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**Follow-up to the World Summit for Social Development and  
the twenty-fourth special session of the General Assembly:  
priority theme: promoting empowerment of people in achieving  
poverty eradication, social integration and full employment and  
decent work for all**

### **Statement submitted by the International Federation of Associations of the Elderly, a non-governmental organization in general consultative status with the Economic and Social Council**

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.



## Statement

On behalf of FIAPA, I am pleased to present to you the draft Convention on the rights of older adults.

This project is led by FIAPA, with the participation of the National Gerontology Foundation, the International Association of Gerontology and Geriatrics, the Association Francophone des Droits de l'Homme Âgé, the International Network for the Prevention of Elder Abuse, Alma France, Old'Up, Association A6, Perspective, and the French Society of Geriatrics and Gerontology.

Whereas the purpose of the Convention must be to emphasize effective enjoyment of rights by every man and woman, of whatever age, whether retired or still working, able-bodied or with disabilities, an active member of society or not, dependent on others or having limited autonomy in decision-making;

Whereas there is no way to set a legal age when one grows old;

Three points in the Convention truly break new ground:

- The call for equal rights,
- Participation in the life of society for all older adults,
- The statement that people of all ages who are dependent on others in their activities of daily living must be guaranteed their rights to assistance and care and the right to live with independence and dignity.

We should recall that the Council of Europe's Drafting Group on the Human Rights of Older Persons, an offshoot of the Steering Committee for Human Rights, has drawn up and unanimously adopted a draft recommendation on the promotion of the human rights of older persons, dated 25 September 2013 (CDDH-AGE), and a Compendium of member States' good practices concerning the human rights of the elderly [CDDH-AGE(2013)04Rev2].

Thus, experts representing member countries and others representing civil society, including the Conference of INGOs, agreed on a text and a compendium of best practices, the culmination of a project initiated by the Council of Ministers in 2012.

Similarly, this year's decision to appoint a United Nations Special Rapporteur on the rights of older persons suggests that the way is now clear to produce a unifying text.

We at FIAPA found there was real interest in our approach at the ECOSOC session of February 2013, where our draft Convention was released for the first time.

I would now like to set out our reasons for supporting and pursuing that approach.

The goal is to remove the restrictions placed on access to rights and freedom as people age.

Old age has always been equated with weakness, with the need for protection. Rejection and discrimination are often the result.

But old age is diverse. A growing majority of older persons are able-bodied and lucid. A large minority are still fragile: socially isolated, psychologically lonely, suffering physical or cognitive disabilities, poor. A smaller minority have lost their functional independence and depend on human caregivers in activities of daily living, or have curtailed decision-making capacity.

Must special rights be instituted? Positive discrimination, creating additional inequalities within this group, already so diverse? It would be fairer to remove the obstacles that hinder older adults' enjoyment of their rights and the exercise of their freedom.

Rather than propose specific rights for an age that cannot be defined, FIAPA proposes a convention on access to rights, regardless of age. The seriousness of the obstacles to such access increases with advancing age, but none of the obstacles is specific to old age, except those which—absurdly—arise from laws and regulations based solely on chronological age.

### **Rights do not vary with age**

The Universal Declaration of Human Rights is clear: all human beings are born free and equal in dignity and rights. Any allocation or limitation of rights based on chronological age constitutes arbitrary discrimination, in defiance of the universality of human rights.

### **Every abridgement of older adults' access to rights and freedom must be removed**

In all nations, including the European Union, older adults do not fully enjoy their rights. Removal of those hindrances will restore older citizens' rights and freedom.

### **Various laws, regulations and traditions have abridged the rights and freedom of older adults**

All such enactments are at odds with the 2002 Madrid Protocol.

- Some laws and regulations impose limitations or prohibitions based on chronological age and so deprive such persons of some of their rights and freedoms as citizens.

There are countless examples: age limits for entering or pursuing a trade, age to qualify under disability legislation (France), age to get a loan—even at a higher premium—or age to rent a car. Senior citizens are consigned to subhuman status, with limited rights and freedoms.

- Still more restrictions exist because of tradition, which gradual changes in the perception of old age are making obsolete. However, these antiquated concepts remain a cause of segregation. The chief culprit is ageism: the deepest-seated kind of racism, the oldest, the most widely shared, but also the kind least spoken of. Ageism can incite hatred with legal impunity.
- Hence the theme of FIAPA's symposium of 12 December 2013: "Age and Citizenship".

### **Social exclusion is the usual consequence of the end of a person's career**

Particularly in manual trades that call for physical strength, unless there is an early career change, persons leaving the trade are often reduced to total inactivity, to the detriment of their health and quality of life. Retirement often becomes a “social death”.

It has been shown that maintaining physical, mental and especially social activity is a powerful factor in “successful ageing”. The possibility for everyone to remain active, in accordance with their choices and capabilities, and to maintain their role as active and responsible citizens, is an essential freedom.

Odile Letortu's work in Caen in collaboration with INSERM, which was the subject of a recent publication, showed that learning remains possible and is highly desirable “to acquire new memory capacity and develop existing capacity”; the particular focus of her studies was musical learning.

- Retirees should be able to maintain the standard of living they achieved during their working life. There is no reason for them to be barred from gainful employment.
- Older adults who have not been able to contribute enough—especially women—must be provided with the wherewithal for a decent life in retirement.
- Association volunteering should be encouraged; it can be most beneficial for retirees in terms of social bonds, motivation and health. It preserves the social fabric and civic responsibility for those who are no longer gainfully employed.

### **As a person ages, disadvantages can appear that limit enjoyment of his or her rights**

These may include more frequent illness, limiting the person's capacity. Of course, that is not peculiar to old age.

- At any age, it should be possible for an impairment to be offset by pharmaceutical, surgical, rehabilitative, prosthetic, technological or other means whereby the impaired person can recover his or her functional independence.

Access to the city and its services must be facilitated for all persons with mental disabilities or sensory, mental or motor impairments, regardless of age.

### **Isolation is a consequence of advancing age**

Because of widowhood, restricted social networks, poor mobility, depression or the “empty nest” syndrome, older adults may experience severe social isolation—a major source of weakness, mental distress and pathologies.

- The fight against social isolation must be part of any public social policy, particularly at the local level.
- Suicide among isolated older persons is an unfortunate reality.

### **Access to appropriate care must be provided**

Geriatric centres require specific caregiving capacity (multimorbidity, risk of addiction, etc.). Timely access to appropriate preventive care, or care for any acute or chronic disease, needs to be provided for all.

### **Ageing may bring with it a loss of functional independence**

At any age, persons with certain disabilities may require human assistance in their activities of daily living. Whatever their age, dependent persons must be able to live with dignity and well-being, keeping their decision-making autonomy. That implies legal recognition of their situation, so that their decision-making autonomy, their enjoyment of rights, and their freedom of choice may be respected.

- The family caregiver is a person having a new responsibility, and so must keep in mind specific risks. He or she must receive assistance and a specific status.
- Professional caregivers for dependent persons have a different responsibility from those who care for independent persons. Hence, their training, ethics and funding too must be different from those for services to independent persons.
- Organizations whose mandate it is to assist, support and care for dependent persons must be endowed with the necessary skills and resources.

### **Ageing may bring with it a limitation of decision-making autonomy**

At any age, certain diseases or accidents can result in a limitation of decision-making capacity, possibly requiring legal protection.

- Loss of decision-making capacity is never total (except in the event of a coma or acute confusional state). The opinion of the person concerned must be sought, whether legal protection obtains or not.
- Gauging the limitation of decision-making capacity requires expertise acquired through specific training.
- Any protected person still retains his or her ability and right to make choices.
- The goals of legal protection are the person's well-being and the preservation of the person's rights and freedom despite his or her disability. Any other interpretation must be rejected, and particularly any limitation on the person's rights or human dignity.

### **All life ends in death**

Regardless of age, the final stage of life can lead to a situation of dependency, and sometimes limited autonomy. At any age, this period requires competent support, so that dignity and serenity may be maintained at the end of life.

- Whatever the person's age at the end of life, terminal palliative care must exclude both futile medical care and any abandonment of attentive care to relieve pain, and must allow the person to die with dignity and serenity.

**Ignorance of how individuals and society age is a major cause of inadequate response to the needs of older adults**

The mechanisms of individual human ageing are poorly understood. Mechanisms of adaptation and compensation for adverse events are involved, together with the results of collective action, biological factors and individual behaviour.

Multidisciplinary research on ageing must become a priority.

Training of competent professionals in disciplines relevant to an ageing population is an obvious priority.

**Conclusion**

To ensure that the elderly and the old elderly have equal, identical rights, rather than proclaim additional rights that will likely be as inaccessible as their normal rights, or indeed more so, it seems more effective to propose a Convention that will remove the obstacles that stand in the way of those persons' enjoyment of their rights and freedoms.

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