



University
of Basel

Institute for
Biomedical Ethics

Contemporary Debates in Bioethics

Ethics of Geriatric Care

**Mondays in fall
12:45 – 13:45
in Basel or
Online**

The **Institute for Biomedical Ethics** is pleased to announce a series of upcoming lectures exploring key topics of **ethics in geriatric** care with a particular focus on the hospital setting. These sessions will feature a range of **international speakers** who will share their expertise on various pressing issues in the field.

All sessions are **open to the public** (free admission) and will be held in English. Attendees are welcome to join in person without prior registration or online via zoom.

Unibas and EUCOR students who wish to receive **2 ECTS** to their transcript need to register to the course on the Course Directory and fulfill to course requirements.

Weekly on Mondays from 22.09 – 17.11 (no lecture on 24.11).

12:15 to 13:45 CET

Location: USB Gebäude B, Hörsaal 3, Spitalstrasse 21, 4056 Basel.
Different room on 13.10.2025: Hörsaal 1, or online via zoom.

You want to attend online via zoom? Questions?

Please contact:

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Program Overview, Mondays 12:15-13:45

| Date | Presenter | Title of the talk |
|-------|---|--|
| 22.09 | Dr. Lea Chilian, University of Zurich, Switzerland | Caring for the Very Old: Rethinking Ethical Practice through the Lens of Care |
| 29.09 | PD Dr. Nadia Primc, Ruprecht-Karls-University Heidelberg, Germany | Ethical and interprofessional challenges in managing emergency situations in residential long-term care |
| 06.10 | Dr. Julia Fischer, University of Vienna, Austria | In the disarray of dying. Geriatric care through the lens of theorizations on thanatophobic and thanatophilic tendencies in healthcare |
| 13.10 | Olga Vinogradova University of Basel, Switzerland | Decision-making in times of scarce resources: a mixed method study. Main findings and challenges |
| 20.10 | Dr. Carla Wunderle, Cantonal Hospital Aarau, Switzerland | Relevance and impact of disease-related malnutrition: between evidence and ethics |
| 27.10 | Susan Schärli-Lim, RN, Dipl. Ed., Zürcher University of Applied Sciences, Switzerland | Intercultural competence and ethics cha cha cha |
| 03.11 | Assoc. Prof. Dr. Marta Spranzi, Université Paris-Saclay, France | Medical decision for the very elderly; can authenticity compensate for a vacillating autonomy? |
| 10.11 | Prof. Dr. Sigrid Sterckx, Ghent University, Belgium | Tiredness of life and assistance in dying, with attention to elderly persons |
| 17.11 | Prof. Dr. David Blum University of Zurich, University Hospital Zurich, Switzerland | Dignity, Death and Dying. Ethics in Palliative Care in Switzerland and beyond |

Detailed programm, Mondays 12:15-13:45

22.09 Dr. Lea Chilian, University of Zurich

Caring for the Very Old: Rethinking Ethical Practice through the Lens of Care

What constitutes ethically adequate care for elderly and very elderly patients in hospital? This lecture examines the normative frameworks that guide clinical practice to address this question. After a brief introduction to principlism, emphasising autonomy, beneficence, non-maleficence and justice, we critically assess its scope and limitations in the context of geriatric care.

Particular attention is given to situations in which patients experience cognitive decline, frailty or heightened dependence, where relational and contextual factors significantly influence ethical challenges. In such cases, care ethics offers a valuable complementary perspective. By foregrounding relationality, attentiveness and moral responsibility, care ethics can deepen our understanding of how to act rightly in the face of vulnerability and ageing.

An interactive case study from an acute hospital ward will form the basis of an applied ethical analysis. Participants will engage with the case to explore how principles- and care-based reasoning can be integrated into complex clinical decision-making processes. The session aims to foster ethical sensitivity and reflective competence among professionals working with ageing and highly dependent patient populations.

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29.09 **PD Dr. Nadia Primc**, Ruprecht-Karls-University Heidelberg

Ethical and interprofessional challenges in managing emergency situations in residential long-term care

A considerable but difficult to determine number of emergency calls and hospital admissions for nursing home residents are classified as preventable. Hospital transports that can be considered as fundamentally preventable include particularly those that are due to failures in the timely recognition of changes in condition or incorrect assessment of a situation as an emergency situation, as well as those that occur against the will of the residents. Preventable hospital admissions and emergency service calls unnecessarily tie up resources in emergency services and inpatient acute care and are therefore ethically relevant from the perspective of a responsible handling of the healthcare system's scarce resources. Preventable hospital admissions also represent an unnecessary risk to residents, insofar as they are associated with, among other things, an interruption of inpatient nursing care, an increased risk of general deterioration in condition, delirium, and medication error.

The lecture will address the ethical and interprofessional challenges in managing emergency situations, which represent an important cause of preventable hospital admissions. Accordingly, measures to improve emergency management must address the ethical and legal competence of nursing professionals that are needed to take the appropriate action, improve interprofessional collaboration and communication, and also address the time and staffing shortages in nursing homes. The lecture draws on qualitative surveys that were conducted as part of a multi-year, interdisciplinary project to develop action recommendations for managing emergency situations (NOVELLE: <https://blogs.sonia.de/novelle>)

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06.10 Dr. Julia Fischer, University of Vienna

In the disarray of dying. Geriatric care through the lens of theorizations on thanatophobic and thanatophilic tendencies in healthcare

During recent decades awareness among healthcare providers, policymakers, and society at large has grown regarding the complex tension between the capacity of modern medicine to prolong life and the overall wellbeing of patients undergoing extended treatments—particularly in cases of terminal illness or at the end of life. Despite this, some scholars argue that the healthcare system remains thanatophobic, overly fixated on preserving life at all costs, often to the detriment of individual's will and their quality of life. Others, by contrast, caution against an emerging thanatophilic tendency in which death becomes too readily accepted—perhaps even embraced—by medical institutions and professionals. The debate largely centres on palliative care provision, assisted dying (including voluntary euthanasia and physician-assisted suicide), and intensive care medicine. The guest lecture aims to explore the relevance of pertinent arguments within the specific context of geriatric care.

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13.10 Olga Vinogradova, University of Basel

Decision-making in times of scarce resources: a mixed method study. Main findings and challenges

The COVID-19 pandemic caused the development of guidelines for allocating limited resources, which sparked ethical debates surrounding the inclusion of age and disabilities in the triage process. Many moral questions were raised, especially because there were instances of age-related prioritization and disparities in care access, generating doubts about fairness and equity during resource scarcity. Collecting empirical evidence about these issues, and understanding older patients' experiences are crucial to improve healthcare practices during times of pandemics.

Our project aims to generate ethical guidelines for pre-triage during such situations, focused on the care of older adults. The study pursued several goals: understanding the experiences of older patients in the pandemic, exploring the perspectives of stakeholders involved in resource management, and investigating moral dilemmas in prehospital triage. It included a collection of surveys from older patients and qualitative interviews with healthcare professionals - decision-makers. Our research team would like to provide valuable insights into healthcare planning, resource allocation, and ethical challenges faced during public health emergencies.

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20.10 **Dr. Carla Wunderle**, Cantonal Hospital Aarau

Relevance and impact of disease-related malnutrition: between evidence and ethics

Disease-related malnutrition in hospitalized adult patients is a complex syndrome associated with significantly increased morbidity, disability, short- and long-term mortality, impaired recovery, and higher healthcare costs. Malnutrition has become the focus of research aimed at translating current knowledge of its pathophysiology into improved diagnosis and treatment. Researchers are particularly interested in developing nutritional interventions that reverse the negative effects of disease-related malnutrition in the hospital setting. High-quality randomized trials have provided evidence that nutritional therapy can reduce morbidity and other complications associated with malnutrition in some patients. EFFORT ("Effect of early nutritional support on Frailty, Functional Outcomes, and Recovery of malnourished medical inpatients Trial") is at present the largest randomized controlled trial demonstrating the effectiveness of nutritional therapy in over 2'000 Swiss inpatients. Encouragingly, both evidence and available treatment options have improved markedly over the past decade. However, further efforts are required to better individualize nutritional interventions, integrate them consistently into routine clinical practice, and expand research into outpatient care settings. Additionally, the use of artificial nutrition and hydration remains a controversial worldwide debate, even though the scientific and medical facts are clear. Artificial nutrition and hydration are medical interventions that require an indication, a therapeutic goal, and the will (consent) of the competent patient.

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27.10 **Susan Schärli Lim, RN, Dipl. Ed.**, Zürcher University of Applied Sciences

Intercultural competence and ethics cha cha cha

Dear interested participants, unfortunately you will not learn to dance in this presentation. In this short presentation we will create awareness of some of the challenges, chances and changes in relation to cultural competence and ethics. We will join forces to see if we can create new approaches to face our current challenges.

03.11 **Assoc. Prof. Dr. Marta Spranzi**, Université Paris-Saclay

Medical decision for the very elderly; can authenticity compensate for a vacillating autonomy?

It has been shown that older people are too often excluded from medical decisions that affect them because their “autonomy” is considered partial, fluctuating, or even non-existent due to cognitive problems common in this age group. To modify the opinions of relatives, who are sometimes suspected of not fully representing the wishes of the elderly person, we can use what is known as “authentic autonomy,” an approach that is common in clinical ethics consultations. The aim is to base the medical decision that needs to be made on the values and choices that the person would have made in the past, so as to ensure continuity between the person they were and the person they are now, thereby preserving their personality and the nature of their preferences as much as possible. In this article, we will use two examples from consultation practice to show that this approach must be contextualized, as it can in some cases be a source of subtle coercion. After exploring the concept of “authenticity,” we will introduce the concept of “freedom of indifference” used by Leibniz in his exchange with Samuel Clarke in the 17th century. We will show that it can be relevant for better adapting the principle of respect for autonomy to older people.

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10.11 Prof. Dr. Sigrid Sterckx, Ghent University

Tiredness of life and assistance in dying, with attention to elderly persons.

In some of the (few) countries where euthanasia and/or assisted suicide are allowed under certain conditions, e.g. Belgium and The Netherlands, debates continue to flare up regarding the (un)desirability of legally broadening medical assistance in dying for people who, in the absence of suffering due to medical reasons, claim to be 'tired of life' or consider their life to be 'completed'. In this lecture, we will look at some empirical findings regarding this phenomenon, and discuss some of the main arguments in the ethical and legal debates. Socio-economic and political questions are of course also unavoidable when confronting this issue. Particular attention will be paid to elderly persons.

17.11 Prof. Dr. David Blum, University of Zurich, University Hospital Zurich

Dignity, Death and Dying. Ethics in Palliative Care in Switzerland and beyond.

Dignity, death and dying touch the very core of what it means to be human. Palliative care seeks to accompany people earlier in the trajectory of a life limiting disease and at end of life, offering not only medical support but also compassion, presence and respect. Questions of autonomy, meaning, and ethical responsibility arise when life ends. This lecture reflects on different cultural and societal contexts shape our understanding of a "good death," and what lessons can be learned across borders. By looking beyond national boundaries and engaging with international perspectives, we re-examine our own values and to discuss how palliative care can act as a patient centered multidisciplinary approach. The limits of palliative care are not neglected in this discussion.