

A Conception of Well-Being based on “Capability” and Its Sustainability based on Relational Intergenerational Ethics

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1. Health status, quality of life, and well-being in term of capability

Based on examination of healthcare, I have produced the following definitions:

def 1: A person's health status is measured as the integrated sum of her/his bodily (i.e., physical and mental aspect centered) QOL that is and will be actualized in the course of time from the moment of estimation until the end of life,

def 2: A person's QOL at the moment of estimation is measured according to how wide the scope of choices available to the person is: the essential measure of a person's QOL is the person's actual capability at the moment.

This way of defining QOL differs from that which subjectively evaluates QOL based on level of satisfaction, and also from that based on need.

Though in healthcare the physical and mental aspects of QOL are principally focused upon, we cannot separate those aspects from others, which are connected seamlessly or contiguously. QOL, or actual capability at the moment of estimation, depends on circumstances in life, and not exclusively on physical and mental condition. Thus, when we measure QOL, the object of measurement is environment, in the sense in which environment is the set of all circumstances, people, things, and events around a person influencing her/his life. Additionally, the conditions of one's

body and mind are the most basic component of her/his environment. In sum, we can define QOL as follows:

def 3: By QOL, we measure how one's present environment makes one capable and widens one's scope of choices.

These definitions can be generalized for use concerning the present issue: definitions 2 and 3 can be used here without revision, with only the proviso that here the physical and mental aspects are not privileged among other circumstances. A general definition of well-being can be obtained based on def 1 as:

def 4: A person's well-being is measured as the integrated sum of her/his capability that is and will be actualized during a certain period of time.

Further consideration will be added at the conference concerning how to define well-being collectively, when the well-being of some group, community, country, or generation is the subject of concern. The definition of sustainability of well-being based on the conception of capability will be presented at the conference as well.

2. Relational intergenerational ethics and sustainability of well-being

Why should our present well-being be sustainable? A convincing reason for this will be provided based on a so-to-speak "relational ethics". The term "relational" refers to the characteristic that ethical codes vary depending on the remoteness, or closeness, of relationship among the parties involved. I have developed this idea in clinical ethics as follows.

There are two elements in the codes of clinical ethics: the principle of closeness, or togetherness, and that of remoteness. The former seems to have originated in natural human relationships in primitive human bands, where collaboration and care, which are necessary for such bands to survive, make the members close and strengthen unity so that members are required by nature to collaborate with, and care for, each other. This requirement becomes the source of ethical codes among people in close

relationships. By contrast, the latter principle seems to have originated in invented agreements for peaceful coexistence among bands hitherto alien, or even hostile, to each other; human beings have discovered a reasonable way of reconciliation among interested groups: agreements involving the setting up domains for each group and establishing rules, including mutual non-aggression and noninterference in other groups' internal affairs. Such codes become ethical codes among peoples in remote relationship, of which the respect for autonomy is typical.

Since each human relationship has both of the two elements to varying degrees, the two types of ethical codes coexist there. There has been, however, a trend among ethicists toward one-sidedly basing judgments on ethics in remote relationships, by simply emphasizing patient's autonomy or interpreting justice as fairness of distribution of goods. We now need to recognize the importance of ethics of close relationships, and make the two types of ethics compatible.

Consortism, or symbiosis, if it is understood as simply a *live-and-let-live* system, is not sufficient here, though it might be consistent with the ethics of remoteness. What is needed in addition is an attitude of *live-by-helping-each-other*, which requires the ethics of togetherness and is compatible with the proper meaning of "consortism" (the Latin word "*consors*" means "one who shares an inheritance").

The sustainability of well-being can be explained based on the *live-by-helping-each-other* principle as well as on the *live-and-let-live* principle. The conception of 'equity' belongs to the latter. Future generations, however, are not like bands coexisting with us, but like those reproduced in a band and cared for by elder members of the band. Our generation is responsible for the existence, i.e., reproduction, of future generations, and for this reason we hope to leave an appropriate environment behind for future generations to live in; "appropriate" in the sense that such generations will be capable of promoting their lives with a wide range of choices. Our positive attitude toward leaving behind something, which might be expressed by the word '*generativity*', is an act of

caring for future generations, and is an expression of the *live-by-helping-each-other* principle. Basing ourselves not only on equity, but also on generativity, we shall be able to explain why we should seek the sustainability of human well-being.