Observations from elderly care: What ethical considerations are essential in public health?

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Abstract

The increasing elderly population is a cause for concern as this group's growth will place more strain on public health services, social support, and the economy. Despite these challenges, elderly care is often overlooked in discussions in the global south, based on publications and policy databases over time. One specific challenge for the elderly community in global health is its vulnerability caused by social determinants, among other factors. The vulnerability of the elderly population raises ethical considerations. Therefore, this article aims to identify what is essential for the ethics agenda in public health in the global south. To address this issue, a two-fold approach was followed. First, the challenges facing elderly care were identified. Second, their ethical implications were discussed. These challenges are viewed through the lens of public health, as this area of healthcare can influence elderly care. Broad-based ethical principles as identified by Roger Burggraeve (growth ethics), Chris Gastmans (vulnerability), and Paul Schotsmans (personalism) were used to identify a framework addressing elderly care. Based on the research in this article, a framework was presented that is based on three dimensions of elderly care. These dimensions intersect around vulnerability and care. This framework can guide public health in implementing strategies to address factors that influence vulnerability while prioritising care as the outcome.

Opsomming

Waarnemings uit ouer persone versorging: Watter etiese oorwegings is belangrik vir publieke gesondheid?

Die groeiende ouerwordende bevolking is 'n rede tot kommer omdat hierdie groei groter druk plaas op publieke gesondheidsdienste, sosiale ondersteuning en die ekonomie. Ten spyte van hierdie uitdagings is die gesprek hieroor oor tyd meestal afwesig in die globale suide. Sosiale determinante is 'n belangrike faktor wat bydra tot die broosheid van die ouerwordende gemeenskap. Hierdie artikel wil 'n bydrae lewer oor wat noodsaaklik vir die etiese agenda in publieke gesondheid in die globale suide is. Om hierdie saak aan te spreek, is 'n tweeledige benadering gevolg. Eerstens is die uitdagings in ouer persone sorg geïdentifiseer. Tweedens is die etiese uitdagings hiervan bespreek. Hierdie uitdagings word bekyk vanuit 'n publieke gesondheidsperspektief. Etiese beginsels soos toegelig deur Roger Burggraeve (groeietiek), Chris Gastmans (kwesbaarheid) en Paul Schotsmans (personalisme) is gebruik vir die identifisering van 'n raamwerk om ouer persone versorging aan te spreek. Die raamwerk wat in hierdie artikel geïdentifiseer is, is gebaseer op drie dimensies van ouer persone versorging en nou verweef met broosheid en sorg. Hierdie raamwerk kan gebruik word om die redes vir ouer persone se broosheid aan te spreek terwyl sorg as uitkoms geprioritiseer word.

Key words

Elderly care, ethics, social determinants, population growth, public health.

Sleutelwoorde

Ouer persone versorging, etiek, sosiale determinante, populasiegroei, publieke gesondheid.

1. An urgent matter but without specific actions?

The growing ageing population is caught between a rock and a hard place. While better healthcare, improved living conditions, and support from budgets and policies have contributed to this trend, the increasing number of elderly individuals is a concern. This population group will place additional

strain on public health services, social support, and the economy as reported by the World Health Organization (WHO, 2015, 2022a, 2022b). The WHO reports that the factors contributing to the vulnerability of elderly people are not decreasing (WHO, 2023, 2024). The situation is further complicated by the impact of a growing elderly population on achieving Sustainable Development Goal 3 (good health and well-being). This population growth has significant consequences, as noted by Rudnicka *et al*. (2020), who describe global population growth as "the most important medical and social demographic problem worldwide."

In the global north, there is more discussion on this matter, while in the global south, there is less attention given to it (see Hyde, 2024). From a South African perspective, there are very few studies available on this topic. This observation was derived from databases such as Science Direct, Proquest, Taylor and Francis, Sabinet African Journal Collection, and relevant National Department of Health policies, strategies, and plans.

Rudnicka and co-authors' comments become more urgent when the many challenges facing the elderly community are identified. Despite legislation (Republic of South Africa [RSA], 2006], Section 27 of the South African Constitution (RSA, 1996) providing that access to health care services is a constitutional right, and observations from population growth reports, the reality is that elderly people's vulnerability is increasing due to matters such as violence against the elderly, and socio-economic challenges (The South African Human Rights Watch, 2023). According to Powell and Taylor (2015: 94 - 95), ageing in the broader African context happens without a comprehensive formal social security system or a well-functioning traditional care system.

The challenges facing an elderly population group are not without ethical consequences. Although it is generally accepted that the ethical focus on elderly care revolves around their medical, social and economic vulnerability, a neglected discussion in public health on this matter is what should be on the public health agenda addressing the ethical challenges associated with elderly care. This discussion is significant as it will contribute to an ethical framework aimed at addressing the vulnerability of elderly individuals. One notable outcome of this conversation is that addressing elderly care is consistent with the WHO's vision of a "decade of healthy ageing" (WHO, 2022a, 2022b).

To start, the article will first identify the challenges facing elderly care and then raise their ethical consequences. This index of elderly challenges is identified

from a public health perspective. According to the definitions of Holtz (2013: 1-18), Berridge (2016), Childress, *et al*. (2012: 361-373), and Horn (2015: 26-29) public health are the organised strategies, interventions, and services to promote the quality and well-being of a community or population based on the public health value chain. Service delivery and a moral basis are interwoven and can therefore not be removed from promoting strategies and taking preventive actions.

The envisaged ethical framework will be constructed based on broad-based ethics principles as identified by Burggraeve (growth ethics), Gastmans (vulnerability) and Schotsmans (personalism). Their views fit into the broader scope of Christian medical ethics with an emphasis on *responsible care for human beings.* The contribution of a Christian perspective to this discussion meets two important pointers. *Firstly,* Christian medical ethics is in high regard in the broader context of medical ethics because of its ongoing emphasis on Biblical values for healthcare (Schotsmans, 2023: 13-14). *Secondly*, the acknowledgement that multifaith systems can make an important contribution towards healthcare in general (Hess, Smith and Umachandran, 2024).

2. What are the ethical challenges of elderly care?

Following the WHO's vision (2022b) of healthy ageing, the question is what are the challenges associated with this vision? A rapid literature review was conducted to identify the key ethical issues in elderly care. An interpretation of a rapid literature review is presented by Smela and co-authors (2022) stating that a rapid literature review synthesises available information to facilitate a focused research question, as outlined above.

What can be highlighted from the rapid literature review is Moore's (2023) identification of three interrelated factors that affect elderly care in South Africa. These factors are the ongoing *growth* of the population, the *feminisation* of the paid labour force leading to the combination of voluntary care with paid labour and *burdens* such as HIV, COVID-19 and *high levels* of unemployment and poverty.

The rapid review also identified the following topics that are representative of the ethics of elderly care:

- Health care as a human right.
- Lowering the negative consequences of determinants on elderly care.
- The rising mental health crisis in societies.
- Building relationships between caregiver and care receiver.

- Quality of health and living.
- Public health policy to address ethical challenges.

These topics assisted in identifying the following challenges which will have ethical consequences for the elderly community.

2.1 Elderly populations are an ongoing trend

This issue is exacerbated by the global trend of a fast-growing group of people older than 60 years that will reach 17% of the world population by 2030 (WHO, 2022). It is further estimated that by 2050 almost 70% of people older than 60 will live in middle- to low-income countries (WHO, 2022a).

South Africa is not exempted from this population growth as the latest census report reveals that in 2022 9.2% of the population was 60 years and older (RSA, 2023a). The South African Midyear Population Estimates Report (published in 2022) states that the population 60 years and older increased by 1.9 million people from 2002 to 5.51 million people in 2021 (RSA, 2022a). Based on the Ageing Index, this segment of the population increased from 30 in 2017 to 33 in 2022 (RSA, 2023b).

From this growth can be observed that people will keep on growing older which means that in the distant future, there will be more people in need of elderly care. This population growth will add to the demand for more services and budgets to support these services. However, more services may not be affordable or possible in a specific country. The next paragraph engages with this observation.

2.2 The quality and availability of service

In South Africa the quality and availability of services are growing concerns. These concerns are inflated with 73% of people older than sixty years, depending on old age grants (RSA, 2023b). The percentage is expected to be higher due to one or another kind of social grant.

The emerging question here is whether elderly care is affordable. And if not, how can such a challenge be addressed? Critique of the absence of supportive public health interventions has also been widely recorded. Although the South African Mid-Year Population Estimates Report (RSA, 2022b: vi) calls for actions to address these challenges, to date no strategic interventions realised.

Countries around the world address their growing elderly population differently. Sweden's approach to "The right of living together" is an example.

Sweden's solution to a growing elderly population is that people should work longer to secure sufficient budgets to support elderly care. Such an approach cannot work in South Africa due to the current high unemployment rate, especially among the youth. Opportunities to work beyond retirement may not be possible as opportunities to work longer are slowing down.

An ageing population can therefore directly impact economic growth, retirement, and work patterns. It can also affect the ability of governments and communities to provide adequate resources for the elderly community. As a result, there is the risk of not dealing with age-related chronic diseases and disability.

Based on these comments there are implications for social and environmental planning. It can be further stated that an ageing population can influence economic growth, retirement, and patterns of work. Governments and communities may have difficulty providing sufficient resources for elderly people and this may impact the ability to deal with age-related chronic diseases and disability.

2.3 Global pandemics and events

Recent events such as COVID-19, the war between Russia and the Ukraine, Israel and Hamas have highlighted the vulnerability of elderly communities. Van Boetzelear, Franco, Moussally, Khammash and Escobio (2023) comment that older people are "disproportionately affected by the war in Gaza, as in all humanitarian emergencies".

The COVID-19 pandemic contributed to the vulnerability of elderly people. With the breakout of the pandemic, it was projected that 50% of people dying from COVID-19 would be older than 80 years (WHO, 2020a, 2020b). This pandemic again draws attention to an unresolved question of saving lives in the context of limited healthcare resources. Vulnerability is often reserved for application to groups such as women and children, older people, handicapped persons, and refugees. But vulnerability is also due to poor healthcare systems, lack of finances, lack of communication and lack of access to and affordability of healthcare. The causes of vulnerability can be attributed to a changing society, values and belief systems and life and world orientation (Lategan, 2021).

2.4 Elderly care and education

The interaction between healthcare workers and elderly individuals in care is crucial. One question that arises is whether healthcare workers receive adequate education and training to interact with the elderly. Conversely, it's

also important to consider how elderly individuals are prepared to engage with healthcare workers.

Interaction between healthcare providers and recipients is no one-way traffic. Another burning issue is the way of communication and the language of communication. Elderly care is associated with the *end-of-life* phase. What kind of treatment and engagement are associated with end-of-life care? The situation is more troubled by a growing awareness of dementia and other mental health challenges. For example, how are the family or surrogate decision-makers becoming part of the treatment?

Research suggests that education can guide elderly people to be informed about their challenges and to make informed decisions. However, limited information is available from Provincial Health Departments' websites. Besides the fact that elderly people may not have access to these websites or language barriers, it is further troublesome that such information is not readably available.

Social media is commonly regarded as a powerful health communication tool, hence the continuous growth of health applications (Chen, *et al.* 2023). The expectation is that social media can assist elderly people to stay connected and to learn more about their challenges (Coto, *et al*., 2017). The condition, however, is for elderly people to stay connected with technological devices (Chen, Krieger & Sundar, 2021). The problem of social media communication is further complicated by the fact that the available information to deal with health challenges is not readily available. A random selection of social media posts from January – April 2024 confirmed that not enough information and advice are available regarding social determinants impacting the health of elderly people.

These observations based on the rapid review, culminate into social determinants. The role and impact of social determinants are outlined in the next paragraph.

3. The role of determinants on the vulnerability of elderly people

The concept of determinants in health originated in the 1970s and relates to the factors that influence people's health, either positively or negatively. According to Patwardhan, Mutalik, and Tillu (2015), these factors can be grouped into five core categories: nutrition, lifestyle, environment, genetics, and medical care.

In this article, the focus is on *social determinants of health*. The role of social determinants in health is grounded in the WHO's (2024) definition of social determinants, namely as the "conditions in which people are born, grown, work, live, age and the wider set of forces and systems shaping the conditions of daily life". Numerous WHO reports (2023, 2024) reinforce that health is influenced by more factors than physical illness only. Social determinants are therefore "powerful" influences on *health inequities*. The WHO's "Operational Framework for monitoring social determinants of health equity" (2024) confirms the role of social determinants in health and that not enough is done to deal either with these determinants or there are simply not enough resources (people, capacity, know-how) and sufficient infrastructure (data collection, analysis, and implementation) available to deal with the monitoring of how the impact of social determinants is addressed. In the discussion of social determinants of health forces and systems are identified for causing vulnerability. Examples of health forces and systems include economic policies, development agendas, social norms, social policies, and political systems.

Taking a public health perspective on elderly communities in the global south, four major social determinant categories present challenges. These include (a) policy development, implementation, monitoring, evaluation, and review, (b) human resource challenges in service delivery, (c) compromised healthcare systems, and (d) insufficient professional and ethical guidelines to address elderly healthcare needs. These four activities contribute to social and structural determinants that, in turn, impact the health and well-being of elderly people. The issue at hand is how to address social determinants to support the WHO's vision (2022a) of healthy ageing over the next decade. This has become more complex considering a report titled "Social Determinants of Health Equity" (2023), which notes that despite significant progress in addressing the impact of social determinants on health inequities, it may not be sufficient to achieve the goals set for 2040 (WHO, 2023).

A baseline perspective on vulnerability derives from a study by Sanchini, Sala and Gastmans (2022) who analysed the concept of vulnerability in elderly care from a systematic review of argument-based ethics literature. The authors conducted this systematic review because no previous comprehensive work existed on the meaning of elderly people's vulnerability. Based on their research, they identified six dimensions of older adults' vulnerability, namely (a) *physical; (b) psychological; (c) relational/interpersonal; (d) moral; (e) sociocultural, political, and economical; and (f) existential or spiritual* determinants. They further distinguish between human and situational vulnerability. Human vulnerability refers to a condition affecting humans.

Situational vulnerability includes those situational conditions affecting some humans more than others.

The identified dimensions of vulnerability can serve as a basis to identify their relevance for the elderly community in South Africa. Although the *a priori* relevance of these dimensions can be accepted, the question is if there are unique South African features contributing to these dimensions. A study by Adamek, *et al*. (2022) used 72 respondents from 17 countries, primarily in Africa, to identify the major challenges facing elderly people in Africa. From their research, poverty, lack of trained older person care professionals, food insecurity, disability/health issues, and long-term care were identified as the major challenges. These challenges contribute to the vulnerability of elderly people due to, amongst other things, declining health and socio-economic challenges experienced by ageing communities.

The concept of vulnerability is influenced by power dynamics. Philosophical analysis connects power dynamics to vulnerability. The delivery of healthcare is determined by the power of the governing body (such as the government in the case of public health). The effects of weakened healthcare systems on the elderly population can be understood within the framework of power dynamics. Ethical theories like virtue ethics, deontology, and consequentialism criticize power dynamics resulting from individuals and/or systems.

It is reasonable to claim that vulnerability will continue to be a part of the elderly community. This assertion is supported by evidence from literature, which discusses the changing global healthcare practices and the unpreparedness of the South African public healthcare system to address the growing ageing population.

4. A framework to address ethical challenges

The design of a framework addressing ethical challenges associated with elderly care in public health can benefit from three ethicists' views on ethics. These ethicists are Roger Burggraeve, Chris Gastmans and Paul Schotsmans.

4.1 Roger Burggraeve

Burggraeve's work focuses on care ethics, particularly growth ethics. Care ethics deals with the moral challenges that arise in caregiving relationships. In these relationships, people are constantly faced with the contrast between the ideal and the current reality. The relationship should enable the person

to grow from their current state to where they aspire to be. This type of relationship is rooted in the compassion we show to others. This approach emphasises that caring for patients involves creating a relationship that allows individuals to connect with and understand themselves through the unique experiences of others (Burggraeve, 2021). An important comment is that even though the aspiration is towards an "ideal" situation, the ethical dilemma at hand should be addressed, although it may create imperfection. The pointer derived here is that people should gain ethical intelligence to address ethical challenges (Burggraeve, 1997). Another important perspective is that it is real that in an ethical sense, very little attention is given to the person who is vulnerable because of the situation. Growth ethics can address this matter (2016: 109-110). Burggraeve (2016: 138-139) adds another important perspective, namely that growth ethics is liberation ethics as Christ calls us to heal, redeem and liberate people in their concrete circumstances according to their possibilities and boundaries. Another important contribution from Burggraeve and co-authors is that ethical challenges cannot be limited to the care receiver only but should also be extended to the caregiver (Vanlaere, Burggraeve and Lategan, 2019).

Burggraeve's perspective is well illustrated through his discussion of the parable of the merciful Samaritan (Luke 10: 25-37) (Burggraeve, 2015; 2021). From multiple discussions and analyses of this parable, the following guidelines can be presented. *Firstly*, in the ethical space, the meeting with the significant other is not on an equal level. This confirms the vulnerability of the people who are meeting but also within the context that they are meeting. *Secondly*, care ethics is aimed at understanding relationships and advancing these relationships. Again, by implication, inequality is characteristic of relationships. This observation steers us towards the imperfection of situations that are often overlooked. *Thirdly,* relationships should be evidenced by the mercy that should be bestowed on other people. Mercy is deeply rooted in a Biblical interpretation of ethics. Mercy is to recognise the vulnerability of people and the situation, but also actively show it to other people. *Fourthly*, the vulnerability of the other shall appeal to our responsibility, which should be an obligation towards the other.

4.2 Chris Gastmans

Gastmans (2022: 11-12) argues that care and vulnerability cannot be overlooked in healthcare. He emphasises that ethics in healthcare should focus on both caregivers and care receivers, leading to joint decision-making. However, the care receiver should not disregard the role of the caregiver, as this could reduce the caregiver to merely a "care robot" assisting.

Gastmans (2022: 12-13) argues that ethics has no anonymity. His assessment of ethical matters is grounded in human dignity. Upholding human dignity depends on three knowledge sources, namely (a) knowledge of the medical and care matters. This can be referred to as "medical and care instruments" which can be regarded as the technical knowledge of the matter. (b) Knowledge of ethical values and principles, as "ethical instruments" is equally important. (c) Lived experiences by caregivers, care receivers, family, healthcare managers and society, in general, are adding to analysing and interpreting the ethical challenge. The importance of lived experiences is that ethics is about people and not abstract principles. He continues to argue that the three knowledge sources constitute a dialogue to facilitate human dignity.

Gastmans (2022: 13-15) emphasises vulnerable human dignity in healthcare. To him, healthcare ethics is thus about providing care that will contribute to human dignity despite people's vulnerability. His approach is to avoid rigid principles and a relativistic laissez-faire mentality.

4.3 Paul Schotsmans

Schotsmans (2023: 15-18; 86-88) refers to the Christian ethical foundation as a form of ethical accountability. This approach is based on engagements with and by others. In essence, it is all about a relationship with another person and the doctor-patient relationship is a good example thereof. The characteristic of this relationship is giving care and assistance. Fundamentals are the values of human dignity and well-being. The approach is very much personalistic with an emphasis on mutual relations, and for believers, a relationship with the Other.

From his views, there are three core ethical elements, namely persons in their uniqueness, relational interrelatedness, and solidarity. These elements should move one to be ethically responsible. Ethical dispositions are grounded in the discernment of values and norms. The challenges are not so much about identifying the norms, but rather how they are enforceable. Within a religious community people either feel removed from these norms, or experience that the religious voice regarding norms is not considered. An important comment is that through norms and values, the Christian presence should be visible in the world. Hence, the driving force for Christian ethics is the mission to be responsible towards others and the Other and to act in such a way that the focus is on what can be achieved through relations based on responsibility for the other.

4.4 Integration of views

From these perspectives, the *first* observation is that Biblical ethics is rooted in the engagement and reflection with the Other and with the others. Biblical ethics is relational and reflective.

The *second* observation is that ethical decisions are imperfect at a given time, given the situation. This imperfection calls for growing in a situation. Hence, ethics and growth are closely related.

The *third* observation is that addressing vulnerability is at the core of ethics. An example of this is Joseph's reassurance to his brothers that he won't treat them as they treated him (Genesis 50:21). Old Testament ethics confirms the normative and descriptive guidelines relevant to human engagement (Firth, 2024). Similarly, the core of New Testament ethics is to follow Christ's example with people, expressed through neighbourly love (Van der Watt, 2014: 276-353).

The *fourth* observation is that ethics is more than a personal ethos or life orientation. Ethics is a science like any other science. Hence knowledge, experience and behaviour can never be delinked from one another. The reference to "instruments" is useful in this regard.

The *fifth* observation is that in healthcare it is primarily about people, not patients. People are in relationships, have their ethos, and share confessions. A person and not a patient is primarily the way an individual should be perceived.

The *sixth* observation is that Biblical ethics never ignores who people are: *Imago Dei* (romanized from Hebrew as *ṣelem Ĕlōhīm*, from Greek as *eikón toú Theoú*, and in Latin as *imago Dei*). The implication is to take responsibility for another person based on the freedom brought about by redemption. Looking out for and looking after people are Biblical virtues that resonate with the central love command (Mt 22:37-39).

These comments take us to the specific focus of the paper, namely an ethical framework that can enhance person-centred care in public health. The next paragraph will attend to this.

5. Discussion

From the preceding discussion, three dimensions can be identified as useful for contributing to the envisaged framework aimed at addressing the ethical challenges associated with elderly care. These dimensions are:

Dimension 1: The increasing elderly population requires more care, support, and services. In the global south, meeting these demands will strain budgets and preparedness to provide services.

Dimension 2: Social determinants play a significant role in the vulnerability of elderly individuals. These determinants are widely acknowledged to influence the health of the elderly population.

Dimension 3: Ethics involves more than just distinguishing between right and wrong; it also entails addressing people's dilemmas amid their struggles. Christian medical ethics can guide in making difficult decisions. Interacting with individuals in vulnerability is guided by Christ's redemption, which calls upon His followers to heal, redeem, and liberate people.

These dimensions intersect around *vulnerability* and *care.* This intersection can guide public health to implement strategies that can address those factors that influence vulnerability but have care as a liberated outcome. The ethics perspectives as identified in paragraph 4.4 can help address vulnerability leading to person-centered care. The next table supports this claim:

Table 1: Ethical reflections on vulnerability and care.

Characteristic	Ethical focus	Christian-based ethical view
Ethics is based on relationships and requires reflection.	Service provision should prioritise not only the quality of the service but also the recipients of the services.	Christian ethics promote the principle of neighborly love, expressing moral love to others and building unselfish relationships in shared humanity.

The imperfection of ethical decisions is based on the situation.	Ethical decisions are made in specific situations, but the ethical dilemma may result in a decision that is satisfactory for the moment yet falls short of the ideal outcome.	Growth ethics embodies mercy, which is an expression of God's care and righteousness in a fallen world. Mercy calls for our responsibility to acknowledge those in need and determine how their needs can be addressed as an expression of righteousness towards others.
Ethics involves addressing the vulnerability of people and situations.	Vulnerability is a product of specific circumstances, but it should not be normalised. The vulnerability arises from unintended consequences.	Situations should not be accepted as they are; addressing them is part of striving for the good and combating the bad.
Human dignity should be safeguarded and promoted.	Human dignity is a result of a human rights culture.	People should be seen for who they are, not as the impersonal "other." The impersonal "other" is a fellow human, based on the belief that God is the Creator of humans.
Always prioritise the person before the patient.	In healthcare, it is important to see people first as individuals, and then as patients. Viewing individuals solely as patients reduces them to their vulnerability and illness.	Every individual is inherently capable of being a complete human being. Personhood is not determined by one's challenges, as that would diminish the essence of being a person. Instead, it is defined by the qualities and characteristics that a person should embody, having been created in the image of God.

Ethical intelligence and know-how.	Ethical instruments exist that can assist in making decisions.	Old and New Testament ethics emphasise doing good as a fundamental principle for interacting with others.

6. Application

A crucial question addressed in this article is what should be included in the public health agenda for elderly care. As public health focuses on preventing harm and improving the quality of health and living, research is aimed at the following areas:

- Public health is a government tool to enhance the well-being and health of all individuals. Ethical values of equality, justice, and compassion must be upheld.
- Public health must address the factors contributing to vulnerability and the vulnerability that exists. This joint responsibility should be driven by compassion.
- Public health should prioritize building relationships between service providers and recipients. In a deeply divided community, it's crucial not to discriminate when providing services to people.
- Public health should advocate for social justice and enlist trained individuals to establish a supportive public health system.
- The ethical considerations in building relationships should be promoted and upheld.

These points need to be expanded upon and supported by multidisciplinary research to ensure a comprehensive approach to elderly care. This aligns with Bardram's concept of "pervasive healthcare," which he defines as an emerging field with its own research questions, agenda, approach, and methods. A Christian-based ethical approach can make a meaningful and guiding contribution to this effort.

7. Summary

The increasing elderly population poses challenges for public health and social support, particularly in the global south where elderly care is often neglected. Ethical considerations play a significant role in this context.

The identified framework based on ethical principles aims to address the vulnerability and care needs of the elderly community.

Disclaimer

1. Approval from a Research Ethics Committee is not required due to the study's public domain nature.
2. Grammarly: AI tools were used for language and grammar editing.

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