He realized that which had been part of the Divine Plan from the very beginning, the way to deification, that is "union with God through grace" or the fullness of Life in the Holy Spirit. (Lossky, 1978, p. 136-137). This fullness in the Life of the Holy Spirit will only be realized after the resurrection of the dead. (Lossky, 1976, p. 196). To quote Lossky (1974):

The Son has become like us by the incarnation; we become like Him by deification, by partaking of the divinity in the Holy Spirit, who communicates the divinity to *each* human person in a particular way. The redeeming work of the Son is related to our nature. The deifying work of the Holy Spirit concerns our persons. But the two are inseparable. (p. 109).

Man is free however to decline God's invitation. Furthermore, as Lossky (1974) explains, the image remains inalienable. Man may use his freedom in order to allow divine grace to penetrate his nature, or he may turn away from God completely. (p. 139). If he is to seek God, this will require repentance and the ascetical struggle. With regard to the ascetical path and the fruits of its labor, Lossky (1978) writes: "This is the basic principle of asceticism: the voluntary renunciation of personal will, of the chimera of individual freedom in order to rediscover true freedom, the freedom of the person, which is also the image of God proper to every man". (p. 126).

For the Orthodox, it is not only man's soul which will be saved, but his body will also be resurrected on Judgement Day. Man is a psychosomatic whole. There is no room for compartmentalization in the Orthodox perspective. Body and soul are inter-related and man's salvation involves the cooperation and discipline of both. To quote St. Paul in his First Letter to the Thessalonians: "May the God of peace himself sanctify you wholly; and may your spirit and soul and body be kept sound and blameless at the coming of our Lord Jesus Christ." (5: 23). Man's ascetical efforts require both the fasting of the body and the soul from the various passions and excesses of life. Repentance involves the whole being; it is the whole person, body and soul, which is to be transfigured. Participation in the sacramental life of the Church, especially through Confession and the Eucharist, are vitally important in this process of growth into the Light.

In Orthodox spirituality, the heart is a central concept which should be noted here. To quote Nellas (1987):

The patristic tradition regards the heart as the center of man's life and psychosomatic constitution, as the organ within which the mystical transition from the psychic to the bodily and from the bodily to the psychic is accomplished. This organ has not only a bodily but a psychic mode of functioning. In the teaching of the Fathers the functions of the soul have their seat in the heart, where they coinhere mutually in one another, and it is from the heart that the operations of the soul flow. The heart is simultaneously the source of the life of the body and the center of the soul. It is therefore within the heart, the deepest center of the conscious, free and rational human person, that according to the Orthodox tradition God meets man. (p. 179).

The Orthodox affirm life, yet also recognize that the full measure of the life to which man has been called to can only be realized once Christ has returned in

His glory and the sons of men "also will appear with him in glory." (Col. 3:4). Christians have already begun to be transformed by God's grace.

The final loci to be addressed in this section concerns the participation of Christians as the Body of Christ (1Cor 12:14, 12:17-26,27). Two points appear to be particularly relevant for this study. The first concerns the unique gifts and vocation of each person, the second, the cooperative nature of the parts united through and expressing love (Ephesians 4: 11-16). Other references to the ecclesial nature of man's relationship with God and with other persons are present throughout this study.

Orthodox theological anthropology emphasises the absolute uniqueness of each person but considers it incorrect to view man as an "individual" as this reflects his nature as it is in its fallen state. (Yannaras, 1984, p. 22). To quote Yannaras (1984):

The image of God in man is preserved precisely through the tragedy of his freedom, because it is identified with hypostatic realisation of freedom - with the personal mode of existence which is capable of either realizing or rejecting the true life of love. What we call the *morality* of man is the way he relates to this adventure of his freedom. Morality reveals what man *is* in principle, as the image of God, but also what he *becomes* through the adventure of his freedom: a being transformed, or "in the likeness" of God. (p. 24).

For the Orthodox, one person, Mary the Mother of God, the Theotokos (God-bearer) has already achieved the Grace-filled state to which all men are called. She who freely submitted her will to God's "...gave human life to the Son of God (and) has received from her Son the fullness of the Divine Life." (Lossky, 1974, p. 224). For Orthodox, she mystically represents the Church. She has achieved what all

persons are called to become. She is part of the Orthodox view of realized eschatology.

The limited scope of this study prevents, at this time, further elaboration of Orthodox theological doctrines. Nevertheless, it is hoped that this brief overview has enabled the reader to appreciate some of the unique and essential features of Orthodox Trinitarian theology, theological anthropology and soteriology relevant to this investigation. Certain aspects will however be developed further in the next chapter as we undertake a study of the particular relevance of the doctrine of theosis for the respect of the autonomy of the elderly.

CHAPTER 3. Respect for the Autonomy of the Elderly: An Orthodox Perspective of Theosis

As suggested by the discussion to date, a number of characteristics or themes reverberate between the bioethical principle of autonomy and the Eastern Orthodox understanding of personhood. This chapter will initiate a comparison and analysis of some of their similarities and dissimilarities, and explore the relevance of the Eastern Orthodox perspective of theosis for the respect of the autonomy of the elderly.

The breadth and depth of this topic far exceed the limited scope of this study. Only certain aspects of an Eastern Orthodox approach can therefore be highlighted here. At times, areas of possible convergence will be suggested; at other times, zones of incompatibility identified. It is nevertheless hoped that these initial comments and observations will facilitate future reflection and exploration of this vital and fascinating topic.

In order to facilitate discussion and comparison between the Eastern Orthodox perspective of personhood and the goal of theosis with the bioethical principle of respect for autonomy, this first section will deal with a number of observations and comments of a more general nature which will be assumed under the following headings: Eastern and Western Approaches to Bioethics; Notions of Freedom, Autonomy and Community; The Concept of Personhood; and, Concerning the Right to Self-determination, Suffering and Death.

The reader should be forewarned however, that because of considerable overlap between the themes, it is not possible to neatly group them into simple categories. Selective references to the bioethical literature will be made in order to illustrate certain points. A more in depth analysis and discussion of some of the issues with regard to the respect for the autonomy of the elderly as viewed from an Orthodox perspective will be taken up in the second part of this chapter.

3.1. Eastern and Western Approaches to Bioethics:

As stated earlier, the theology of the Orthodox Church of the “East” and that of the Christian Churches of the “West” have evolved in a different manner. Viewed from an Orthodox perspective, the Western approach places an undue emphasis upon the rational nature of man and upon rational approaches to ethical decision-making. As shall be seen further below, some of the consequences of a strong emphasis upon the rational faculties can have quite a dramatic effect. From an Orthodox perspective, such an approach has led in the West to both a fractioned view of man and a limited perspective of personhood as well as a separation between man, now seen as an individual, and his community.

In contrast, the Orthodox East has tended to view man’s rational faculties not as dominant but rather as one of many of the characteristics of the human person. Furthermore man, and the whole of his existence, are seen in an ecclesial context which tends to counter “atomic” tendencies or individualistic forms of existence. References to a “rational agent” are foreign to the Orthodox who conceive of

mankind as made up of persons in relationship and communion with God and other persons.

The Orthodox approach to bioethics places a strong emphasis upon the liturgical expression and experience of the Church. In this manner, the faithful are brought into and grow in their relationship with God. This not only informs the content of Her beliefs but provides the faithful with the opportunity to *know* that “God is with us”²⁷ while reinforcing the communal and ecclesial aspects of her experience.

Western approaches, however, rely more heavily upon philosophical anthropology and other philosophical arguments. This shift away from spirituality and the liturgical context as well as away from repentance and God as the point of reference in the West led Engelhardt (1995a) to comment that “The primary context for doing the foundational work of Christian bioethics shifted from the liturgy to the academy.” (p. 186). As he points out, reliance upon reason as opposed to spiritual experience and repentance, can lead to a shift in emphasis, a difference in doctrine, and to different moral conclusions.

²⁷ This reference to Immanuel, God is with us, is vividly present in the Orthodox Office of Grand Compline which recalls Isaiah's prophecy concerning the Messianic Kingdom (selected verses, Chapter 9). Anyone who has attended this service either on Christmas Eve or perhaps during Great Lent, knows with what power these words may be conveyed. Not only do they communicate something of Who God is and what God has done, but this vocalization in a liturgical context also express something of the Immanence of God as well. The actual verses can be found in Hapgood (1975) p. 151-152.

By contrast, the Church of the East adapted philosophical elements which it found to be useful, but unlike the West, did not “canonize” philosophical views by making them integral to the faith. (p. 189). Engelhardt (1995a) writes: “It is through grace, not through better reasoning, that one comes to grasp the moral truth always present in the Tradition from the Apostles through the Fathers.” (p. 191).

In his comparison between the Roman Catholic and Eastern Orthodox Churches, Engelhardt, (1995a) cites differences in ecclesiology, views on authority and infallibility, and the place of reason. (p. 195-196, note 12). These differences have a direct impact on moral reasoning. For Engelhardt and other Orthodox authors, there has been a fractioning and separation in the West which places undue emphasis upon certain elements of the faith (p. 193). This has divisive consequences for Christian bodies, and by extension their bioethics. Stressing the original and intended ascetical, whole and living experience of the Church, he emphasises that: “Christianity is a liturgical way of life in which all dogmas are to be experienced, including the moral content of bioethics.” (p. 191).

Overall, it may be stated that the Orthodox Church has been less dogmatic in its approach to matters of the faith than the Church of Rome. This approach in the East, which is less legalistic by nature, is also reflected in the area of bioethics. As Eber (1995) writes: “While Orthodox Christian bioethics answers particular bioethical questions with an invitation to enter into the liturgical life of the Church and Her mysteries, the bioethics of Roman Catholicism and various Protestant religions tends to respond with a list of rules.” (p. 129).

As Eber (1995) summarizes, the Orthodox approach to bioethics will thus be more concerned with holiness than with rules. (p. 134). And countless saints (Gregory Palamas, Symeon the New Theologian, Maximus the Confessor, and others) will have unequivocally demonstrated that man can indeed experience wholeness and sanctity by their living experience of the luminescent and transforming Energies of God in their life in the Holy Spirit. It is this state, achieved through repentance, which gives bioethics its content and which brings about true healing from sin, sickness and death.

Though more needs to be said, one last remark will be made before leaving this section on differences between East and West.

While Harakas (1983b) can grant legitimacy to a limited place to a natural law approach to bioethics, Eber (1995) excludes such a possibility. In his view:

Within a natural law theology, the liturgical community, whose efficacy is in manifesting the divine-human body of Christ, is obscured, made suspect and abandoned (...). A natural law theology and bioethics can suggest that the individual can find salvation and bioethical insight outside the liturgical community. Liturgical bioethics fights against such individualism. The community (founded on the divinity of Jesus Christ) gives the individual identity both as a person and the ability to be ethical. (p. 139).

Within Orthodoxy, like all churches, one may encounter various degrees of conservatism with regard to doctrine and practice. It will be interesting to follow the course and evolution in Orthodox bioethical reflection as it acquires more experience in this field of endeavor and as more voices dialogue and attempt to speak the truth concerning man's place and God's Will for our health and salvation.

3.2 Notions of Freedom, Autonomy and Community:

From an Orthodox perspective, man cannot be totally "autonomous" or self-ruling without destroying the true person that he was called to be. He is a creature made in the image and likeness of God, and can only find true freedom and fulfilment by being in a right relationship with God and with other persons. This calls for a life of repentance and a life filled with love for others.

Man however is free. Man is free in that he has been endowed with the gift of free will and he can choose to either direct his life toward or away from God and others. But in the Orthodox view, in Christ, he is called, through the path of repentance, to an even greater freedom, which he will realize both for himself and for creation. To quote Florovsky (1976):

Freedom is not exhausted by the possibility of choice, but presupposes it and starts with it. And creaturely freedom is disclosed first of all in the equal possibility of two ways: to God and away from God....Freedom consists not only in the possibility, but also in the *necessity* of autonomous choice, the resolution and resoluteness of choice. Without this autonomy, nothing happens in creation. (p. 48-49).

By God's grace, man has the "power" to transform his life and his circumstances. This is done not in isolation but freely, in recognition of one's dependence upon God, through repentance. The person becomes more Christ-like and acquires the Gift of the Holy Spirit, attaining holiness and communion with God, sharing in His Life and Love, and also communicating this love to others. (Nellas, 1987, p. 146).

The Orthodox reject an individualistic and independent perspective. Rather man is called to a unity with God that can only be achieved if he denies that form of autonomy "...which constitutes the kernel and productive cause of sin." (Nellas, 1987, p. 150). It is growth in the spiritual life and participation in the liturgical and sacramental life of the Church which enable human persons to both transform their surroundings and whatever circumstances they find themselves to be in, and to be in communion with God and one another.

Nellas' work (1987) is strongly influenced by the Liturgical theologian and Saint, Nicholas Kavalas (or Cabasilas). Without being able to trace here the full development of his theological anthropology, his description of the general resurrection and the formation of the cosmic body of Christ offers a vivid picture of the corporate reality of mankind's existence and the eschatological vision related to man's goal of achieving theosis. Nellas, also quoting Kavalas writes:

But the members of the cosmic body will be persons.... "For when the Master appears..., and when He shines brightly they too will shine. How wonderful will that sight be: to see a countless multitude of luminaries upon the clouds, to be led up as chosen people to a festive celebration beyond any comparison, to be a company of gods surrounding God..." The saints in the age to come will be "gods surrounding God, fellow-heirs with Him of the same inheritance, co-rulers with Him of the same Kingdom." The God-man will shine forth as "God in the midst of gods"... (p. 158-159).

This communal dimension to the human condition as well as limits in relation to freedom are also addressed within the bioethical literature. Here freedom is identified as having both positive and negative aspects. Firstly, the notion of autonomy and informed consent also implies the client's freedom to decline services

or treatment. In addition, several authors warn of the dangers of excessive autonomy which can result in neglect or abuse. Kapp (1989) for instance, cites as a possible example an institution that does not exercise its proper level of responsibility toward a client on the grounds that they are respecting the client's autonomy. (p. 6). Childress (1990), warns that focusing too narrowly on the principle of respect for autonomy can foster indifference. (p. 15).

In order to find the right balance between some of the issues surrounding freedom and autonomy, bioethicists have proposed different models. For instance, although sometimes difficult to apply, one solution to balancing autonomy and beneficence would, as Kapp suggests, "entail a negotiated sharing as opposed to a sequential transfer of authority." (p. 6). In recognition that autonomy has its limitations, Christiansen (1974) reminds his readers that: "Dependence and interdependence are the ordinary condition of humankind." (p. 7).

Thomasma (1984), concerned with increased dependency in old age, has identified five distinct but overlapping freedoms associated with autonomy. They are 1) freedom from obstacles, 2) freedom to know one's options, 3) freedom to choose, 4) freedom to act, and 5) freedom to create new options. The latter pertains to a person's ability to experience a state of true freedom through the transformation of even the most difficult of circumstances (eg., severe illness). (p. 908-909). Thomasma's approach to bioethics is philosophical, however this last point, in addition to his conclusion concerning the reality of interdependent as opposed to atomic relationships, harmonize well with an Orthodox perspective.

Crabtree & Caron Parker (1991), after an analysis of Thomasma's schemata, propose a partnership model for the family unit which is inspired from business law. (p. 610). To quote Crabtree and Caron-Parker:

The partnership model recognizes that the older adult and the family are intertwined and that any decision made by one has an impact on the other. By conceiving of our older clients and their families in this way and recognizing that autonomy is not an abstract concept but a composite of discreet freedoms, we can help to support frail older persons' potential for continued growth, no matter how brief; their potential for achievement, no matter how small; and their creation of new options, no matter how mundane. (p. 611).

For purposes of comparison with an Orthodox perspective, Crabtree and Caron-Parker's approach to the respect for the autonomy of the elderly is interesting in a number of ways. Perhaps the most significant is that like theosis, this approach values growth, albeit in a somewhat more limited fashion. Also, it is interesting to note that the source of inspiration for this model is business law and the nature of the relationships, contractual. The family here is viewed as an essential player in a partnership model (not a Trinitarian model), which is intended to provide the proper ethical response to the needs of the elderly. The elderly themselves are involved, and despite the loss of certain freedoms, they retain Thomasma's fifth freedom which enables them to create new options. This can be meaningful for the elderly in terms of their ability to experience fulfilment, or for some, their ability to come to an acceptance of imminent death. (p. 610).

3.3 The Concept of Personhood:

Christos Yannaras is a very influential contemporary Orthodox theologian, and one whose work is important for this study. In order to preserve the essence, subtlety and power of his statements (available in translation), it will be necessary to quote him rather extensively.

In contrast to Western approaches which tend to separate the body from the soul and man's rational qualities from its understanding of the whole yet unique person, the Orthodox perspective is markedly different and as such leads to radically different conclusions. Yannaras (1991), employing the criteria of the ecclesial tradition writes:

Both the body and the soul are energies of human nature, that is the modes by which the event of the hypostasis (or personality, the ego, the identity of the subject) is given effect. What each specific man *is*, his real existence or his hypostasis, this inmost / which constitutes him as an existential event, is identified neither with the body nor with the soul. The soul and the body only reveal and disclose what man *is*; they form energies, manifestation, expressions, functions to reveal the hypostasis of man....

What man *is*, then, his hypostasis, cannot be identified either with his body or with his soul. It is only *given effect*, expressed and revealed by its bodily or spiritual functions. Therefore, no bodily infirmity, injury or deformity and no mental illness, loss of the power of speech or dementia can touch the truth of any man, the inmost / which constitutes him as an existential event. (p. 63).

Given the importance of the question of competence for the respect of the autonomy of the elderly, this perspective commands a much different view of the place of this condition and the subsequent attitude that one must have toward persons with diminished cognitive abilities. The rational element has been greatly reduced in importance with the essential quality of personhood which remains.

This understanding of the “integrity” of personhood is vital to a respectful attitude toward the elderly, who frequently can be the subjects of various forms of physical or cognitive disability. This perspective commands respect for their autonomy, even when this must be exercised through other persons. Because in the Orthodox view, will is a property of nature and not person, Guroian (1987) explains that: “Persons, therefore, are distinguished not by will but by origin, creative purpose, and free, loving relation with others.” (p. 19).

Regardless of the degree of infirmity or the state of physical or cognitive disability, man is still loved by God and is still in a relationship with God. It is this personal aspect which is preserved, which has inestimable value. He is still a person, in a dynamic, not static relationship with God, and able to freely respond to God’s call. To quote Yannaras (1991):

The infant who “does not understand” and the mature man at the peak of his psychosomatic powers and the one sunk in the incapacity of old age or even senility are the same person before God. Since what constitutes man as an hypostasis, what gives him an ego and identity is not psychosomatic functions, but his relationship with God, the fact that God loves him with an erotic singularity that calls into existence what does not exist (Rm 4.17), establishing and founding the personal otherness of man. Man is a person, an image of God, since he exists as a possibility of responding to the erotic call of God. With his psychosomatic functions, man “administers” this possibility; he answers positively or negatively to the call of God guiding his existence either to life, which is the relationship with, or to death, which is the separation from God. (p. 64).

As Yannaras (1991) demonstrates, this perspective is not only shared by the Orthodox, but modern scientific insights are also beginning to reveal this truth as well. As he writes:

And so, with whatever language we express it, we could formulate the conclusion that the biological-bodily as much as the psychological individuality of man *is not*, but *is being* completed dynamically. It is completed with progressive development and, after weakening and debility, with death, the final "effacing" of the psychosomatic energies. But, what man *is* remains untouched by this process of development, maturity, old age, and death. (p. 64).

As stated in the first chapter, the concept of autonomy can be subject to myriad different meanings and interpretations. Because certain elements may be given exaggerated sense of importance, the danger, from this perspective, is that they reduce, and at times even eliminate, the notion of personhood. As Childress (1990) illustrates, the principle of respect for autonomy is a complex matter. In his review of this concept, he draws several conclusions and I suggest that an Orthodox perspective would be in agreement with the following observation made by him concerning this concept:

Finally, the principle of respect for autonomy is ambiguous because it focuses on only one aspect of personhood, namely self-determination, and defenders often neglect several other aspects, including our embodiment. A strong case can be made for recognizing a principle of "respect for persons", with respect for their autonomous choices being simply one of its aspects - though perhaps its main aspect. But even then we would have to stress that persons are embodied, social, historical, etc. Some of these issues emerge when we try to explicate the principle of respect for autonomy by noting its complexity. (p. 13).

Childress (1990) also points out that the complexity of this principle is not adequately recognized in bioethical analysis. Furthermore he stresses that "Because of the complexity of persons, judgement is required, rather than the mechanical application of a clear-cut moral principle. (p. 13). Again with its aversion for legalistic approaches and a strong emphasis upon discernment in its spiritual

tradition, I would argue that an Orthodox perspective would support such an approach toward respect for the autonomy of the elderly.

Given the confusion surrounding the concept of autonomy and the criticism levied against some of its more extreme interpretations, Childress (1990) considers it important to both make a distinction and to limit the scope or range of autonomy by appealing to other principles. He writes as follows:

The principle of respect for autonomy, however, involves correlative rights and obligations. And it is thus a principle of obligation, rather than liberation from obligation. Here again the confusion may stem in part from the misleading language of "principle of autonomy", which should be replaced by the "principle of respect for autonomy".

Even as a principle of obligation, respect for autonomy does not exhaust the moral life. Other principles are important, not only where autonomy reaches its limits. (p. 15).

The challenging nature of this study requires that almost every term be defined or that every concept be explained in a rather detailed fashion. Given the limited scope of this investigation into the relevance of the Orthodox perspective of theosis for the respect of the autonomy of the elderly, it is relevant to recall that the language used can, at times, signify different meanings depending on the context. One such example pertains to the use of the word "obligation" (compare Yannaras, 1984). The reader is therefore reminded that the ethical vision of the Orthodox Church is fundamentally one of love that is freely expressed in and through relationships which are personal in nature and which extend beyond any limited parameters of this world.

3.4 Concerning the Right to Self-determination, Suffering and Death

Given the incidence of illness and the increased awareness of death for the elderly, it is essential to this study to briefly review some of the critical aspects of the Orthodox perspective with regard to these issues. This is especially important when one considers a number of alarming trends in contemporary society.

Perhaps no "right" being claimed typifies more the notion of autonomy as that of "self-ruling" than the one being claimed by the advocates of physician-assisted suicide and other such forms of achieving death. Vigen Guroian (1996) illustrates the point well in his Preface to Life's Living toward Dying where he gives an account of the influence of Dr. Jack Kevorkian in what he refers to as a "post-Christian therapeutic and individualistic culture." (p. xviii). Concerning Kevorkian, he writes: "He has seen accurately enough that, in a society that embraces autonomy as the highest good, the 'right to die' cannot be denied much longer." (p. xviii).

According to Guroian (1996), Kevorkian's view stems from contemporary society's generally common corruption of two important tenets of the Christian faith concerning God and human existence. As a result, he can take advantage of a distorted view of death and exploit man's otherwise relative autonomy, by taking it to extreme limits. (p. xx-xxi). In Guroian's opinion, Kevorkian, who believes in a complete divorce between medicine and religion, has himself promoted a view of medicine that is rather akin to a new kind of religion. It has both redemptive power and a locus of worship, man, the new lord of life. (p. xix).

As Guroian (1996) explains, Western society unknowingly has become a culture of death, one that both fears death yet finds easy answers in it to its problems. (p. 16). However, this is a misconception of death and its "rightful" place. From an Orthodox perspective, it is wrong to take life, and therefore all forms of euthanasia are excluded. (p. 68). At the same time, it is contrary to an Orthodox perspective to prolong suffering when procedures are considered to be medically futile and when all this does is allay a person's fear of death and postpone the inevitable. Rather, as Guroian explains, the whole experience of illness and death are to be transformed through repentance and the healing power of the sacraments. (p. 53-56).

However, in Western society, even for Christians this can be extremely difficult as Western society is also a secular society, and its "logic" can also cloud the thoughts of believers. (p. 69). Referring to the influential 20 th century Liturgical theologian, Father Alexander Schmemmann, Guroian (1996) essentially agrees with his position concerning secularism being the absence of God experienced in both people's lives and society at large. Quoting Father Alexander he writes:

Unconvinced of the existence of God or an afterlife, nonreligious secularists typically associate all value in life with human agency - human projects to eliminate suffering, injustice, and the like. They refuse to explain the world "in terms of 'another world' of which no one knows anything, and life ... in terms of a 'survival' about which no one has the slightest idea." Rejecting religious orthodoxies that ground the value of life in terms of death and an afterlife, they explain "death in terms of life". (p. 70).

As Guroian (1996) points out, although under these circumstances non-religious secularists could resort to such ideas as utilitarian and quality-of-life

principles to sanction physician-assisted suicide or euthanasia, religious secularists may only see God as existing in another realm, thereby also devaluing the world by God's presumed absence from it. (p. 70-72).

From a Patristic point of view, biological death is "a profoundly 'unnatural' thing for human beings" (Guroian, 1996, p. 44). Furthermore, as Eber (1995) points out, "In contrast to non-Orthodox Christians, the Orthodox do not understand death to be a part of creation. Death is unnatural, as is all evil." (p. 139). But Christ has restored our nature and conquered death. Christians partake of that new life through their reception into His Body at Baptism and through their ongoing participation in the sacramental life of the Church. Like Christ, and because of Him, Christians may also claim victory over death. However there is always the reality of the cross which each has to bear in his own lifetime. Illness and suffering must be transformed if the victory is to be claimed.

Though the Orthodox view of soteriology would require a more detailed explanation, the following statement by Engelhardt (1996) summarizes this matter very well:

Christianity is about cure: radical cure....Christianity is about the curing of suffering, disability, and death by uniting us to God. The latter requires the purification of the heart from passions, illumination by God's energies, and unification with God in theosis. The ethos of Christian bioethics is directed to deification. (p. 146).

From an Orthodox perspective, man is a psycho-somatic whole whose existence includes a spiritual dimension which extends beyond any physical or temporal qualities. And it is his spiritual condition which will determine if he

experiences death in this world though he may still be alive. This understanding can thus allow Guroian (1996) to claim that "The demise of the biological individual is only a portion of death." (p. 48). As he explains:

The Christian vision of death encompasses scientific definitions of death as the terminus of biological life, but it also embraces spiritual and eschatological dimensions of human personhood. God, not nothingness, is the beginning, ground, and "end point" of all persons. Thus, contrary to modern perceptions and secular beliefs, human death is not the opposite of immortality. We come from God and are bound to return to God. But even if unrepentance obstructs our way back to God, our fate is not nothingness." (p.48-49).

As explained by Guroian (1996), the Orthodox liturgical tradition is particularly rich and informative concerning the proper ethical attitude toward death and dying. Regrettably, such matters cannot be further expanded upon here.

3.5 "The right to flourish"

Elias S. Cohen (1988, 1990), taking a philosophical approach, expresses great concern for the autonomy of the seriously disabled elderly. Because they are influenced by a new form of ageism which appears to accord little value to them as persons, they succumb to what he refers to as the "Elderly Mystique". It is a vicious circle that further compounds their limitations. Essentially, the elderly mystique results from the following reasoning: "There is no hope in old age and those who grow old are quite hopeless." (1990, p. 13). Because this leads to a self-fulfilling prophecy with disastrous effects for their autonomy, Cohen argues for, amongst other things, a more positive model, one that will help the elderly to flourish.

I submit that the Orthodox perspective of personhood and the goal of theosis present a number of valuable elements that would help to counter the problem of the elderly mystique with its failure models. Firstly, theosis is very much concerned with growth. Persons, irrespective of their degree of disability, are not regarded as either static or without value. For the Orthodox, they always maintain their dynamic and personal character. Their inherent worth as persons, made in the image and likeness of God, is of an enduring quality and commands respect. An appreciation of the elderly, both with regard to their personhood and their potential, merits wider recognition on the part of society at large and the elderly in particular.

Furthermore, there is an explicit spiritual dimension to the Orthodox understanding of the human person and the goal of theosis. No doubt, the rich spiritual tradition of the Orthodox Church could play a significant role both on an individual basis as well as on a more global level. It is interesting to note that the spiritual nature of man is also being recognized by some of the bioethicists writing from a philosophical perspective. A few examples of their views which have emerged will be considered below in light of the Orthodox perspective of theosis and its relevance for the respect for the autonomy of the elderly.

As Hofland (1990) points out, a holistic approach which takes into account the spiritual dimensions of autonomy for the elderly is seldom addressed (p. 6). As he explains:

The spiritual dimension of autonomy involves an expanded concept of self. On one level, this more holistic dimension relates to a

continuity in the sense of identity or self for a person over time. For a person to be more fully autonomous, it is not enough for him or her merely to exercise control over the environment through decision making. The decisions made and life lived must be consistent with the person's long term values and life meaning for autonomy in its fullest sense to occur. An autonomy-enhancing environment in long-term care is one that supports and facilitates opportunities for this continuity of self...Decisions about care would be based primarily on the deeply held values and life patterns of the person receiving care rather than on those of caregivers. (Hofland, 1990, p. 6).

There is also a more profound level to this holistic dimension of autonomy which is deeply personal resulting from what Hofland (1990) describes as a "self-referential identity based on a core internal experience of a transcendental or spiritual reality." (p. 6). Hofland's view takes into account experiences that may be either theistic or non-theistic in nature. He believes that "A key goal for the long-term-care field should be to facilitate and promote such experiences so that autonomy issues are moved to a higher plane" (p. 6). He continues:

By providing a context or framework, such experiences enable the older person to identify with something (...) that transcends individuality, to achieve a sense of ultimate purpose, and to come to terms with his or her death. This level of autonomy is vitally important, but seldom addressed. (p. 6).

Although expressed in different terms, such an approach to the spiritual dimensions of autonomy captures a number of important elements contained within an Orthodox perspective of theosis. Certainly Orthodox doctrine would determine the interpretation of specific aspects of this approach, however, it is very significant that in this post-Christian era that the spiritual aspect of personhood is being recalled and its development encouraged.

As discussed earlier, long-term care is not necessarily restricted to institutional settings, thus careful consideration should be given as to how these goals may be realized in the home environment. The parish can play a role through helping with transportation arrangements in order to enable some of the elderly to attend services, or through in-home "pastoral" visits conducted by both the laity and the clergy. The family can also play a vital role by praying for and with the elderly, by reading the Scriptures to them, by facilitating communication or by at least not being afraid if the elderly wish to express some aspect of their experience or perception of death and dying. For some this may be difficult, however, when possible, such activities should be pursued. At the very least, there should be sensitivity to the reality of this dimension of human experience and respect shown for this aspect of autonomy of the elderly.

Other authors share as well a concern for the spiritual aspects of autonomy and the elderly. As Christiansen (1974) points out, too often the natural processes of aging cast the elderly in the mold of the "sick role" (p. 8). Those attending to "their needs" have the responsibility to rethink their attitudes and approaches to care. He writes:

As an alternative way of dealing with critical junctures of aging, I suggest that those who care for the aged in crisis of decline should recognize the special condition under which they labor. Since the waning health of the elderly is inevitable, their dignity and autonomy rest very much on the recognition of the limited degree of freedom which remains to them, be it only the privilege to assume an attitude toward illness, loss and death. Adult children and health professionals should be aware that often even this elementary freedom is denied the old, because those around them refuse them the space to act, to decide, to think and to pray (p. 8).

The proper ethical response of those persons who are part of the entourage and who may offer support and assistance to the elderly will be considered below.

3.6 A Personal Model, An Interpersonal Reality

Several themes have emerged in the discussion to date concerning the Orthodox perspective of personhood and the goal of theosis and its possible relationship to, or relevance for, the bioethical principle of respect for the autonomy of the elderly. One of the most important aspects concerns the relationship of the elderly with those who provide them with care or assistance, be that on a formal or informal basis. Given that the family usually plays a very significant role, they will be the primary focus here.

When the question of respect for the autonomy of the elderly is viewed in the light of an Orthodox bioethical perspective, there appears to be a very strong tension between two critical aspects. This concerns the very great need to respect the freedom and self-determining qualities of the elderly, while at the same time, recognizing the critical aspects of the personal relationships which they maintain with their caregivers.²⁸

²⁸ This question concerns a dynamic process which is far more complex than this analysis will permit. It is of course recognized that there are reciprocal aspects. Furthermore, when viewed from a spiritual perspective, the manner in which one responds to the various aspects of one's life, will be of very great significance. However, given that at one pole one finds both the possibility for extreme autonomy, and that the Christian perspective has always held that one will be judged on how one has used one's freedom, it appears to be legitimate, for the purposes of this discussion, to focus primarily on the elderly as the recipients of assistance intended to promote the respect of their autonomy.

On the surface, this tension may appear to be not much different from the philosophical principles of respect for autonomy and beneficence, as well as the other bioethical principles. Although at times the actors may be informed by similar motives (ie. a desire for justice), there can also exist both a qualitative and a quantitative difference between the two views. Although of paramount importance, I refer here not to the eternal dimension of the consequences of one's decisions and actions when viewed from an Orthodox perspective. Rather, I submit that a significant difference will be seen in the "quality" of the interpersonal relationships as they are experienced and lived out.

Given the strong emphasis placed by the Orthodox perspective upon the unique and valuable aspects of each person, and given the central aspect or quality of love which is meant to inform those relationships, one cannot but expect that these relationships will be significantly different for the elderly as well as for all other persons concerned. This will be especially true for those who actively struggle in the Christian ascetical tradition with its attitude of humility and repentance before God and others. One cannot but appreciate both the depth and harmony of experience that may then exist between the various persons. In addition, the sense of meaning and purpose to this experience of caring for the elderly could be further enhanced. On the one hand the Orthodox theological anthropological perspective intensifies our appreciation of the personal dimension, while at the same time, the Orthodox strong ecclesial aspect to her bioethical perspective intensifies the communal dimension. I submit that the Orthodox bioethical perspective regarding

the respect for the autonomy of the elderly could be described as both a personal model and an interpersonal reality.

As the philosophical approach to the principle of respect for autonomy continues to evolve, increasing emphasis is being given to a proper ethical response to the interpersonal relationships between the elderly and their caregivers. In order to appreciate some of the elements which may concord with an Orthodox view, a number of positions by those philosophers will be examined briefly.

For Collopy (1990), "Autonomy is authentic when it reflects the identity, decisional history, and moral norms of an individual." (p. 10). This concept is of value because caregivers are then obliged to take into account the personal history, character and motivations of the person as opposed to "abstract rationality or information processing as the marks of decisional capacity." (p. 10). By shifting the perspective away from a strictly "rational" view to a "personal" understanding of that individual's journey, caregivers can be in a better position to respect the autonomy of the elderly.

As stated by Lidz & Arnold (1990), "All human life takes place in a historical, social, and cultural context." (p. 65). This point must be appreciated if absolute independence is not to be considered the sole measure of autonomy. As Lidz & Arnold insist, "... it is important to try to understand how individual decisions fit into the general life story a person is creating and constructing." (p. 66). Such a notion is similar to certain elements contained within an Orthodox appreciation of

personhood. Furthermore, from an Orthodox perspective, the goals pursued can have serious eschatological consequences. Although Lidz & Arnold are drawing the attention of their readers to the influence that institutional factors can have on autonomy, they make reference to the responsibility inherent to the exercise of autonomy. (p. 66). I submit that an Orthodox view would be quite sympathetic with such a perspective.

Given the reality of multiple players in the home care environment and the potential to competing rights to respect for autonomy, Collopy, Dubler, and Zuckerman (1990), based on their philosophical analysis of the issues, propose an accommodation model to resolve such tensions and grant to each participant his or her rightful place. They write:

The consideration of others' autonomy and interests suggests that home care would profit most from a model of autonomy that stood firmly between emboldened and eroded autonomy. Between clients who seek rigidly to control care and those whose autonomy is progressively diminished by care, there is a middle ground where clients develop mutually accommodating and reciprocal relationships with caregivers. (p. 9).

This model of autonomy which values *accommodation* between moral agents (Collopy et al, 1990, p. 3), although not synonymous with, is similar to the Orthodox view of the unity of purpose, cooperation and harmony which exist between the Three Persons of the Divine Godhead. This similarity would recommend the further exploration or development of such a concept or approach to the respect for the autonomy of the elderly.

In their discussion, Collopy et al (1990) elaborate upon this model of accommodation and reciprocity in the context of family, community caregivers, and service providers such as home care agencies and other formal caregivers. In order to counter excesses or deficiencies in current models of care, in each case they point to the need for the balancing of respective and legitimate rights to autonomy between the elderly and their caregivers and to the need for accommodation on all sides. The case of the family will be used to illustrate this point. As they explain:

Such a model would modulate definitions of autonomy that stress the independence and individuality of the patient. When family members heavily share the burdens of care, decisionmaking becomes a horizontal, interactive process, involving negotiation, compromise, and the recognition of reciprocal ties, of common history and values. (p. 10).

It is interesting to note, that in the interplay and in the context of potentially competing goals between the formal and informal caregivers and the elderly themselves, Collopy et al (1990) counsel that: "In the daily, long run of home care, autonomy is more accurately protected by accommodation, the recognition of interdependence, mutuality, and shared burdens within a limited resource system." (p. 12). In many ways, this approach appears to be compatible with overall Christian values of patience, of service and of caring for the sick, of humility, of community and the sharing of one another's burdens. There is much to commend it.

One final comment needs to be added concerning their impressive analysis of the question of the respect for the autonomy of the elderly. That concerns the conceptualization of home care within the medical model, the funding priorities

which ensue and the research avenues which need to be pursued in order to better respond to the needs of the elderly in the future.

In the view of Collopy et al (1990), clearly a shift away from the medical model is necessary and issues related to home care for the elderly will require much more ethical reflection and study than they have received in the past. A partial list of the issues which they believe merit further exploration includes: "... suffering and selfhood, the meaning of autonomy under conditions of progressive dependency, investigation of the actual value priorities of the frail elderly, the sources of conflict between caregivers and care recipients, the benefits of care..." (p. 13). Given the important caregiving role played by the family, they also recommend study into the basis of, and limitations to, family obligation to provide direct care, the responsibility of the wider society regarding home care, the nature of autonomy and beneficence, amongst other topics. (p. 13). The bounds seem limitless. Hopefully some of the concepts and issues raised in this particular investigation, especially with regard to personhood and the spiritual dimension of autonomy, can be further appreciated through this process.

3.7 An Orthodox Response to a Social Dilemma

As has been demonstrated, there are a number of positive alternatives to extreme forms of autonomy which appear to be emerging in the philosophical bioethical literature. There are however a number of influences at work in society at large which are of grave concern. As discussed above, Dr. Kevorkian's "overtly"

autonomous position amply proves the point. There are however other less overt forces (perhaps only for the time being) which must also be averted.

Stephen G. Post (1989), taking a philosophical perspective to emerging demographic trends and associated health care costs, convincingly demonstrates how, unless heeded, the adoption of a public policy of "senicide" for the elderly could become a very plausible scenario²⁹. Although at times Post appears to be silent on a number of questions that are important when viewed from an Orthodox perspective, a number of his conclusions ring a very familiar bell to Orthodox ears. A few of his comments will be shared here.

Because Post is concerned that demands for intergenerational justice would require the elderly to forgo their power of self-determination, he favours the development of individual conscience³⁰ rather than allowing the moral fibre of

²⁹ In his article, Post takes up the debate by examining the ethical consequences in three important areas: age-based rationing of health care services (a form of involuntary passive euthanasia), its possible relationship to a policy of "senicide" (voluntary active euthanasia or "mercy killing"), and filial relations as they might be viewed from a feminist's perspective (especially Elaine M. Brody's concern for "women in the middle"). These three areas are in turn all interrelated.

³⁰ It should be understood that by "conscience", Post means a person's ability to recognize that their life is approaching its natural end and that further treatment should be forgone. (p. 205). On the surface at least, the Orthodox might be sympathetic with such a position. This is best illustrated by the Office at the Parting of the Soul from the Body which is said for those whose end is approaching. (Hapgood, 1975, p. 360-367; see also Guroian, 1996). There is however a problem with Post's formulation in that it leaves much unsaid and thus a lot of room open for interpretation. Although one cannot objectively "measure" such things, there is potentially a question of "degrees" of proximity to death as well as other factors which should be taken into consideration. Because each case is personal and unique, one should be very careful of jumping to conclusions.

society to erode into policies that ultimately require death (p. 202-203). He considers it important to acknowledge the heterogeneity of members of the elderly population as well as the lack of uniformity concerning values and notions of justice in our pluralist society (p. 204-205). Appealing for favourable conditions of freedom and distribution of wealth which allow individual conscience to flourish, he writes:

...each individual life-span and biography are mysterious, even beyond the comprehension of outsiders,....vocations and personal destinies, not to mention quality of life from a health perspective, differ from person to person....the purposes, meanings, and creativities of individuals are too profound, even ineffable..." (p. 208-209).

He reminds his readers that "Justice, in this sensitive area, must be humble." (p. 209).

Concerned with modern trends and future pressures, Post (1989) provides the reader with an excellent example of this "mystery" and the wonder of personal vocation.

In the Hebrew Bible, for instance, Isaac was old, tired, and blind but still felt a calling that issued in his bestowing a blessing upon Jacob. What could be more personal and intimate than these sorts of feelings about one's destiny and calling, and how can society, even in the name of justice, impose itself on such decisions? (p. 207)

In his discussion of senicide, Post (1989) makes reference to attempts by such influential writers as Alasdair MacIntyre to reawaken in society the sense of *traditions* (italics mine) which have formed it, as well as Daniel Callahan's use of philosophical rather than religious arguments to prove a prohibition against killing. (p. 214-215). Post concludes that despite these discussions and the general prohibition to killing experienced within various societies and cultures, many

arguments raised against killing by moral philosophers cannot be fully sustained without recourse to religious foundations which ascribe to God ultimate sovereignty over human life. (p. 215).

Post does not attempt to provide any proofs for the "existence of God" but is very persuasive in demonstrating the possible development of a policy of senicide if sufficient "safeguards" are not put in place. I suggest a renewed interest in the concept of personhood and the unique features and inalienable value of each human being would make an important contribution to this imperative. A respect for life should be based upon an appreciation of the person as a whole being whose worth is not solely based upon his or her state at any one given moment in time.

Elias S. Cohen (1988, 1990) makes an appeal for an important change to occur in society in order for the elderly to be freed of the negative stereotypes and their associated detrimental effects upon their autonomy. His view calls for decisive steps for action as well as positive models that would inspire a revised outlook on the part of the elderly and in society at large.

As seen from an Orthodox perspective, I can think of no more positive model than being made in God's Image, nor a more lofty goal than becoming His Likeness. Through the process of theosis, filled with the Holy Spirit, a person can indeed grow to become what he or she was truly intended to be.

Conclusion

As this brief study has shown, there are a number of areas of convergence or similarity between the bioethical concept of respect for autonomy and the Eastern Orthodox perspective of personhood and the goal of theosis. There are also important differences, notably in terms of the fuller understanding of what it means to be a person, the freedom and responsibility that that entails, the nature of our relationships with other persons, our purpose and goal as creatures made in the image and likeness of God.

Philosophical approaches to bioethics have, and will continue to make important contributions to the ongoing challenge of providing morally appropriate responses to an ever changing and evolving medical, technological and social context. Christian bioethicists have as well been vocal in these debates, both by contributing from the general Judeo-Christian heritage common to all, and by emphasising particular aspects of their faith traditions. It is the belief of this author that these discussions will be further enriched by the integration of, or further emphasis upon, some of the elements inherent to an Orthodox perspective of personhood and theosis. A number of significant points which emerged in this study have already been discussed in Chapter Three. Some applications and conclusions concerning this perspective and its bearing upon the bioethical discourse will be discussed here.

It is the contention of this author that much more attention must be given to guarding the elderly from the negative effects of poorly chosen references to various states of need or decline that they may experience. Professionals and researchers in the various fields concerned with geriatric populations must employ considerably more care in their choice of terms. Statements such as “*Since aging is a process of becoming more dependent...*” (Thomasma, 1984a, p. 906, italics mine), continue to foster images of decline. The elderly are not viewed as persons, as sacred beings made in the image and likeness of God, who despite certain limitations, are being called to a much fuller life. To a Christian, not even death is insurmountable. Therefore other lesser obstacles should not be permitted to diminish our perceptions of their personhood and their potential.

As discussed earlier, the notion of language as contributing to ageism has already been drawn out by other authors. But the literature continues to be replete with such references. Even respected and influential authors such as Buchanan & Brock, frame their discussion with references like “although not a person” in relation to “the profoundly demented individual” (1990, p. 185).

Buchanan and Brock, by means of philosophical argument, are attempting to determine the moral responsibilities due such persons in the context of advance directives. Without entering into a debate concerning the validity or invalidity of their conclusions, the mere fact that they couch their discussion in such terms is great cause for concern. Both from an Orthodox theological perspective and from a sociological perspective, the “image” of these persons is being diminished or

reduced in some very significant way. Consequently, the sense of moral duty or obligation, not to mention one's overall ethical response to such persons, can be gravely affected.

Although much more could be said on this subject, I believe that it is imperative that we revitalize our concept of personhood and develop a vocabulary that more appropriately deals with some of the nuances to which we must pay greater attention. Whether in philosophical or scientific endeavors, the use of rational faculties and methods are necessary. However, care must be taken to keep ever present this notion of respect for persons in how one expresses and interprets one's findings. Hopefully the importance placed on personhood by Orthodox theology will not only serve as a reminder about such matters, but will also provide a much more complete view of who we are as persons and an enhanced reason to show, in both direct and indirect ways, respect for the autonomy of the elderly and that of all persons.

Needless to say all interactions between health care professionals and the elderly should take into account this expanded view of personhood. This means not only a broader understanding of who we are as persons, one that commands respect, but also a need to see beyond physical and emotional needs, to a concept that is sensitive to a sense of purpose and meaning to life, including the inevitable sufferings that accompany it. The task at hand for the elderly is to transform that life by God's grace, and by so doing, become more what by nature we were called to be. As various authors have commented, (eg, Post, Ware), there is always a

profound sense of mystery surrounding what it is to be human and to be a person. It is this which demands our respect.

Although it is beyond the scope of this study to embark upon a detailed analysis or reflection upon the various interrelated aspects of respect for the autonomy of the elderly, a few additional comments are necessary and will indicate areas where this author believes emphasis should be given and attention drawn in the future.

Clearly, this perspective of personhood places a high premium on autonomy. It insists that people be given the necessary freedom but also the necessary support in order for them to be who they are and to become whom they are called to be. This should be understood as entailing the exercise of free will and self-determination however within a broader context of mutual support and within socially responsible limits.

Although there is a rightful place for beneficence, vigilance must be exercised in order to not interfere, even in the most subtle of ways, with another's choices and preferences. Health care professionals, especially physicians, must be particularly wary of paternalistic tendencies. Such an approach also implies that persons be provided with the necessary information in order to make their own evaluations and decisions concerning their care and treatment. This takes time and a willingness to communicate with the client. Additional explanations may have to be provided and solutions negotiated. Our society may not have a choice but to give this value a higher priority.

Naturally, this may run counter to the inclinations of certain physicians or appear to be at times in conflict with their roles as “gatekeepers” of a health care system plagued by “shrinking” resources. However, the lot is being cast on the side of autonomy, but without the exaggerated liberal interpretations that this concept has sometimes fallen victim to. Furthermore, although the demographic data points to increased health care expenditures related to an aging population, several authors (eg. Kane & Kane) remarked that home care “solutions” have not been studied carefully enough to ascertain if revised service delivery methods that promote client autonomy would actually have a negative impact on fiscal control. The evidence seems to suggest otherwise. Along with medical and technological advances in the future, there appears to be reason to believe that improvements in the area of autonomy of the elderly are indeed possible.

Hopefully, such a view will not be considered to be utopian or misguided. Simply what is being argued is that in the balance, greater priority must be given to our understanding and respect for personhood and to the autonomy of the elderly. In the crush of rationalization of health care resources, we can not afford to lose sight of this vital human value. Programs which take into account this concept must continue to be designed and implemented, staff selected and trained to view, and relate to, this clientele in such a manner as to respect and promote their autonomy.

This means also not only assigning a high enough priority to health care allocations but also ensuring that the programs and services funded, promulgate these values. Our perceptions of the elderly cannot leave any room for ideas that

undermine their worth as persons, or that lead any to conclude that physician-assisted suicide or any other form of euthanasia is not only acceptable but perhaps even of some value in a society concerned with diminishing health care resources. Other alternatives must be found. This is a responsibility that all in a society must share. It requires that we correct our attitude, limit some of our options, adjust the way we may currently do certain things, and find new solutions. The family must also play an integral role.

The question of the role of the family is of grave concern. As already indicated, they can be indispensable in helping to maintain and promote the autonomy of the elderly. Reference to Christ's kenotic act and St. Paul's enjoinder to the community of faithful are relevant here (Phil. 2: 1-18). But the wider community needs to be sensitized to the fact that sometimes the autonomy secured for the elderly can only be achieved through considerable sacrifice and that the members of the family need to be supported in their endeavors. Caregiver burden is a serious question that will have to be reckoned with.

There is however another possible problem looming. Post (1989) referred to a population poll which demonstrated that adult children felt less of a sense of duty or obligation toward their parents than had the previous generation. (p. 219). This raises serious concerns about their participation and involvement in the care of the elderly in the future.

Jarmus and Jarmus (1989, p. 72-73), reprinting a letter to Ann Landers, tell a frightening story of an elderly man, who on his ninety-first birthday, suffered the

anguishing experience of not having any of his six children, (two of which lived within four miles), taking the trouble to visit with him. Even in the most desperate situations of family conflict, and nothing suggests that this case would have been one, there must be some room for contact and filial responsibility. Minimally, some degree of support or assistance should be provided, and when necessary and if possible, some opportunity for forgiveness and reconciliation sought. Healing and growth can occur on many levels for all parties concerned. This requires however an openness to God's grace and a spirit of mutual concern and well-being.

As has been stated previously in this study, the Triune Godhead is to serve both as model of personhood and exemplar of the notion of community. Many Orthodox Christians would be familiar with the famous depiction of the Holy Trinity in the icon written by the 15 th century Russian Saint, Andrew Rublev.³¹ This and other similar icons of the Holy Trinity are inspired by the revelation of God as Trinity as communicated through the three men in the account of the "Hospitality of Abraham" recorded in the Eighteenth Chapter of the Book of Genesis. The iconographers' depiction of the three angels conveys majestically the interpersonal harmony, love and mutual respect that exist between the three Divine Hypostasis

³¹ Interested readers who are not familiar with this iconic depiction of the Holy Trinity may easily find reproductions in Ouspensky and Lossky's The Meaning of Icons, p. 198 and p. 203. This same icon is represented on the cover of Yannaras' Elements of Faith: An Introduction to Orthodox Theology (the edition cited in this Bibliography).

as well as their providential relationship with creation.³² The Truth spoken through this icon is both resounding and silencing. Its contemplation is a powerful lesson to us all.

Reference to this icon in the context of this study is beneficial in a number of ways, however it is more specifically with respect to familial relationships that it is now being invoked. First of all, it instructs us concerning mutual respect for the identity of persons while at the same time eliciting an appreciation for complementarity and mutual assistance. This community, bound by love, shares the same objectives, although each person has a unique role or calling. There is primacy, yet this in no way diminishes the place of the others. Each retains its unique features or characteristics, its “personal meaning”, yet there is still the common vision and purpose that each freely adheres to. The second and third angels look to the first. We are all called to look to Him in whose Image we have been made.

There is another manner in which the recollection of this icon is also meaningful; it is based upon an historical event (Ouspensky & Lossky, 1952/1982, p. 200-201). Although he is not depicted in the icon, Abraham was an old man when God chose to visit him³³. Abraham had been blessed on numerous occasions,

³² For a fuller explanation of the theology of this icon, readers may refer to Ouspensky and Lossky (1952/1982) p. 200-205.

³³ Abraham's place in history was suggested by the title of Martin-Achard's article (1991) which gives an interesting account of old age, aging and the significance of the Covenantal relationship in the Old Testament as well as that of other duties and obligations, including the fifth commandment.

having met God and communed with God (Genesis 12ff). But on this occasion, with that visit by the oaks of Mamre, Abraham received a confirmation of his commission and Sarah, his wife, and an old woman, was also a very important part of God's plan, as was Elizabeth to be many generations later (Luke 1: 5-24, 36-37, 39-45, 57ff)! Like the lesson of the Good Thief on the Cross (Luke 23: 39-43), one can never presume that it is too late to be called nor assume that it is too late to respond to that call. There is ample proof that God does not reckon time in the same fashion as man (Matt. 20: 1-16).

Needless to say, this brief study has not exhausted the possibilities for discussion of the relevance of the Orthodox perspective of personhood and the goal of theosis for the respect of the autonomy of the elderly. Bishop Kallistos Ware (1996) submits that "In today's dehumanized world, ..., one of our most important tasks as Christians is to reaffirm the supreme value of direct personal communion." (p. 5). Hopefully this effort has in some small way, helped to do that. Certainly the road that lies ahead will present monumental challenges to our notions of purpose, personhood, community, duty and responsibility. It is hoped that the Eastern Orthodox doctrine of theosis and its understanding of personhood will help to shed some light on that path.

As a concluding remark, it seems appropriate to once again quote Father Thomas Hopko, Dean of St. Vladimir's Orthodox Theological Seminary, and Professor of Dogmatic Theology:

In the realms of morality, spirituality and religion, men must seek together to discover what is true, good and workable for all. This

cannot be done without conflict of ideas, experiences and methods of spiritual and moral activity and life. It cannot be done without the conviction that what is good, true and valuable for one is so for the other and is the common possession of all. It cannot be done without the realization that man's spirit, like man's world, is not a "private affair", and that, as a matter of plain fact, there is no such thing as a "private matter" in the human community. Humankind is one. It is a body of persons in necessary and essential interrelation and mutual influence. Human persons are not isolated individuals cut off from one another in self-enclosed units of thought and behavior. To act as if this were the case is to violate reality itself. The knowledge and experience of one person can be the experience of all, and the most hidden movement within the human spirit is, in fact, an event of universal and cosmic proportions. (1982, p. 158-159).

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