

Interdiscipline in gerontology. The quality of life like integration criterio of the Interdisciplinary

Interdisciplinariedad en gerontología. La calidad de vida como criterio integrador de la interdisciplina

*José Enrique Gómez Álvarez**

Abstract

The article analyses the term multidiscipline and interdiscipline in Gerontology. The target is to present an analogy with the use of the interdiscipline concept in Bioethics. Ethics is used as a methodological unifying criterion of Bioethics, which allows it to go from being a multidiscipline to become an interdiscipline. In an analogous way, an ethical term is applied to Gerontology, and in this way it is suggested the term «proper quality of active life» to be used as an ethical axis of orientation guidance for Gerontology.

Keywords: interdisciplinary, epistemology, quality of life, aging.

* Doctor of Philosophy from the University of Navarra. Master in Social Gerontology. Professor and researcher of CISAV.

E-mail: jegomezalvarez@yahoo.com

Received on September 04, 2019. Accepted on september 30, 2019.

1. Introduction: Bioethics as an applied ethics and starting point of reflection on the method

One of the problems of the interdiscipline called «Bioethics» is, in fact, to establish its epistemic status and its scope, and it is an open issue not concluded in such field. The term allows us to give a framework to understand the problems with other interdisciplines, in particular with the one of «gerontology». Ana Marta González adequately sums up the position of the epistemological status of Bioethics. Dr. González explains her reasons for dismissing Bioethics as an interdiscipline (I have underlined what I consider most important to highlight):

The supporters of constituting Bioethics in an autonomous science can claim in its favor, the undeniable fact that has generated, in a few decades, a huge and specific reflection that, in addition to requiring the application of ethical principles to a very specific subject, internally requires the adoption of *a multidisciplinary perspective* when facing its specific problems. Although this position is defensible from a practical point of view, I consider that by itself it does not authorize to grant Bioethics an epistemological statute different from that of Ethics. For on one hand, the materialization of its subject *does not make it a different science, since here too, it is about human actions (however much the subject of these actions is limited to a specific field); and, on the other hand, its interdisciplinary nature, which is to a certain extent the most novel point of Bioethics, it is not a sufficient reason to constitute it as an independent science either.* After all, the same interdisciplinarity could be seen as a systematic extension of the deliberation that must precede any ethically acceptable decision, whose acceptability, in any case, corresponds to ethics to analyze it.¹

The previous passage refers us to two problems. The first one is, which discipline or what cognitive element serves as a link or connection between the disciplines. In the field of Bioethics, it is undoubtedly, the philosophical question of what should be, the one that in some way links the participating disciplines. Ethics in a

few words or the ethical question that it is posed, serves as a connection between Law, Medicine, Social Work, and nursing among others, when they intervene in the bioethical decision. Dr. González points out a crucial issue, the object indicates and points to the method. The object of Bioethics, human acts, are the proper subject of ethics, by considering its formal object, that is, as how good or bad they are. The above points out that, Bioethics at the most is an area of ethics, such as social ethics, for example. Taking this to Gerontology, the question about its interdisciplinary nature is formulated like this: What is the purpose of Gerontology that makes it interdisciplinary? Gerontology studies old age. In that, its material object does not differ from Geriatrics, for example. The key lies in the formal object. I will mention this issue later.

Another element worth highlighting from González's text is the indiscriminate use of two terms; multidisciplinary and interdisciplinary. As we shall see in the following section, they are not equivalent and that will give guidelines to discuss the meaning of gerontology.

2. Gerontology as an interdiscipline

According to what has been seen in the Introduction, interdisciplinary or multidisciplinary can be understood as collaboration of working groups with a common goal as suggested in González's text. Thus, some authors understand the notion of «interdiscipline» in the attention of the old age. However, other authors make a distinction in the care of elderly patients:

A multidisciplinary team is a group of different professionals who work in a common area independently, assess the patient separately and interact with each other in an informal way that is, the welfare approach that is in parallel without integrating assistance in a global plan nor establishing priorities.

Different professionals who work in a common area in an interdependent way and interact with each other formally and informally constitute an interdisciplinary team. They can assess the patient separately but exchange information in a systematic way, share a work methodology and work together to achieve joint objectives, collaborating with each other in the planning and implementation of a treatment and care plan.²

Furthermore, it reminds us that sometimes in the field of Bioethics we work in a multidisciplinary way, seeking to solve or gather the opinion of professionals and give an answer to an ethical consultation. Understood in this way, bioethics is not interdisciplinary, and is only an applied ethics. However as an interdiscipline, the ethical answer or the philosophical question, should I do X, because I can do it. It takes us to a common guide question and to search among all, to answer the same question, of course from the discipline of each area, but unified by the ethical questioning. Thus, bioethics although it studies human acts as good or bad ones, and in that, there is no difference with ethics. The answer has implications that go beyond morality or in other words; morality invades other areas that are no longer a specialty of ethics, as law can be, which implies that the ethical response can no longer be given from a philosophical reflection only. The participation of another area is required to complete the response. It is true that we are still in the ethical field, but we need another discipline to put it metaphorically, «color» the answer with additional information, such as the legality of the moral act. Ethics is already the answer sought in Law or Medicine or the discipline that participates.

In the case of Gerontology, what can be the unifying question or the unifying concept that allows us to overcome the mere consultation between diverse knowledge? Gerontology has a common object with other disciplines: Aging as it has been stated before; but what is the specificity of gerontology? A difference with ethics is that it is not a unique science with a specific formal object. Gerontology refers to the study of aging in all its elements.³ Geronto-

logy, unlike Geriatrics, which studies to a great extent the pathology of aging, seeks to understand it as a complex whole, hence its character, at least multidisciplinary or of consultation among disciplines.

However, I propose that the interdisciplinary work in Gerontology should be a collaboration integrated by common values and common goals⁴. The methodology pertaining to each area is not waived, but there must be a guiding thread, a guiding concept that seeks to answer from the disciplines and then connects with the problem to be solved. Interdiscipline is working with a common theoretical framework, a shared epistemological notion. In the case of Bioethics, it can be the value of human life.

Gerontology in a similar way is sometimes proposed as a multidiscipline, sometimes as an interdiscipline. For example, an author points out regarding the bachelor's degree plan in Gerontology:

A characteristic of the bachelor's degree in Gerontology is its multidisciplinary. Therefore, it has a broad curricular map, immersed in different subjects and branches of knowledge that should be focused on the aging process in its entirety. The foregoing is done through a plurality of professors, many hired by subject, who only teach one or two subjects, without time to get involved with the teaching of a Gerontology that requires the development of specific knowledge about old age⁵.

Now, it is important to highlight «they must focus on the aging process as a whole». What can the above mean? What uses can we attribute to the Gerontological term? First, I will outline a couple of examples of use and then compare some very interesting results of the article cited of how teachers conceive this interdiscipline. Gerontology studies all causes of aging.

For the planning of interventions, we have to have an idea of what we intervene. This is how gerontology is considered to be, the whole process of life or, if we delimit it to a period of life, say 60 years or more, how we would justify it. The causes of aging occur from the moment we are born⁶. It is known that there are

various theories of the process, for example, organic, physiological in addition to genetic theories.⁷ In any case, we grow old to a different degree and since our youth. Taking into account the above, Gerontology foresees or poses the role of aging from birth. So the gerontologist, although he makes interventions in the «classic» ages of old age, associated with retirement, for example, in reality should consider his planning from birth to death. For example, the gerontologist must make interventions back in time. A healthy old age should be envisaged from childhood and in youth itself. An intervention plan, for example, in diabetes should include incidences not only towards the target population, but backwards even if they are young. In this way, it is explained that prevention campaigns overlap between all ages. One way to summarize it is by saying that:

You must be able to work from gerontology with an interdisciplinary team where *each discipline knows what it needs from the other and what it lacks to be able to intervene better*. It is not that one discipline tries to do what belongs to another, but that the other disciplines involved are taken into consideration in order to be able to develop a work in all aspects.⁸

Another way to summarize the proposal. The multidisciplinary intervention means that each discipline contributes its opinion about a topic or question from its discipline, without pretending to solve the ethical aspects. The interdiscipline is more than that; it is to answer from the ethics, so that each discipline answers as a person who solves from his discipline, but answering ethically. The lawyer presents his ethical solution. Takes from philosophy what he needs to answer as a lawyer the ethical problem in the case of Bioethics. Gerontology is the care in old age; I suggest using or, we can use the care category as an articulating axis for all the participants.

The Gerontologist has a practical humanist role. It should be dedicated to the care in all its facets of elderly people. «Caring» is often associated with present fragility and the preservation of what

they have, in order to not fall into it. The gerontologist, thus, must avoid or diminish the fragility of old age as well as to create conditions so that it is not the same if possible.

Returning to the study of Angélica María Razo, it shows us that there is an important variation in the definition or description of gerontology, depending on the professional training and the approach to the academic field. She points out in the conclusions an interesting datum:

Regarding the first concept, for the total of teachers, Gerontology is a science that deals with aging as an object of study primarily and with a *strong integrating conception*. It is consistent with the broad and *comprehensive perspective that is expected to be in agreement with the mission of the career* and the curricular plan, since in theory they have accumulated sufficient information to objectify and naturalize the concept.

However, it is striking that while in the vision of the degree program, it is contemplated that gerontologists be professionals «with a broad humanistic and scientific sense». *The defining word «humanist» occupies the last place in the central core of its field of representation, with the fifth part of the semantic weight with respect to the one of greater semantic weight, which is the word «science».*⁹

In other words, a balance should be sought within Gerontology with its humanist vision or the care of the elderly along with the scientific nature of interdisciplinarity. In other words, gerontology should not be in good intentions in the care of people and go beyond with a scientific methodology where they plan, execute and evaluate interventions with the scientific standards of the disciplines involved. But on the other hand caring, as an axiological data, a category applicable to health disciplines is essential.¹⁰ I underlined in the quote that aspect of the Mission of the professional career of a gerontologist, that Mission is an ethical category and that, I hope to show a little later, is the unifying criterion for its interdisciplinary character. Gerontology has reconsidered the category of

old age in a way that it has been posed as an interdiscipline since its origin, because:

The reconfiguration of the phases of life and health as a life process has consequences in the ways in which age and old age are classified, at least in three aspects. In the first place, the age category lost its causal qualities, which meant that the life trajectory varied its ordinal standard... Aging then categorizes the process instead of the number... Second, when age is replaced by aging, questions arise about the classification of old age. When does old age begin? Can it be classified using a number?... Third, the criticisms raised against the classification of «old age» also point to the way in which old age has been used as a social category, classifying the behavior and identity of individuals in this category. Being older –if this means being over 65, being weak, needing attention, or receiving a state pension– suggests a specific identity and behavior. However, often, older people do not identify with their age... nor does it always behave as it is expected of them».¹¹

Thus, old age is a multidimensional conceptual construct that is not easily identifiable with an expected behavior or an exact age. Therefore, understanding and managing aging, which, as we said, occurs from the moment we are born, implies a projection of the kind of life expected of oneself and the existing social order. To understand old age, is to rethink it even from its own spatial location, that is, there is a geography of aging¹². Due to the fact that «care to avoid fragility», summarizing the above, involves aspects of health, urban infrastructure, ecology, nutrition and many more.¹³ The category of care to avoid the fragility of development, could be added because it is interdisciplinary from origin.

The way to face old age, from its conceptualization is interdisciplinary. Another traditional concept that completes the interdisciplinary nature is that of active aging. The same, again, would apply to the entire process of any life cycle. Emphasis is placed on the use of any development opportunity, thus seeking welfare in all

areas with the «purpose to extend quality and life expectancy at advanced ages». ¹⁴ Again, this is solved from different disciplines. Active aging as such is an ideal of the practical reason that participants assume when considering intervening in old age.

However, what is interesting to highlight here is that we can and should conceive it as an interdiscipline since it seeks to fulfill an ethical duty, to provide quality to old age through care planning. This quality of life implies different levels or aspects: clinical, environmental, social relationships that modify the expectancy of the own old age and one of somebody else. That expectancy becomes a duty, or said differently, when thinking about the conditions that guarantee an active aging, it is presented to me as a series of rightful goods. These rightful goods, lead us to the question, if in any Gerontological intervention exists a general question that every discipline involved must answer: How to care for the person to avoid the fragility inherent in the irreversible process of human development? That common question is the one that allows to unify goals and to interrelate methods for solving the question of what are we looking for here, and now in certain situation what we want to modify in the elderly person.

3. Quality of life as an ethical criterion of the interdiscipline in gerontology

My proposal is that, in a similar way to bioethics, the driving or unifying axis of Gerontology as an interdiscipline is the notion of «the proper quality of life». However, the notion of quality of life I suggest to understand it as an ethical concept. Stated in other terms as an aspirational concept, the elderly care must be a duty. «Quality of life» thus becomes how human life should be in terms of the conditions of possibility to recreate oneself continuously. The quality of life is broader than health and illness situations. The

quality of life involves social aspects such as the provision of free time, income, material goods and factors such as personal security, housing, etc. It is also clear that there are subjective factors that are difficult to determine: lifestyle and satisfaction with the activities that are carried out.¹⁵

We can combine this concept of quality of life with another widely used in the topics of gerontology and that we have already indicated in the previous section: «active aging». We saw that old age as a labeling concept is modified with the notion of activity. If old age is understood as another cycle of personal activity and the behavioral expectations of old people are broken, old age ceases to be of «decadent» people and ideals and life forms of other stages are maintained.¹⁶ Hence, the term proposed to understand interdisciplinary work is «proper active quality of life».

4. By way of conclusion

There is no definitive agreement on the interdisciplinary and the multidisciplinary nature. The proposal of this article is that there is a difference between the two. The interdisciplinary team in both Gerontology and Bioethics is given when the methods of the disciplines are connected together in responding to the same ethical problem. The ethical concept becomes the unifier of them when answering from the ethics completed by the knowledge of the non-ethical discipline. On the other hand, multidisciplinary, I propose, refers to the mere consultation on a datum of the problem without trying to answer it ethically.

From the previous reflections, a proposal of methodology of analysis of cases can be constructed. That would constitute another topic of subsequent research.

Bibliographic notes

¹ GONZÁLEZ, ANA MARTHA. 2001: 305.

² CASTANEDO GRANDA, JUAN FRANCISCO. GONZÁLEZ MORO, ALINA MARÍA. Is interdisciplinarity necessary in gerontological care at the primary level? *Geo info*. 2015; 10(2).

³ Cf. PIETRO RAMOS, OSVALDO. (1999). Gerontology and Geriatrics. Brief historical summary. Summarized 12 (2) 51-54. (Accessed on December 3, 2018). Available at: http://www.bvs.sld.cu/revistas/res/vol12_2_99/res01299.pdf

⁴ DUTRA LEMOS. NAIARA DE FATIMA. ANDRADE TOBIAS, MONICA. CRISTIANE LUIZ, CRISTIANE. MARIELA BESSE, MARIELA. Interdisciplinaridade, saúde e gerontologia: Articulando sabers. *Equilibrio Corporal e Saúde Magazine*. 2012; 4(1): 3-8.

⁵ The work of the gerontologist: social representations of the professors of the degree in Gerontology of the UNEVE (Mexico). *International Journal of Studies on Educational Systems / International Journal of Studies in Educational Systems*. 2014; 2(4): 54.

⁶ «Old age, as part of the life cycle, is inseparable from other stages and experiences of life, so there is a frank diversity in the way people age, from healthy and productive to the other seriously ill and inactive». (Morales Virgen, Juna José. (2004). *Challenges of Gerontological research in Geriatrics*, Mc Graw-Hill, Mexico, p.339).

⁷ See a summary in: Brailovsky, S. Rodríguez, R. (2004). *Theories about aging*. In *Geriatrics* Mc Graw-Hill, Mexico, pp. 25-27.

⁸ DE LEÓN, ALVARO. (2013). *The interdisciplinary approach in old age and aging with social risk*. «A case study at the Chair of Geriatrics of the Hospital de Clínicas (thesis). Montevideo: University of the Republic of Uruguay. Accessed on December 3, 2018. Available in: file:///D:/2018/Gerontología%20e%20interdisciplina/EI%20abodaje%20interdisciplinar%20en%20la%20vejez..pdf

⁹ Op. Cit., pp. 59-60.

¹⁰ This idea arises in other descriptions of interdisciplinarity and gerontology: «Several other adjectives specify the mode of this operation of interdisciplinarity. It is normative, and restrictive, because it requires the establishment of norms that determine the contribution and conduct or performance of the sciences, professions, specialties and approaches that intervene to deal with the study and solution of the given problem and that, at the same time, restrict your contributions and successes to only what is necessary and sufficient. In short, composite interdisciplinarity is a convergent action, and not a simple accommodation of parallel and juxtaposed visions of a problem. «Barrier Cabal, Alfonso. In search of the interdisciplinarity: interdisciplinarity and gerontology, Consulted on December 2, 2018 Available at: <https://www.gerontologia.org/portal/information/showInformation.php?id-info=862,sp>).

¹¹ LASSEN JUUL, ASKE. Bio politics of old age. How knowledge about aging forms active aging policies. *Historical sociology*, 5/2015: 342-343.

¹² SÁNCHEZ GONZÁLEZ, DIEGO. Physical-social environment and aging of the population from environmental gerontology and geography. Socio-spatial Implications in Latin America. *Revista de Geografía Norte Grande*. 2015; 60: 97-114.

¹³ «At the center of the complexity that characterizes the current world, the exploration of strategies that access the social welfare of the population leads us and motivates a debate and reflection from the different political, academic, and technical bodies. But we agreed that the problem will be overcome with comprehensive public policies that contemplate the solidarity and participation of the elderly, of the professionals, of the care teams as they participate in decision-making» Cabero, Laura Adriana. (2017) A reflection on the social intervention in the current expression of old age Margin. 2017; 87: 5. Consulted on December 4, 2018. Available at: https://www.margen.org/suscri/margen87/cabero_87.pdf.

¹⁴ WHO (2001). WHO campaign for active aging p. 2. Accessed December 2, 2018. Available in: https://www.who.int/ageing/publications/alc_elmanual.pdf?ua=1

Bibliographic references

ÁLVAREZ, VIRGINIA. PALUMBO, RACHEL. RODRÍGUEZ, CECILIA. SALVERAGLIO, INÉS. SILVEIRA, MONICA. (2018). A work with older adults. Sectoral Commission of Permanent Education (CSEP). University of the Republic of Uruguay.

ARAÚJO, SARAH NILKECE MESQUITA. SANTIAGO, ROBERTA FORTES. BARBOSA, CRISTIANO NEIVA SANTOS. FIGUEIREDO, PIOVESAN SYLVIA. ARIA DO LIVRAMENTO FORTES. ANDRADE, ELAINE MARIA LEITE RANGEL. NERY, INEZ SAMPAIO. Technologies oriented to the care of the elderly in health services: an integrative review. *Global Nursing*. 2017; 46.

CABERO, LAURA ADRIANA. A reflection on social intervention in the current expression of old age. *Margin*. 2017; 87. Retrieved on December 4, 2018. Available at: https://www.margen.org/suscri/margen87/cabero_87.pdf

DE LEÓN, ÁLVARO. (2013). The interdisciplinary approach in old age and aging with social risk. «A case study in the Chair of Geriatrics at the Hospital de Clínicas (thesis). Montevideo: University of the Republic of Uruguay. Accessed on December 3, 2018. Available in: file:///D:/2018/Gerontología%20e%20interdisciplinaria/El%20abodaje%20interdisciplinar%20en%20la%20vejez.pdf

GONZÁLEZ, ANA MARTHA. 2001 Ethical keys for Bioethics. *Bioethics notebooks* 3rd. p. 305. Consulted on December 5, 2018. Available at: <http://aebioetica.org/revistas/2001/3/46/305.pdf>

CASTANEDO GRANDA, JUAN FRANCISCO. GONZÁLEZ MORO, ALINA MARÍA. Is interdisciplinarity necessary in Gerontological care at the primary level? *Geo info*. 2015; 10(2).

DUTRA LEMOS. NAIARA DE FATIMA. ANDRADE TOBIAS, MONICA. CRISTIANE LUIZ, CRISTIANE. MARIELA BESSE, MARIELA. Interdisciplinaridade, saúde e gerontologia: Articulating knowledge. *Equilíbrio Corporal e Saúde Magazine*. 2012; 4(1): 3-8.

- RAZO, ANGÉLICA MARÍA. The job of the gerontologist: social representations of the professors of the degree in Gerontology of the UNEVE (Mexico). *International Journal of Studies on Educational Systems / International Journal of Studies in Educational Systems*. 2014; 2(4): 54.
- Borrero Cabal, Alfonso. In search of interdisciplinarity: interdisciplinarity and gerontology. Accessed on December 2, 2018. Available at: <https://www.gerontologia.org/portal/information/showInformation.php?idinfo=862>
- 10 BRAILOVSKY, S. RODRÍGUEZ, R. (2004). Theories about aging. In *Geriatrics*, Mc Graw-Hill, Mexico, pp. 25-27.
- LASSEN JUUL, ASKE. Biopolitics of old age. How knowledge about aging forms active aging policies. *Historical Sociology*. 5/2015: 342-343.
- MORALES VIRGEN, JUAN JOSÉ. (2004). Challenges of Gerontological research. In *Geriatrics*, Mc Graw-Hill, Mexico.
- SÁNCHEZ GONZÁLEZ, DIEGO. Physical-social environment and aging of the population from environmental gerontology and geography. Socio-spatial Implications in Latin America. *Revista de Geografía Norte Grande*. 2015; 60: 97-114.
- WHO (2001). WHO's campaign for active aging p. 2 (Retrieved on December 2, 2018. Available at: https://www.who.int/ageing/publications/alc_elmanual.pdf?ua=1
- PIETRO RAMOS, OSVALDO. (1999). Gerontology and Geriatrics. Brief historical summary. *Resumed* 12 (2) 51-54. Accessed on December 3, 2018. Available at: http://www.bvs.sld.cu/revistas/res/vol12_2_99/res01299.pdf
- RODRÍGUEZ GARCÍA, ROSALÍA. MENDOZA MARTÍNEZ, LILIA. (2004). Quality of life. In *Geriatrics*. Mc Graw-Hill, Mexico, 2004.