

A qualitative research approach was used with 27 elderly residents and families from five nursing homes. Results. Of the 11 quality of life indicators identified by the participants, the three most important ones were being treated with respect, sympathetic involvement in relationships, and perceived competency through technical (nursing) acts and attitudes.

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The growth of sophisticated life-sustaining medical technology, combined with a greater focus on medical care at the end of life, has resulted in a longer life for an increasing number of older adults in Canada and the United States. However, the increasing attention being given to prolonging life has resulted in insufficient attention to protecting the quality of life of this population (Council on Ethical and Judicial Affairs, 1992). Thus, for most older adults, the promise of longevity presents serious concerns about the future quality of a life that has been prolonged by medical advances.

As a result, for older adults quality of life is becoming much more than a rating of physical health status as reflected in illness, disease, physical and functional decline, and infirmity (Schipper et al., 1996). It now includes an assessment of the way that individuals feel not only about medical and physical health aspects of their lives but also about their social, emotional and economic health. In order to explore what constitutes quality of life for most elderly people and what, in their view, needs to be done to protect this quality of life, my research associates and I conducted a mail survey of 331 Canadian seniors (181 men and 150 women) between the ages of 60 and 85. Additionally, we conducted interviews with over 100 older men and women in various walks of life in order to acquire an in-depth, firsthand understanding of their quality-of-life-related concerns and what factors contribute to morale and provide the basis for health and psychological well-being in late life. Respondents to the mail survey and interviews (Fry, 2001, 2000b, 2000c, 1999) were invited to comment also on anxieties and concerns regarding their present and future well-being.

Many elderly people worry about abandonment in late life; they fear that the social system, through sheer negligence, will allow them to die alone, without social support or adequate physical or emotional care. These fears persist notwithstanding the fact that many of the respondents acknowledged firm religious commitments and affiliation with church groups (Fry, 2000b).

Although many elderly respondents were fearful about the impending threats to their health, they made it abundantly clear that the quality of their intellectual and emotional life was much more important to them than prolonging life. Contrary to stereotypes that portray the elderly as frail, confused, passive and vulnerable to public opinion (National Center for Health Statistics, 1993, 1991), our observations about the older adults who participated in our study were that they had clear and consistent views about the quality of life they desire. Our study participants were not only vibrant and involved, but quite articulate about their rights to personal control in decision-making, autonomy and self-determination to pursue a chosen lifestyle. Few of our respondents viewed old age to be a downward trajectory, and very few were willing to accept that with increasing age they would be forced to compromise their quality of life (Fry, 2000a). These observations about our respondents challenge traditional beliefs that most elderly people do not have any hopes or aspirations for their future. On the contrary, our findings show that many older adults desire to actively pursue challenging and stimulating activities and are reluctant to delegate decision-making powers with respect to their health and well-being.

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Table

Demand for Capital Guarantees and Legal Assurances of Protection

- Guarantee that respondent's "Living Will" will be honored under the law.
- Guarantee that respondent's right to "physician-assisted suicide" will be respected under the law.
- Guarantee of old age income sufficient to ensure safe and clean living conditions.
- Guarantee of legal protection against invasion of rights to privacy, personal autonomy and independent living.

Aspirations and Expectations for Future Quality of Life

- To enjoy a quality of life that ensures respect, dignity and equality of treatment in the community setting.
- To enjoy a quality of life that provides for long-term employability and economic independence.
- To enjoy a quality of life that guarantees freedom and personal control in decision making.
- To enjoy a quality of life that provides freedom and opportunity for challenging and stimulating activities.

Fears and Concerns About Future Quality of Life

- Being alone and without social support at the end of life.
- Being involved in conflict and tension in family relationships.
- Being totally disabled or paralyzed.
- Being tied to life supports.
- Being a victim of elder abuse, violence and crime.
- Being poor and homeless.
- Being the victim of professionals' and caregivers' disregard for wishes or priorities.
- Being forced to live in drab surroundings with noise and pollution.

Source: Fry (2001)

