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Living while aging in light of the bioethical principle of autonomy

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Abstract

The increase in longevity rates has prompted discussions about the quality of aging, in which bioethical principles, especially autonomy, emerge as central aspects. The aim of this study is to analyze how the principle of autonomy manifests in the aging process. An integrative literature review was conducted using the Medline, PubMed, SciELO, and Scopus databases, employing the descriptors "aging," "bioethics," and "autonomy" in English and Portuguese. Discussions regarding autonomy in the aging process of older adults were related to decision-making in the face of the need for clinical interventions to address health conditions. Advance directives and informed consent stood out as strategies to ensure autonomy. The preservation of autonomy was associated with better conditions for promoting quality of life in old age.

Keywords: Autonomy. Bioethics. Elderly. Aging. Ethics.

Resumo

Viver envelhecendo à luz do princípio bioético da autonomia

O aumento nas taxas de longevidade suscita discussões sobre a qualidade do envelhecimento, em que os princípios bioéticos, principalmente o da autonomia, emergem como aspectos centrais. O objetivo deste estudo é analisar como o princípio da autonomia se manifesta no processo de envelhecimento. Realizou-se revisão integrativa da literatura nas bases de dados Medline, PubMed, SciELO e Scopus, utilizando os descritores em inglês e português "envelhecimento", "bioética" e "autonomia". As discussões acerca da autonomia no processo de envelhecimento da pessoa idosa estavam relacionadas a tomada de decisão diante da necessidade de intervenções clínicas para lidar com agravos em saúde. Diretivas antecipadas de vontade e consentimento informado destacaram-se como estratégias para garantir a autonomia. A preservação da autonomia mostrou-se associada a melhores condições para promoção da qualidade de vida na velhice.

Palavras-chave: Autonomia. Bioética. Idoso. Envelhecimento. Ética.

Resumen

Vivir envejeciendo a la luz del principio bioético de la autonomía

El aumento de las tasas de longevidad ha suscitado discusiones sobre la calidad del envejecimiento, en las que los principios bioéticos, especialmente el de la autonomía, emergen como aspectos centrales. El objetivo de este estudio es analizar cómo el principio de autonomía se manifiesta en el proceso de envejecimiento. Se realizó una revisión integradora de la literatura en las bases de datos Medline, PubMed, SciELO y Scopus, utilizando los descriptores "envejecimiento", "bioética" y "autonomía" en inglés y portugués. Las discusiones sobre la autonomía en el proceso de envejecimiento de las personas mayores estuvieron relacionadas con la toma de decisiones ante la necesidad de intervenciones clínicas para abordar problemas de salud. Las voluntades anticipadas y el consentimiento informado se destacaron como estrategias para garantizar la autonomía. La preservación de la autonomía se asoció con mejores condiciones para promover la calidad de vida en la vejez.

Palabras clave: Autonomía. Bioética. Personas mayores. Envejecimiento. Ética.

The authors declare no conflicts of interest.

Research

Society has experienced a pronounced increase in global longevity, driven by factors such as declining birth rates and rising life expectancy. While aging is a biologically natural and inevitable phenomenon, it is often attributed a negative value, so that, in a social context marked by indifference, even subtle signs of aging are associated with the idea of uselessness [1]. Aging healthily goes far beyond the absence of disease. It consists of adapting to changes, which involves preserving dignity and autonomy in decision-making [2].

From this perspective, human relationships and behaviors are guided by principles and values permeated by ethics, understood as a complex of moral principles that establish rights and duties in life. Within this complex lies bioethics, governed by a comprehensive field of principles [3].

Autonomy is a fundamental principle of bioethics that refers to a rational individual's ability to make decisions free from coercion and to be self-determined in their choices. This is particularly important in the context of aging [4], a stage of life in which the family unit emerges as a source of support, strengthened by bonds of affection and consanguinity.

Conversely, changes in family dynamics decrease support for the older person, leading to increased institutionalization and, consequently, to physical and cognitive frailty, thereby primarily affecting their autonomy. Situations like these can compromise the principle of autonomy, generating paternalistic practices that violate dignity [5].

The relevance of this study lies in fostering reflection on the experience of autonomy in aging, with a focus on promoting a dignified, active, and ethical old age. Thus, it analyzes how the principle of autonomy is experienced in the aging process.

Method

This is a qualitative study with a descriptive approach, conducted through an integrative literature review. This methodological process gathers results on a specific phenomenon and provides a systematic analysis of empirical and theoretical works, while identifying gaps in the studied theme [6].

The guiding question was structured following the PICo acronym strategy, which encompasses three components: P (population) – older person, I (phenomenon of interest) – principle of autonomy, and Co (context) – active. Thus, the following question was made: "How is the bioethical principle of autonomy guaranteed in the aging process of the older person?"

The bibliographic search was carried out in the Scientific Electronic Library Online (SciELO), PubMed, and Scopus databases, from March to June 2025, using the descriptors "bioética," "princípios bioéticos," "envelhecimento," and "pessoa idosa," combined using the Boolean operators AND and OR, in the title, abstract, or subject category.

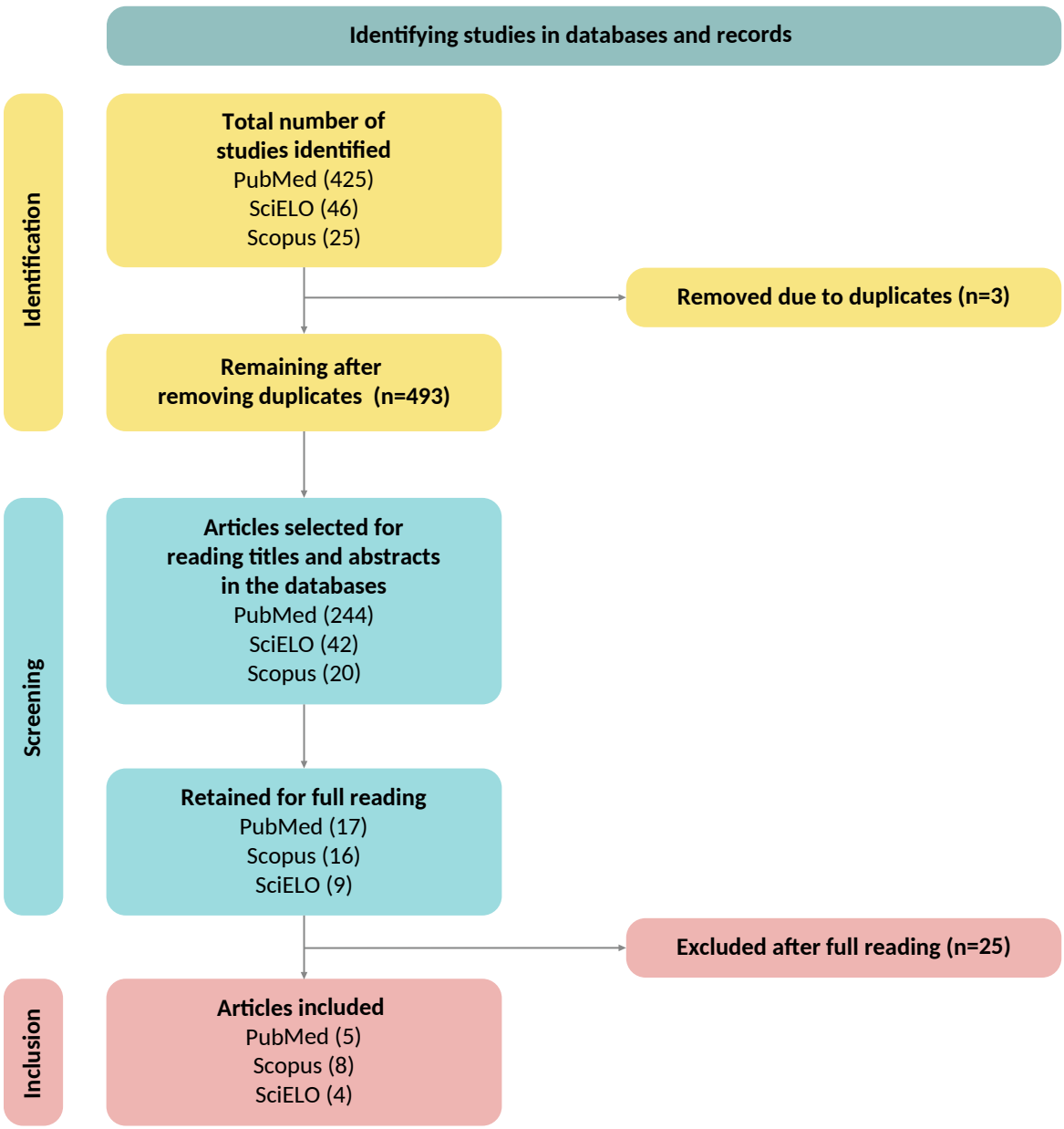
The inclusion criteria were original articles in Spanish, English, and Portuguese, indexed in the databases and available in full and online, that answered the general objective of the review. Letters, editorials, books, abstracts of conference proceedings, literature reviews, theses, dissertations, duplicate articles, and publications that did not answer the research question were excluded from the search.

A total of 496 articles were identified: 425 in PubMed, 46 in SciELO, and 25 in Scopus. Three duplicate articles were excluded. After reading the titles and abstracts, 42 articles remained. Subsequently, a full analysis and critique of the remaining studies led to the exclusion of 25 articles. The final sample consisted of 17 studies (Figure 1).

After selection, the articles were classified according to the Agency for Healthcare Research and Quality (AHRQ) [7] levels of evidence. This classification considers: level 1 – systematic reviews and meta-analyses of randomized clinical trials; level 2 – isolated randomized controlled trials; level 3 – cohort and case-control studies; level 4 – descriptive or qualitative studies; level 5 – case studies and experience reports; level 6 – expert opinions. Then, the articles were organized in a table according to citation, country of origin, level of evidence, and summary of results and conclusions (Table 1).

Research

Figure 1. Flow of studies selected from database searches



The content analysis method with a posteriori categorization, proposed by Bardin[8], was used, which has the following stages: pre-analysis, exploration of the material and treatment of the results, and inference and interpretation. The studies were classified according to four bioethical principles. Convergent results in relation to the same principle were grouped into a category. Thus, the analysis considered the direct or indirect relationship with each principle, seeking to characterize its presence in the results.

Results

Seventeen articles addressing the bioethical principle of autonomy in the context of human aging were selected. These studies were analyzed, categorized, and presented in Table 1. The studies found were published from 2005 to 2025, with one from 2006, one from 2008, one from 2009, two from 2013, one from 2015, one from 2017, one from 2018, one from 2019, one from 2020,

three from 2021, one from 2022, and three from 2023. This history reveals a modest but considerable increase in publications over the last five years, with 8 of the 17 selected articles published during this period.

According to the AHRQ categorization, 11 articles were at evidence level 4, five at level 6, and one at level 5 [9]. Most studies (13) were conducted in Brazil, two in Mexico, one in the United States, and one in Spain.

Table 1. Analysis of the articles selected for review

Authorship; year	Country	Level	Results/Conclusions
Niemeyer-Guimarães M, Schramm FR; 2017 [10]	Brazil	6	The bioethics of protection is fundamental to addressing moral conflicts involving older cancer patients in the ICU, given their vulnerable condition. This principle provides ethical guidance, especially in extreme situations. Palliative care helps balance the technical advances in medicine with respect for personal autonomy, allowing the patient to have an active voice in whether to continue living in suffering.
Butler CR, Wightman AG; 2023 [11]	United States	6	Moral conflicts related to the use of biotechnology and biopolitics for older cancer patients in the ICU can be addressed through the bioethics of protection, which provides ethical support amid vulnerability. Palliative care emerges as an alternative to balance medical expertise and respect for autonomy, especially in extreme decisions, such as the choice to continue living in suffering.
Cunha ILOM, Garrafa V; 2023 [12]	Brazil	6	A cultural shift is needed that values older people and promotes their autonomy by encouraging social engagement and strengthening community ties to support the implementation of supported decision-making in Brazil. In this process, the relevance of the notion of empowerment in intervention bioethics stands out.
Dadalto L, Arantes AMB, Baruffi BD; 2021 [13]	Brazil	6	Advance directives are essential to protect the autonomy of older people with dementia, allowing their preferences to be respected even when they are unable to express themselves. In Brazil, the lack of specific legislation makes public debate urgent to ensure the ethical protection of these patients.
Costa RS *et al*.; 2016 [14]	Brazil	4	Lack of knowledge and dissemination of advance directives compromises patients' autonomy, making it difficult for their end-of-life decisions to be respected. Expanding access to information and creating adequate legislation are fundamental to strengthening self-determination in end-of-life care.
Oliveira MZPB, Barbas S; 2013 [15]	Brazil	4	Older adults value dignity and autonomy in deciding on end-of-life treatments, preferring to avoid unnecessary suffering. The importance of bioethics in guiding practices that respect these choices is highlighted, promoting palliative care instead of aggressive treatments without benefit.
Fernandes L; 2008 [16]	Brazil	5	The use of therapeutic lying is analyzed from an ethnographic study, highlighting it as a consequence of concealing death and dying. Furthermore, it reflects how this process can erode older people's autonomy and consent, contradicting the values of individuality and independence upheld in modern society.
Macedo JL; 2020 [17]	Brazil	4	The autonomy of older people is often hidden and violated due to medical power, the subordination of the nurse, family influence, and the biomedical model, which subjugate their abilities. Despite this, autonomy should be a central principle in current care models and be integrated into palliative care to ensure respect for the rights of older people.
Gaspar RB *et al*.; 2020 [18]	Brazil	4	It is essential to involve older people in decisions about their treatment and to develop strategies that promote their autonomy and self-determination at this stage of life.

continues...

Table 1. Continuation

Authorship; year	Country	Level	Results/Conclusions
Wittmann-Vieira R, Goldim JR; 2018 [19]	Spain	4	While most older people with hip fractures received adequate surgical treatment, respecting the principles of justice, non-maleficence, and beneficence, there were indications of violation of the principle of autonomy.
Herrera-Pérez M *et al.*; 2022 [20]	Brazil	4	A positive perception of quality of life was identified. The domains with the highest averages were sensory functioning and intimacy. Based on Potter's global bioethics, it can be concluded that promoting healthy aging requires a broader vision of social justice that focuses on the dignity and autonomy of older people.
Junqueira CR; 2011 [21]	Brazil	4	The perception that older people have of their lives, especially regarding their economic situation and self-esteem, can affect their health and autonomy. Public policies focused on disease prevention and social actions aimed at strengthening older people's groups can improve the quality of life of this population.
Figueira O *et al.*; 2021 [22]	Brazil	6	Health promotion actions result from a complex process that articulates state interventions with an appreciation of individuals' uniqueness and autonomy, strengthening individual and collective capacities across multiple dimensions.
Fiedler MM, Peres KG; 2008 [23]	Brazil	4	The main concerns of these people are: maintaining their identity despite aging; feeling young regardless of chronological age; being recognized as citizens; preserving health to ensure autonomy; valuing family support and life; seeking financial independence; and avoiding discussions of the finiteness of life.
Santos LM *et al.*; 2006 [24]	Mexico	4	The autonomy perceived by older people living in the community is moderate and influenced by factors such as social support, spirituality, cognitive impairment, anxiety, and limitations in activities of daily living. These elements directly impact the degree of autonomy, indicating the need for interventions.
Silva MG, Boemer MR; 2009 [25]	Brazil	4	The autonomy of older people is closely linked to the difficulties they face and the strategies they use to address daily health challenges. It is an important marker of interpersonal, social, and programmatic vulnerabilities.
Sánchez-García S *et al.*; 2019 [26]	Mexico	4	The presence of bioethical principles in relationships fosters a positive perception of quality of life and contributes to a dignified life in old age.

Discussion

The analysis of the collected data highlights the positive role of the principle of autonomy in the aging process, recognizing the older person as a subject of rights, knowledge, and experience. The proposed objectives are based on the collected evidence and the three thematic axes: the bioethics of protection and the encouragement of decision-making; ethical dilemmas between autonomy and beneficence; and autonomy and quality of life.

Bioethics of protection and encouragement of decision-making

Therapeutic advances have enabled the early detection of certain health problems, enabling more accurate prognoses and the development of treatment plans that consider individual preferences, thereby respecting the principle of autonomy. Thus emerges the discussion of morality in biotechnoscience, a concept that, despite recognizing promising health discoveries through medical interventions, also considers the human will [10].

The context of increased population longevity and the aging process of the older person is marked by high incidence rates of chronic non-communicable diseases, with their unfavorable outcomes [10].

Regarding the debate on the autonomy of older people to decide about their health and living conditions, the studies point to the special relevance of this bioethical precept in cases of neurodegenerative diseases such as dementia, kidney problems, neoplasms in the context of palliative care, and traumas resulting from falls, which are frequent in this population group [11-14]. Discussions demonstrate that, in the field of geriatrics, both supported decision-making (SDM) via advance directives (AD) and informed consent help promote and guarantee the individuals' autonomy [15].

SDM is identified as an approach that ensures individual human rights and serves as a support mechanism, given that everyone is capable of making decisions [12]. When an individual has difficulty expressing their wishes, the principle of beneficence should be prioritized, with everything possible done to promote quality of life. SDM is operationalized mainly through ADs or informed consent [16].

ADs are a legal mechanism that aims to safeguard the autonomy of the person, guaranteeing the application of decisions expressed when the individual still enjoyed full capacity in contexts of decisional incapacity. In the case of dementia, this resource has been widely considered for the most advanced stages of the disease, assisting professionals and family members in making decisions aligned with the individual's wishes [15,17].

From this same perspective, informed consent, derived from the bioethical principle of autonomy, is also widely used in medicine when the patient needs to make decisions about therapeutic needs communicated by the physician, with due consideration of the risks and benefits involved [18]. In the field of geriatrics, this device also ensures the dignity of older people when making decisions about their own health, reaffirming their autonomy and recognizing them as subjects of rights, thereby contributing to ethical, respectful, and person-centered care practices.

Despite this, informed consent does not always resolve the disagreements that arise between exhausting all possibilities to prolong the patient's life and respecting the patient's desire to accept or decline the proposed interventions. In this type of situation, complex ethical dilemmas emerge around the dichotomy between valuing life and respecting decision-making. Such dilemmas require healthcare professionals to conduct a careful and sensitive analysis, considering not only the disease's biological aspects and prognosis but also the individual's values, beliefs, expectations, and quality of life.

Ethical dilemmas between autonomy and beneficence

Bioethical principles are essential for underpinning clinical practice. Healthcare professionals frequently face a conflict between respect for the principles of autonomy and beneficence, in which ethical sensitivity and judgment are fundamental to achieving an appropriate balance. Regarding autonomy, it is essential to recognize the older person's right to make decisions about their own life and treatment, even if certain choices do not align with what the professional considers effective from a beneficence perspective [17].

The articulation of bioethical principles should guide care practices, simultaneously ensuring respect for individual decisions and preventing harm. While human beings have their own convictions about the world, health interventions must be guided by bioethical principles that promote ethical, humanized care centered on the dignity of the person, especially in the aging process [17].

A case study highlighted an ethical dilemma between respecting the principles of autonomy and beneficence. Faced with a risk diagnosis, the disease appeared as a marker of decline encompassing different physical and moral aspects. The study showed that, even when older patients enjoy a good quality of life, independence, and autonomy, the diagnosis of a disease can lead to a perception that time is running out, making the older person dependent and vulnerable, which puts the family in a privileged position to make decisions on their behalf [19]. Autonomy is

recognized as a right that is often violated by family actions and by the older person's vulnerability [20].

Therefore, dialogue between health professionals and older patients is essential to avoid trivializing procedures by disregarding individual opinions, which can curtail older people's right to autonomy in decision-making. The guarantee of respect for the principle of autonomy and self-determination of the individual is only possible through reflection that confronts this principle with concrete situations [21].

In the context of clinical practices of surgical intervention resulting from trauma in older people, although health institutions tend to respect the principles of non-maleficence, beneficence, and justice, the autonomy of older people is frequently violated, as the desire to guarantee the best objective prognosis predominates among professionals. In this way, the principle of beneficence ends up overriding the autonomy of the individual [22].

There are two essential resources for guaranteeing the principle of autonomy: freedom and information [23]. In clinical care, the importance of establishing a bond with the patient is evident, as trust is the basis of the professional-patient relationship. This facilitates communication with the patient and has positive repercussions for decision-making.

Autonomy and quality of life

Autonomy and independence are pillars of quality of life for older people as they age. When making decisions and participating in activities of daily living (ADL), the individual can carry out their actions and life projects [24].

In the individual trajectory of aging, autonomy is primarily linked to functional capacity, and its transversal axes are the living conditions of the older population, including health status, economic situation, and self-perception. Based on these criteria, health promotion groups emerge as a strategy to minimize impacts on the older person's life and to promote autonomy [25-27].

Autonomy is mainly related to six elements, which can be divided into intrinsic factors, related to individuality, and extrinsic factors, related to collectivity. The intrinsic ones are associated with low spirituality, cognitive deterioration, anxiety, and limitations in performing ADLs; and the extrinsic ones, with low education and low social support [28].

Spirituality emerges as an element that intersects with autonomy by favoring independence in coping with life events. Consequently, low spirituality is associated with low autonomy. Interrelationships are also observed between the other intrinsic elements, as cognitive deterioration interferes with the performance of autonomy and imposes limitations on the performance of ADLs, contributing to the development of psychological suffering, which manifests as anxiety [28].

It is understood that the more years of study an individual has, the greater their critical capacity becomes in the face of the phenomena they experience. Thus, higher levels of education empower decision-making. However, a deficit in social support directly impacts self-esteem, which is built on interpersonal relationships and the capacity for self-regulation, thereby affecting the perception of autonomy [28,29].

Family relationships were identified as a space where respect for autonomy is expressed as valuing older people, since these individuals want their family members to respect their personal decisions in daily interactions. The older population emphasizes the importance of family support, companionship, and care in the aging process. Furthermore, there is evidence that quality of life is closely associated with respect for autonomy, demonstrating its relevance to the experience of a more dignified old age [27,30].

Given that older people are often seen as individuals who have lost cognitive and functional abilities, the principle of autonomy supports healthy aging. It challenges the social stigma associated with aging. Therefore, an autonomy-centered approach is fundamental to ensuring the protagonism and uniqueness of older people, recognizing their status as active subjects of rights, capable of making their own decisions in line with their values and individuality.

In this sense, quality of life is a central element in the aging process for older people, as it is directly related to the full exercise of autonomy. Guaranteeing this bioethical principle is essential for the well-being of older people.

Final considerations

This study demonstrates the indispensability of the principle of autonomy – understood as a right that must be promoted, respected, and guaranteed in all spheres of life – in the aging process. The results show that autonomy goes beyond the older person's capacity for choice, implying their recognition as people with rights, knowledge, and experiences, to guarantee the preservation of dignity, especially in contexts of vulnerability.

The findings portray the challenges families face amid the complexity of aging. However, the instruments discussed can be employed as effective mechanisms for operationalizing respect for autonomy by demanding greater ethical sensitivity, active listening, and the building of trusting relationships between professionals and family members. The correlation between autonomy and quality of life underscores the need to recognize autonomy as a path to healthy, active, and ethical aging, thereby enabling the construction of a more just, inclusive, and humanized society.

The study has limitations, including the need for a more robust analysis of the findings and the absence of higher-level evidence (Level 1 – AHRQ).

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Rayssa Guedes Souza: study conception; methodology development; data collection and analysis; manuscript writing. Clara Oliveira Lelis: methodology development; data curation; data analysis; manuscript writing. Marina Rosa: analysis and interpretation of results; content critical review. Charles Souza Santos: research conception and design; content critical review. Maria Madalena Souza dos Anjos Neta: research conception and design; content critical review. Sérgio Donha Yarid: research conception and design; content critical review.

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