**TITLE: “Elder Abuse and Allocation of Scarce Resources: A Reappraisal of Human Dignity with Respect to Older Persons”**

**Comments of Reviewer 1:**

1. The paper is significant contextually. The concept of inherent human dignity plays a dual role of constraint to prevent undignified acts such as torture and slavery and of empowerment to enhance human life ensuring the needs for minimum subsistence for dignified life (cf. Beyleveld and Brownsword, 2001). This paper on elder abuse and allocation of scarce resources requires the both roles of human dignity. Moving away from the complex conceptual and philosophical discussions on human dignity, the paper presupposes the fact of inherent human dignity and deals with the concrete issue of elder abuse and of protection of older people as a whole incorporating the principle of solidarity from the Catholic social teaching (CST). The paper is relevant to the field of applied bioethics and medical ethics in the developing countries.

For further reading:

Deryck Beyleveld and Roger Brownsword, *Human Dignity in Bioethics and Biolaw* (New York: Oxford University Press Inc., 2001; Second Vatican Council, *Gaudium et Spes: The Pastoral Constitution on the Church in the Modern World* (December 1965), Chapter 1: “The Dignity of the Human Person.” John XXIII, “*Pacem in Terris*: Encyclical on Establishing Universal Peace in Truth, Justice, Charity and Liberty,” *Acta Apostolicae Sedis* 55 (April 11, 1963) 257-304 or John XXIII, “Pacem in Terris: Peace on Earth,” in: D. J. O’Brien and T. A. Shannon, eds. *Catholic Social Thought: The Documentary Heritage.* Maryknoll, NY: Orbis Books, 1992: 131-162.

2. Elder abuse and protection are today discussed almost everywhere. It is a global issue. The paper is comparable and useful to prevent elder abuse in different areas. In the developing countries, the paper would appeal to individuals, families and the state to provide necessary economic and medical needs to the elderly people, while in the developed countries it would play the role to prevent alienation of the elderly from the families and societies.

3. The paper would certainly influence practice and policy. The concept of human dignity inherent in all human beings would enlighten individuals and societies to view human beings pricelessly valuable at all stages from the beginning to the end as subjects with dignity and not to regard them as objects even in their vulnerable stages. Humans never turn to be objects or useless at any point of time. Elderly people require normative protection in the consumeristic world of market economy.  
  
4. The paper does not bring any new information but systematically connects the individual human dignity with the principle of solidarity emphasized by the Catholic social teaching.

5. The paper does not seem to plagiarize. However, in my opinion, the author may at least give the references to the original sources.

For example, in the section 1, the different meanings of human dignity, namely, attributed, intrinsic and inflorescent dignities, requires acknowledgement of Daniel Sulmasy. cf. Sulmasy, Daniel P. “Dignity and Bioethics: History, Theory, and Selected Applications,” in: *Human Dignity and Bioethics: Essays Commissioned by the President´s Council on Bioethics.* Washington: March 2008, Chapter 18: 469-501; Sulmasy, Daniel P. “The Varieties of Human Dignity: A Logical and Conceptual Analysis,” *Medical Health Care and Philosophy* 16 (2013) 937-944; Shultziner, Doron. “Human Dignity: Functions and Meanings,” *Global Jurist Topics* 3:3 (2003) 1-20.

The section 1, para. 2 may refer the following:

Shultziner, Doron and Carmi, Guy E. “Human Dignity in National Constitutions: Functions, Promises and Dangers,” *The American Journal of Comparative Law* 62:2 (Spring 2014) 461-490; Shultziner, Doron. “Human Dignity in Judicial Decisions: Principles of Application and the Rule of Law,” *Cardozo Journal of International and Comparative Law* 25 (2017) 435-481.

6. Presuppositions, interpretations and suggestions are warranted and necessary. Stating the existing problem of the neglect of elderly people, the paper appears to be a good contribution in order to give specific attention to the vulnerable elders especially in the health care sector. It is not sufficient to enlist norms in the international, regional and national documents, they require specific policies to effectively implement them in practice. In this sense, the author seems to have rightly converged the relational ideas of inherent human dignity with that of principle of solidarity to ensure human flourishing both at the level of practice and policy. In my opinion, the paper is well developed.

The ideas of intergenerational education, familial responsibility, solidarity training, transcendental reality of human existence (image of God), common destiny, solidarity and collective commitment are praiseworthy in motivating caregivers and enlightening caretakers.

7. A brief reference to the concept of intrinsic human dignity from religious perspectives (in world religions) could be given in order to make an effective appeal to their followers for a common minimum consensus on the principle of intrinsic human dignity and protection of all sections of people on account of the intrinsic human dignity. All religions do speak of intrinsic human dignity in addition to moral dignity of spiritual enlightenment.

8. The author is to be commended for this contribution. I wish that the author continues to work on these ideas of inherent human dignity, solidarity and elder care for further propagation and public awareness.

**Reviewer 2**

1. The major concern of the article on the need for protecting elderly from abuse and on its policy discussion is very important for bioethics discussion. However, I believe substantial changes and rework would benefit the paper. It would help the reader if you could discuss in detail why you are engaging with human rights and CST. Further substantiate why you consider CST is relevant for the holistic practice and to protect elderly and why do you think human rights framework has limitations. Please present arguments by critically with other literature which discuss on the relevance of family, socio-relational approach and social justice concerns.
2. Specific Comments;

Please rewrite the abstract and introduction.

Section 1: Human dignity in ethical discourse in three fields

Introduction Para 4-“It is here that human rights discourse on human dignity becomes somewhat incoherent.”

Please provide further discussion and detailed analysis in order to explicitly state this.

Pare 5 “The fact is, the rights discourse is not universal but as is agreed, deeply informed by a Western perspective.”

It would be helpful if you could discuss with this idea critically and provide how you arrived at this position, as it places a significant role in your argument.

Para 5 “The reason for this is that the pervading philosophy of the western liberal society is based on Immanuel Kant’s individualistic conception of the human person, which concludes that although social relations are necessary, they are only conditionally good (8). The philosophical tradition thus neglects the importance of need or dependence as an aspect of human life (9).”

As there are multiple interpretations of Kant’s conception of ‘autonomy’ by many scholars, how do place your argument among them? How do interpret the concepts such as ‘relational autonomy’ which are also discussed in ‘western literature’? I think, it would help the reader if you engage with these literature.

Para 6 “The communal dimension to CST principles is basically antithetical to a morality that insists on the value of ‘autonomy’ as the ground of the dignity found in persons i.e. rational human beings. Not all human beings will have the capacity to fulfill the characteristics associated with autonomy, due to age or disability.”

The ongoing debates around ‘autonomy’ and ‘respect for person’ within bioethics engages with the concepts of dignity and respect beyond ‘rationality’ and ‘capacity’. How would you justify the CST principles within these debates. Please engage with the present literature on ‘respect for person’. I have suggested few articles in the end, which you could engage and it can help you direct to other works.

Section 2: Health care and rights with abuse of elderly and the allocation of scarce resources.

Please provide further details on how you consider lack of allocation of scarce resources lead to abusing elderly.

Section 3: The potential of using CST principles in elder abuse and allocation of scarce resources.

Para 1- “The above discussion shows that public policy is being shaped largely by social and economic trends and the elderly, who are now the ‘new poor’ are subject to such initiatives.”

Please elaborate on how categorize elderly as ‘new poor’.

“Catholic social teaching with its principles of the common good, the preferential option for the poor and marginalized, participation and solidarity are well placed to contribute positively to the role of an ethics of public health where the issues of elder abuse and the allocation of scarce resources are concerned.”

How would you consider the ethical frameworks such as ‘social justice’? Please justify why CST?

It would be interesting and insightful if you could briefly discuss the underlying reasons and structures which causes social isolation of elderly.

Para 2-Psychologically, the contribution of family members to a sense of autonomous well-being of the elderly cannot be replaced by other caregivers, whether paid or voluntary. Indeed, some persons see the family as the only institution that can ensure recognition of every elderly person’s unique value(23)…This writer firmly believes that until the family is recognized in all its sociological manifestations by the global health community, elder abuse will never be tackled successfully.

How would you consider the elderly abuse caused by family members. Please do engage with the sociological literature on family and kin relationships.

Para 2- “Such an initiative will perforce expand not just recognition of material needs and the kind of dependency that occurs with older people, but also widen the awareness and understanding that dignity of the older person is not limited to his or her status but goes beyond that to a transcendental reality- the person is made in the image of God.”-

Does acceptance of transcendental reality justify the respect for elderly?

Please do consider to format and proofread the manuscript. References should be formatted too.

**Suggested readings**

Brock, D. (1989). Justice, Health Care, and the Elderly. *Philosophy & Public Affairs,* *18*(3), 297-312.

Beach MC, Duggan PS, Cassel CK, Geller G. What does 'respect' mean? Exploring the moral obligation of health professionals to respect patients. *J Gen Intern Med*. 2007;22(5):692-5.

Mackenzie, C., & Stoljar, N. (Eds.). (2000). *Relational autonomy: Feminist perspectives on autonomy, agency, and the social self*. Oxford University Press.

Westlund, A. C. (2009). Rethinking relational autonomy. *Hypatia*, *24*(4), 26-49.

Ells, C., Hunt, M. R., & Chambers-Evans, J. (2011). Relational autonomy as an essential component of patient-centered care. *IJFAB: International Journal of Feminist Approaches to Bioethics*, *4*(2), 79-101.

Sherwin, S., & Winsby, M. (2011). A relational perspective on autonomy for older adults residing in nursing homes. *Health Expectations*, *14*(2), 182-190.

Dilworth‐Anderson, P., Pierre, G., & Hilliard, T. S. (2012). Social justice, health disparities, and culture in the care of the elderly. *The Journal of Law, Medicine & Ethics*, *40*(1), 26-32.

Daniels, N. (1988). *Am I my parents' keeper?: an essay on justice between the young and the old* (Vol. 10). New York: Oxford University Press.

**Reviewer 3:**

1. Thank you for the opportunity to review the paper, which relates to the ethical imperative to treat the elderly with dignity, and to avoid abuse. However, the paper is currently framed too broadly; hence it is unclear what context the discussion is based on and who the target audience is.
2. At a conceptual level, it may be helpful to focus on one particular notion of dignity, and then draw from jurisprudential and theological arguments for support, where applicable. Currently, there is a very general description of dignity (in one paragraph of Section 1), followed by a general description of human rights law, and then an equally general description of CST. Even if dignity appears to be common to all three conceptual traditions, it cannot be assumed that there is a common understanding of “dignity” in philosophy, law and theology. If the paper intends to present a particular conception of dignity that supports appropriate elder care (and thereby also prevent elder abuse), this notion will need to be put forward clearly and the paper must explain how it has been derived and its relationship to other existing concepts like CST.
3. For a relatively short paper, a better approach may be to focus on one particular conception of dignity, such as CST which has been discussed at some length.
4. The discussion on human rights appears to be quite ancillary and may only be relevant to the extent that CST lends support to some of these rights in a secular setting.
5. In essence, the paper needs to present a much clearer conception of “dignity” and an explanation as to how it relates to one or more philosophical traditions, such as CST. It will be helpful to clearly indicate the target audience, and why the goals of this paper are (or should be) of interest to them.
6. Reference to “allocation of scare resources” in the title and abstract is rather misleading because the discussion in Section 2 (where this particular topic is discussed) is not about ethical issues that arise from prioritization and allocation of resource, but more generally on the need for social care arrangements and support. As the paper then notes in Section 3, the family is one such social institution which has been endorsed by CST. While this point is clear, it does not add anything new to the literature as this has been the firm position of the Vatican, and very well publicized. The author needs to explain what is new that is being presented, in a particular context for instance. For an academic work, it is insufficient to assert that: “This writer firmly believes that until the family is recognized in all its sociological manifestations by the global health community, elder abuse will never be successfully tackled successfully.” Such a statement is too general and vague, because it may be questioned as to what family in “all its sociological manifestations” means, and what sort of “elder abuse” needs to be successfully tackled? Additionally, which global health community is being referred to?
7. For greater clarity, it will be helpful for the paper to demonstrate how this notion of family-based dignity could be applied to address a global health concern that related to elder care. At this point, it is not clear how this paper helps to equally promote reflection on the “human person who is old and subject to elder abuse”, even within a particular country, like India. Undoubtedly, our colleagues in global health will measures that better respect human dignity, but these measures must be clear, contextually sensitive and practicable.

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