

Susceptibility: a new meaning for vulnerability

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Abstract

This study analyzes the importance of vulnerability concept in bioethics and its scope related to autonomy of the subject. It inserts the issue in contemporary socio-cultural context, where difficulty to dialogue with vulnerability predominates. It assumes the presence of vulnerability in every human process as substantive to Men, recurring still to current texts to set its anthropological meaning in reflections related to the research. It supports that awareness of vulnerability is important to feed critical reasoning by pointing as needed that vulnerability be thought dialectically as another arm of autonomy, while capacity for decision and protection. It sets aging process, transversal to human being, by establishing the difference between vulnerable and susceptible, admitting an innovative approach to clinical practice

Key words: Vulnerability. Bioethics. Personal autonomy. Aging

*"Vulnerability is beautiful. A natural flower is perfect and beautiful only,
Because it has the chance to know life and death.
A plastic flower is impassive, invulnerable,
But it is nothing"*
Alastair Campbell ¹

The requirement of protecting vulnerable individuals applies to people who are incapable to exercise their freedom due to physical and natural contingencies, and to groups incapable due to social and political consequences. The idea of vulnerability, faced as limited capability or freedom, applies to specific groups that, due to some physical, psychic, or social circumstance (also including the economic aspect) may be considered vulnerable, ethical requirement is important for their defense.

The *vulnerability* category, as bioethics conceives it, sets the issue on the difficulty to deal with this condition in socio-economic and professional context, mainly in health sector. This article takes again reflection on the topic, initiated in previous article, approaching the specificities of vulnerability category and the reflexes of dilemmas related to it from personal and professional perspectives ².

The meaning of vulnerability

The meaning of the word vulnerability introduces the innovative idea to define it as principle, considering ethical reflection major texts in which it is given to it, in addition to an adjective and accurate meaning, a formal, substantive meaning, inherent to every human being. The notion of vulnerability embodies, then, two meanings: as *characteristic* with adjective function, more restrict, and with *nominal function*, broader, remitting to anthropological conception as fundament of ethics ³. Article 8 of Unesco's *Universal Declaration on Bioethics and Human Rights* ⁴, which enunciates the obligatoriness of respect for human vulnerability, as well as to personal integrity, witnessed the confluence of these two meanings ⁵.

Every principle expresses an obligation that imposes itself on moral conscience under the form of a duty to be fulfilled. Vulnerability fundamental feature as principle would oblige to acknowledge that everyone is vulnerable in essence, and someone else might hurt him, therefore, requiring respect from abstaining any loss (negative action, but a positive one as well in requiring zeal, care, and solicitude toward inherent vulnerability ³.

Thus, human vulnerability should – as principle – be taken into account, which corresponds to acknowledgement of a trace of human condition, considering the finitude and frailness of all beings, whose existence is marked by the permanent exposition of been hurt. This condition and situation that work as a request for support or help, should be understood as persistent condition (while limited and mortal beings) and as given situation (in which limits and wounds are concretely checked) ^{3,5}.

The respect for the principle of people's autonomy (Article 5 of referred declaration) ⁴ cannot limit itself to situations of non-invasion of others' autonomy. Both – *autonomy and vulnerability* – are pillars working in articulation, while autonomy should be thought in function of vulnerability, as indispensable component, and the later be understood as a request for support or help ³.

Vulnerability, under this dichotomous perspective, may be understood as necessary category in order to autonomy itself to consubstantiate, expressing itself under critical reason. Particularly vulnerable groups should be protected whenever human inherent vulnerability is aggravated by diverse circumstances, the Declaration sets forth (Article 7) ⁴. It is remarkable the increased valuation of the vulnerability topic since the 1990s, evidenced in many fundamental ethical-legal documents with international scope.

Vulnerability and autonomy reduction are phenomena that may be associated or not, as loss of autonomy may be reversible, and vulnerable individuals may be autonomous. Autonomy may be faced as an ethical and individual concept, while vulnerability may presuppose the establishment of unequal relationships between individuals or groups, seen as adjective. Such inequality may establish due to social, cultural, educational, economic, or sanitary reasons, among others, where aging will be an example, in a more substantive meaning since it is inherent to every human being.

Respect for individual's dignity may be underlying to any situation. Autonomy expression inspires itself in the notion that an individual is autonomous when adult, capable of freely decide about issues in his life or of his dependents and, consequently, withstand consequences derived from his decisions. In biomedical areas and in applied research, the respect for the subject's autonomy materializes in the so-called post-information consent, or (free and) clarified consent, in which a permission is given individually to subject, while is not ethically possible for someone to consent for any other who has full autonomy ⁵. Elder's situation fits in this case who may be subject to circumstances that limit him both in his capability of freely decide and to assume the consequences of his decision.

Therefore, vulnerability is a *sui generis* category. It may be applied to any living being, who may be harmed, according to meaning of Latin word *vulnus*, but he will not be necessarily in that situation. That is, *potentiality* inserted in the term cannot be confused with the so-called *vulneration*, in accordance with the distinction between potentiality and the event itself ⁶⁻⁸. From this point of view, the vulnerable being is someone who has weakened citizenship, who is not capable to exert his right to physical and psychological integrity as condition of accessing full existence in society.

Several international documents related to experiments often used the term vulnerability as adjective, of which the Belmont ⁹ report is an example. This conception and use have implicit obligatoriness of defending such groups. The *Helsinki Declaration* ¹⁰ also states such presumption to indicate not potential conditions, but conditions that may be real, as those that may be identified in specific groups, segments, and populations. The concept of *vulnerability*, in these cases, points toward beyond generic conditions of the "vulnerable" notion, revealing *vulneration* characteristics, as it is the case of groups of institutionalized, unprotected, orphans, prisoners, elders individuals, as well as Jews and other ethnical or religious groups who are considered as inferiors. Thus, as seen, this elastic conception may extend even to populations or becoming particular to minorities or socially deprived groups.

Beauchamp and Childress' classical work ¹¹, inspired in findings from referred report, introduced theoretical current called Principlism, with four principles: autonomy, beneficence, non-maleficence, and justice. Respect for people (autonomy) incorporates two ethical convictions: that people should be dealt with autonomy and that people whose autonomy is diminished, the vulnerable, must be protected ¹². The four principles are used always within human experiment realm.

Several international documents restate this conceptual scope, and the same *adjective* meaning for vulnerability. The *International Ethical Guidelines for Biomedical Research Involving Human Subjects* ¹³ from the International Council of Medical Sciences Organization and the World Health Organization, the Unesco's 1997 *Universal Declaration on Human Genome and Human Rights* ¹⁴, or the *Declaration of Helsinki* ¹⁰ outstand.

Although these documents restrict the notion of vulnerability to the scope of research and adjective use, vulnerability is present in every individual and during the several phases of his life. Additionally to this meaning, the concept may be enlarged by specifying more susceptible individuals who, due to lack of family, educational, economic, or social structure, became susceptible or subject to several influences on their ideas, thoughts, or acting capability according to their own choice.

The difference between susceptibility and vulnerability as distinct existential processes considers intact individual as vulnerable, but under the intrinsic risk of being harmed, and susceptible as in situation in which he suffers effectively due to deficiency or disadvantage, which predisposes him to suffer still complementary damage¹⁵. These different ways to conceive and deal with vulnerability allowing that specific measures may apply to susceptibility, which are designed and applied actively. Thus, one reduces intrinsic vulnerability with this double care.

Thus, human condition is marked by extensive level of fragileness due to temporal and finite features of human life. One may learn to live in safety only when one recognizes own vulnerability and that of the other, protecting them and knowing how to live with them^{3,6}. Respect for human dignity, in this conception, means above all to promote his capability of thinking, deciding, and acting. Therefore, to respect other's autonomy is not just recognition of his self-determination, but to help individual to achieve his own limit, and to choose what is in accordance to own meaning of respect for human dignity.

To hide vulnerability, in a society guided to success, may be a temptation that derives from the difficulty to live with frailness. This hiding will have an incidence over the individual who imagines himself as autonomous. On the opposite, by valuating vulnerability, the individual elaborates his decision taking in account the limits and conditionings of his own freedom. This means that vulnerability recognition has a methodological function, in itself, in establishing autonomy⁷.

One may take health professionals' attitude with sick elders, who have incapacitating eye pathology as example, as reported in previous article². It is necessary, as seen in these cases, to consider not just the sick individuals' vulnerability, but that of professional themselves, as well. The subject, by taking seriously his vulnerability, makes his decision considering the limits and conditionings of his own freedom.

The recognition of own vulnerability, therefore, is the starting point for a construction that enables the constructive meeting with the other, and needed measures to overcome own fragilities. The respect for the other, stated in another way, is an absolute value for us to be ourselves. Recognition of vulnerability implies awareness that the other will need us to be him. What matters to understand in this process is the connection between social subjects; is that each recognizes in his own self the part that belongs to the other. It is this recognition that favors, in practice, the individual dynamics, in which vulnerability manifests as the lack of the other^{12,16,17}.

Vulnerability in aging

Vulnerability with double meaning, adjective and substantive, is very patent in the aging process that we chose as paradigm for the vulnerability concept as condition and principle. Elder population current growth, deriving from increase life expectancy in civilized countries, evidences this natural physiological process through which all living beings must pass and it is the phase of life in which major bio-psycho-social changes take place, while such event should not be faced as the stage that precedes death¹⁸. It is exactly when one achieves the pinnacle of maturity (and not when our vitality declines) that autonomy and vulnerability issues cross and cause ethical discussions, and consequently there are major interests for old age problems from medical, ethical, social, and economic standpoints.

Gerontology is a modern science with old history¹⁹, which affirms itself through phenomena that are part of human being history. Old age expresses itself as relative phenomenon, in which the time factor shows several measures, as the value of one year of life for a child is relatively different for an elder. Thus, the interior time is not equal for all individuals or events²⁰, just as humanity's life is only an instance if compared to geological time.

Additionally, the organism does not age uniformly, while there is a successive unbalance between gains and losses caused by the decline of biological and cognitive resources²⁰. As consequence, there are organs or systems that are older than others within the same organism, although society relies its rules for decision-making on the chronological time. Nevertheless, functional capabilities are affected by the biological age and not chronologically.

Aging, as universal phenomenon inherent to life, does not follow a linear evolution, been a slow process that accelerates during the last phases of life, and Man is a biological system within a larger one – the ecosystem, with which he is in constant interaction. In order to understand aging as part of life, one must understand the process that produces it, either during youth evolution phase or in the insidious phase of senility, which starts in adult age. The increase in life expectancy is a dynamic phenomenon, where changes that arise in the individual through normal aging are not limited to the physical aspect, but also conditioned by the psychic, even if association of new nuances created by age counterbalance such decline.

The development of this process is conditioned by interrelated intrinsic and extrinsic factors, while there are variations in senility modalities between different populations (and even individuals within the same population) that extends from those originating in genetic causes and risk factors until inter-current diseases, or other vulnerabilities with adjective meaning. As health professionals understand the bio-psycho-social changes taking place throughout aging, they have the possibility to get closer to this universe, which can help them in their performance, minimizing difficulties and collaborating for the elder to better adapt to his reality, not giving up to exert his autonomy.

Health professionals, as agents of change, dealing with elders will be capable to help the other to face his fragilities and vulnerabilities, investing in interpersonal and family relationships. However, this role as agent of changes stresses, often, these professionals own vulnerability, which results from philosophical and ethical shortage in their formation. Immediate consequences of this faulty formation expresses in the fact that they become professionals incapable to turn bioethics into a political instrument that assures protection and not exploitation of vulnerable individuals. This vulnerability should not be understood just as potentially reversible momentarily fragility, but rather as a substantive principle common to every human being who is born, develops, and ages naturally.

It is fundamental to maintain respect for subject's autonomy in order to keep the quality of life. Concerning old age, it should be perceived as a valuation phase, yielded from experiences and maturity, since elders are at the pinnacle of wisdom. This autonomy – while principle that one intends and wishes to institute – is non-dissociable of the other principle of vulnerability, substantive to Man who by aging follows a common path to every human being exposed to be hurt, as etymologically means the word itself.

Because, often, society does not value the elder by associating him to prejudice, one should prioritize the work of valuating old age. The fundamental role as source of security will fit to family, in order to elder's opinion are listened and executed. Beyond having to live with chronic diseases, it is often in this phase that prejudice, discrimination, low self-esteem, abandonment, and loneliness arise, placing elders in an adjective vulnerability position, and even of susceptibility, until losing his autonomy as expression of independence to undertake and to decide on his own.

The awareness of this vulnerability translates the risk of the liability of getting hurt by exposition to others. There is an ethical appeal to truth and a present requirement regarding physical and psychological integrities in this meeting of vulnerabilities, as well as promotion of autonomy. Aging, which we all are subject, manifests even more with increase in average life expectancy, given the biotechnological contributions.

It is a space in itself where one experiences vulnerability of being, and one questions the project for remaining life, often placing us in the turning point of human nature. Aging brings some limitations that become for any health professional and for patient an area of difficulties, but of possibilities and opportunity as well.

Elder's vulnerability also summons the ethics of difference, as in addition to shelter a common humanity to all human beings, it allows one to discover the true face of each of us, customizing the action of care the vulnerable other who is under our care, who has intrinsic dignity. Elder's vulnerability appeals to this ethical awareness, but elder himself, while human being, encompasses the same risk of been hurt. This vulnerability duality leads medical practice to meet two vulnerabilities that mutually conjugate. To shelter this vulnerable other requires respect, consubstantiated in recognition that one is a unique being, endowed with autonomy.

Our entire western society was conceived as a universe for the young adult with a

health status sufficiently good to fulfill productive activity functions. This specialization of a society of adults for adults, generated by adults, explains the differences and difficulties to design aging policies ²⁰, involving respect for the principle of autonomy in individuals taken as vulnerable.

Aging is not a disease, and it cannot be avoided. The individual vulnerated by aging is any of us who had the luck to live enough to get old. All of us are inserted in the same physiological process of the human species evolution ²¹. However, elders comprise a particularly vulnerable group of people, exposed to diseases that often develop insidiously and asymptotically during long period, which, when manifested, may shorten abruptly duration of life. For this reason, behaviors generating more health and quality of life for the elder individual constitute, in essence, an extension of ethical awareness.

The United Nations Organization (UN) considers the period between 1975 and 2005 as the Aging Era, admitting the decline of natality and mortality as preponderant factors for populational aging ²². The variables of accessibility to contraceptive methods, enhancement of health technologies, control of infect-contagious diseases, basic sanitary improvements condition these factors. Recent data show that, in Portugal, elder population surpasses the young population in number ^{23,24}.

With the arrival of populational aging, society – concerning social structure – shall be prepared, becoming necessary to implement educational, political, and social strategies targeted to promote health both for the elder and for those who will become elder in the future. The growth of populational aging and the need of changing the conception of Man in the aging process is transversal to the civil society itself. In order to respond effectively to such imperative, one should promote the inclusion of specific contents about human aging in health professional's academic training, positively collaborating in the development of a new culture on aging and demystifying existing prejudices.

Final considerations

The forward of WHO Charter, of 1946, defines health as *a state of physical, mental, and social well-being, not comprising just absence of disease or illness, and to enjoy the highest possible health is one of human being's fundamental rights, independently of his race, gender, religion, political opinion, social and economic status, or age* ²⁵. The previous conception of health, restricted to treatment of disease, was replaced by another broader conception defending global health of Men. Under this parameter, health promotion and protection in healthy individual is a indispensable step that needs to be taken before health reduction manifests.

It is especially difficult in the elder to make distinction between state of disease and health status, understood as physical, psychic, and social well-being because

prevention in gerontological realm aims at passing from a maximum and absolute goal (total conservation of health status) to a minimum and relative goal of preserving the capability of been self-sufficient. This is acceptable if we consider elderly individuals' characteristics, to which binds the concept of autonomy and vulnerability.

The approach from social health standpoint must be suited to each group and, therefore, a health policy for the elder should be developed in inter-sectorial way, in partnerships with ministries, civil society, and families, previously defined in view of the demographic and epidemiological features of each country, since aging affects individuals and society. Additionally, aging with health, autonomy, and independence constitutes, nowadays, an individual and collective challenge and responsibility.

Elders in the 21st Century will be, by chance, different from previous generations. They will have higher educational level and more health as well, they will live longer, and certainly with more quality. Society will adopt suitable life style to the new standards and realities. However, acknowledging vulnerability in elder is, above all, to recognize in all of us the beauty of life. To know that since birth we will age, dynamically, presenting fragilities and risks of been hurt. It is within this imponderable that resides the magic of biology and bioethical regulating role.

Resumo

Suscetibilidade: novo sentido para a vulnerabilidade

Este trabalho analisa a importância do conceito de vulnerabilidade em bioética e seu alcance na relação com a autonomia do sujeito. Insere a questão no contexto sociocultural contemporâneo, no qual predomina a dificuldade em dialogar com a vulnerabilidade. Assume a presença da vulnerabilidade em todos os processos humanos, como substantiva ao homem, recorrendo ainda a textos atuais para estabelecer seu significado antropológico e seu emprego nas reflexões relacionadas com a investigação. Sustenta que a consciência da vulnerabilidade é importante para alimentar a razão crítica, apontando como necessário que a vulnerabilidade seja pensada dialeticamente, como um outro braço da autonomia, enquanto capacidade de decisão e proteção. Ao estabelecer a diferença entre vulnerável e suscetível, enquadra o processo de envelhecimento, transversal ao ser humano, admitindo uma inovadora abordagem na prática clínica.

Palavras-chave: Vulnerabilidade. Bioética. Autonomia pessoal. Envelhecimento.

Resumen

Susceptibilidad: nuevo sentido para la vulnerabilidad

Este trabajo analiza la importancia del concepto de vulnerabilidad en bioética y su alcance en la relación con la autonomía del sujeto. Insiere la cuestión en el contexto sociocultural contemporáneo, en el cual predomina la dificultad en dialogar con la vulnerabilidad. Asume la presencia de la vulnerabilidad en todos los procesos humanos, como substantiva al hombre, recurriendo asimismo a textos actuales para establecer su significado antropológico y su empleo en las reflexiones relacionadas con la investigación. Sustenta que la conciencia de la vulnerabilidad es importante para alimentar la razón crítica, apuntando como necesario que la vulnerabilidad sea pensada dialécticamente, como otro brazo de la autonomía, en tanto capacidad de decisión y protección. Al

establecer la diferencia entre vulnerable y susceptible, encuadra el proceso de envejecimiento, transversal al ser humano, admitiendo un innovador abordaje en la práctica clínica.

Palabras-clave: Vulnerabilidad. Bioética. Autonomía personal. Envejecimiento.

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Received: 9.25.2009

Approved: 11.11.2010

Final approval: 16.11.2010

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