

The Ethical Evaluation Of Age-related Biomedical Interventions

Individual, Social, And Justice Aspects

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I. This project will develop a **NORMATIVE FRAME** with the target to define priorities for public funded research and health care. Classical and contemporary philosophical/bioethical arguments will be considered to evaluate the different aims or possible, also unintended outcomes of innovative age-related biomedical interventions. These aims/outcomes correspond to the well-known scenarios of

- *Compressed morbidity*
- *Prolonged senescence*
- *Decelerated ageing*
- *Arrested ageing*

„Le sens ou le non-sens que revêt la vieillesse au sein d'une société met celle-ci tout entière en question“

Beauvoir, Simone de: La Vieillesse. Paris, 1970, p 16.

II. A wide range of **CORRESPONDING QUESTIONS** has to be answered:

- *Whether death, a longer life and ageing are good or bad for individuals and in which sense?*
- *What the consequences for society are if e.g. the human life cycle is modified by age-related interventions.*
- *What kind of duties individuals are supposed to have in relation to their age and old age.*
- *How the just access to age-related interventions can be defined.*

III. ANSWERS: Normative Arguments, Systematic overview	<u>Individual level</u>	<u>Social level</u>
<u>Teleological Arguments, referring to</u>	The Relevance of death, life time, and ageing for the concept of a „good life“.	Social consequences I: Life cycle, changing generational roles, well-ageing.
<u>Deontological Arguments, referring to</u>	A duty to die? Egoism and duties to future generations.	Social consequences II: Justice; just distribution and access.

IV. The **CORE OF THE PROJECT** is the application of theories of justice to age-related interventions. This is realised by establishing the relation between four levels of goods (links indicate that some goods of lower levels can be contained in higher levels):

