

CHARTER FOR THE RIGHTS OF THE ELDERLY AND THE DUTIES OF THE COMMUNITY

PREAMBLE

The Italian Constitution does not provide specific protection for the rights of older people. Its drafting in years when the issues of the Third Age were less relevant in today's public debate contributed to the fact that there was no precise reference on the subject in the Constitutional Charter, which merely provided for welfare measures in the case of old age. This is also why in more recent years and in various ways there have been attempts to remedy this lack, for example by introducing age among the non-discrimination factors in Article 3.

In contrast, the attitude of the institutions of the European Union has been different. The Charter of Fundamental Rights, signed in 2000, dedicated a specific article to the rights of older persons, Article 25 for which "The Union recognizes and respects the right of older persons to lead a life of dignity and independence and to participate in social and cultural life." This is an effective normative basis from which to build upon for in-depth reflection and innovative proposal to respond to the growing and unpostponable needs expressed by older people.

It must be said, moreover, that the explicit absence of the theme in our Constitution does not prevent us from finding in it secure foundations on which to anchor the definition of the rights of the elderly, first of all starting from the principles of solidarity and equality. The elderly person is of course part of social formations, and in relations with the members of such formations the rights of the elderly are matched by the "unbreakable duties of political, economic and social solidarity" enshrined in Article 2 and the task imposed by Article 3 on the Republic "to remove obstacles of an economic and social order, which, by effectively limiting the freedom and equality of citizens, prevent the full development of the human person and the effective participation of all workers in the political, economic and social organization of the country."

Therefore, the Constitution, although it does not expressly speak of the elderly, nevertheless requires that their rights be adequately promoted and protected and their duties toward them fulfilled.

VALUE OF THE CHARTER

The Charter for the Rights of Older Persons and the Duties of the Community, the result of the work of the Commission for the Reform of Health and Social Care of the Elderly Population established at the Ministry of Health, compared with a mere abstract enunciation of the rights of older persons and the duties of the community intends to go a step further in a twofold sense: while on the one hand it aims to affect the legal system by prospecting the legislature for fundamental principles and

rights that can find formal recognition in specific regulatory acts, on the other it offers operational and organizational guidelines to institutions and operators called upon to take care of the elderly.

The Charter aims to concretely decline the indications contained in some international documents, such as the Recommendation of the Committee of Ministers CM / Rec (2014) 2 to the Member States of the Council of Europe on the Promotion of the Human Rights of Older Persons adopted on February 19, 2014, and the European Charter on the Rights and Responsibilities of Older Persons in Need of Care and Long-Term Care elaborated in June 2010 within the framework of the European DAPHNE III Program against Abuse towards Older Persons by a collaborative group of 10 countries as part of the EUSTACEA project.

Finally, the Charter obeys the aim of facilitating knowledge for older people of their basic rights and increasing their awareness, as well as of the duties incumbent on those who come into relationship with them.

These are objectives that could be pursued with immediacy through a translation of the contents of the Charter into a directive from the Prime Minister to inspire and guide the actions of public administrations, as well as a possible agreement in the Unified Conference to share them with regions and local authorities.

I. FOR THE RESPECT OF THE DIGNITY OF THE PERSON EVEN IN OLD AGE

1.1 The elderly person has the right to determine himself or herself independently, freely, informedly and consciously with reference to life choices and major decisions affecting him or her.

1.2 It is the duty of family members and those who interact with the older person to provide him or her, because of his or her physical and cognitive condition, with all the information and knowledge necessary for free, full and conscious self-determination.

Examples and considerations

In old age, one often enters a cone of shadow, determined ostensibly by health conditions and frailty, which is actually an expression of ageism bias, according to which older people no longer have the capacity for autonomous decision-making, as well as that of independent management of their lives. It is necessary to distinguish an assessment of physical or cognitive dependence from the alleged inability to make decisions, which is often transformed into implicit disqualification. The fact that an elderly person has lost some physical and instrumental abilities to live daily life (washing, feeding himself, making use of money, means of transportation, etc.) should not automatically turn into a judgment of inability to decide, and be

automatically replaced by the decisions of the family, caregivers or the support administrator, abuses that recur, for example, when the elderly person is prevented from choosing the type and quality of food, from having his own identity documents or electronic payment.

Stories - 1 When others make the decisions....

Mario was 82 years old and had some physical limitations. He needed the support of a walker and some help getting to the bathroom to get around. He had a decent retirement income after 40 years of work. He had also been awarded a housing allowance and lived in a council house that had been assigned to him when he was still young and his son was only 15 years old.

For the past few years his son had moved to live with him because he had been evicted from the house where he lived with his family.

One day the son began to tell his father that cohabitation between them was no longer possible, that both he and his wife had to go to work and could not take care of him during the day. He proposed the nursing home, but Mario tried to resist. His son's proposal, which by then was already more than a proposal, upsets him, and in order to assert his rights, he opposes it with all his might, even letting his quarrelsome nature resurface at times. Mario takes these attitudes because he is aware that in reality he will not be able to counter his son's proposal that was now a made decision. He cries, he despairs, but he is forced to do what his son dictates: he takes with him a bag with some clothes, a phone, and his glasses and sets off, without speaking, with his son to an isolated cottage that borders the countryside and overlooks a busy road. When he arrives he is greeted by an assistant who shows him the room he was supposed to share with two other people. Some elderly people look at him, some greet him.

So in the council house in Mario's name his son remains to live with his family, and he, no longer considered part of the family, is forced to live in a facility among strangers, isolated from everyone and everything.

He is left with only his cell phone to maintain some contact. So he phones someone he knows and tells his absurd story that seemed like a nightmare from which he could no longer wake up. He says that he was uncomfortable, uncomfortable there, that they did not eat well in fact the food was insufficient and he was always hungry.

After a few days, the son, learning of his phone calls, goes to the institution takes the phone away from his father. He tells the director that it was better to prevent him from keeping it because those calls agitated him and made him sick.

Mario could no longer tell anyone about these things; they locked him in silence.

1.3 The elderly person has the right to preserve his dignity even in cases of partial or total loss of his autonomy.

1.4 The older person has the right to be called by name and treated with respect and tenderness.

1.5 The older person has the right to privacy, decorum and respect for modesty in acts of personal and bodily care.

1.6 The older person has the right to be supported in residual capacities even in the most impaired and terminal situations.

1.7 The older person has the right to access palliative care, respecting the principles of preservation of dignity, control of pain and suffering whether physical, mental or psychological, until the end of life. No one should be abandoned on the threshold of the final step

Examples and considerations

The increasing aging of the population, the changing epidemiological picture and advances in medical science make the need to ensure that older people have adequate access to palliative care and renewed human, social and spiritual support increasingly relevant. As highlighted in the relevant international literature, alongside the general elements on which palliative care is based (early identification, multidimensionality of assessment and care, continuity of care, and individualized planning of care and care pathways), it is necessary to consider the specificity of the needs expressed by the elderly patient and the ways in which these needs manifest themselves. In this sense, it is necessary to consider that loneliness is always a harsh condition, but in times of weakness and illness it is even more so. With pain it is unbearable; one prefers death to suffering alone. The call for euthanasia often starts from here. Family members, social bodies, the community, have a duty not to delegate to the medical dimension alone the needs of the dying person, but to accompany them worthily and affectionately in the last times of life.

Stories - 2 How much does it cost to get an elderly woman well dressed? Stories of ordinary abuse.

Adalgisa from the age of 20 had worked in cabarets. She liked to sing, dance and bragged to everyone that she had even met actors who later became famous. Everyone complimented her because she had a beautiful voice and physique, which as she said, "not for nothing but I used to turn everyone's head."

In clothing she was very sought after and she used to tell that when the war was over, she was finally able to start buying new clothes and follow the fashion of the time.

She always recounted these same scenes as she sat, rolled up in the sheets, in the orthopedic bed in the 4-bed room of the RSA where she had been hospitalized for two years because she "could no longer be alone." "But that you can't walk? Why don't you get up?" Adalgisa gestures to lower her voice and asks her interlocutor to move a little closer. "Let's talk quietly here even the walls have ears. You see I've always dressed a certain way, don't imagine who knows what, but never a hair out of place, a stain on my dress.....here they make me dress in sweatpants because they say it's more comfortable. But for whom is it more comfortable? For them. I the tracksuit, and I guess this one I'm wearing is not even mine, I was saying I never used the tracksuit in my life, I never liked it and I never even did gymnastics, already dancing I was moving enough. Here, on the other hand, everyone in overalls, men and women, sometimes they cut your hair so short that you even have trouble recognizing the gender of a person. With the overalls we are all the same, I obviously didn't serve in the military, but here it's worse than barracks. I never get visitors but it is better that way because I would be ashamed to be seen in this condition. I would love to have a fancy dress and go out walking around town." How much does it cost the state, society, to have an elderly woman dress well?

1.8 Those who interact with elderly people have a duty to adopt considerate, honorable, caring and courteous behaviors, to listen and pay adequate attention to the reports and observations made by elderly people.

Examples and considerations

A very common habit, especially in places of care, is addressing the elderly in an impersonal and disrespectful manner. Calling the elderly person by falsely confidential appellations or replacing the name with an identifying number are two seemingly opposite ways of relating, but both denote a lack of respect for the elderly person.

It is a lack that often manifests itself in the lack of attention to the care of the elderly person's outward appearance: the exchange of clothing between caregivers, the use of shabby and impersonal clothing fall under this kind of abuse.

1.9 The elderly person has the right to stay as long as possible at his or her home.

1.10 The elderly person in the case of homelessness or loss of his or her home has the right to access appropriate economic facilities in order to have an adequate dwelling.

1.11 It is the duty of institutions to ensure adequate services to the elderly person in the face of special physical and health conditions or the existence of architectural barriers.

Examples and considerations

The right of the elderly person to remain in his or her own home, as well as to move freely in both private and public spaces, requires increasing efforts to remove architectural barriers, an intervention that is very often conditioned by complex and cumbersome regulations and administrative procedures, which in fact end up harming people's right to mobility.

The right to housing and housing must also be substantiated by the right to immediate access to subsidized housing in case of eviction or homelessness. The occurrence of improper hospitalizations associated with economic causes or for other social problems is not uncommon, resulting in suffering and inconvenience on a personal level for the elderly and unjustified costs on an economic level for the community.

The lack of and inadequate support from social and health services often results in an objective impairment of the right to live at one's home: think of the hundreds of thousands of elderly people limited by architectural barriers, the most common of which is the lack of an elevator for those living on high floors.

1.12 The elderly person has the right to the protection of his or her income and assets for the purpose of maintaining an adequate and dignified standard of living.

1.13 It is the duty of institutions to guarantee the elderly person forms of income supplementation in cases of partial or total indigence or inadequate economic resources.

1.14 It is the duty of institutions to ensure that health and social care and services are effectively free of charge.

Examples and considerations

Abuses concerning the use of economic and property resources by the elderly are many and recurrent. In this regard, the intervention of the support administrator does not always appear appropriate, and often reveals itself more as a moment of asset protection than of the person.

With respect to the financial guarantee of the essential levels of health care, the enjoyment of social services by elderly people is strongly conditioned by the availability of adequate financial resources by the entity called upon to guarantee their enjoyment.

In addition, social and health services provided by public institutions many times fail to meet the care needs of the elderly, who are therefore forced to resort to private providers resulting in high and not always sustainable economic costs.

This implies, on the one hand, the desirability of reforming the income criteria for defining economic supports for the elderly, and on the other hand, an ongoing commitment of children to take care of their elderly parents who are in destitute conditions.

Stories - 3 De facto disqualifications...

Fulvio is 79 years old, worked as an engineer, designing elevators. He went to work in Switzerland and Holland. Later he became a manager of a company in La Spezia, and when it took contracts in Rome he gladly moved to the capital.

His pension allowed him to live comfortably but as the first health problems arose he was advised by his grandchildren to move to a "very good" retirement home located outside Rome.

Fulvio was very uncertain and finally allowed himself to be convinced, thinking that after the first period of treatment he would recover his energy and return home. Yes, because he had a nice house in the Piazza Sempione area. The grandchildren at the same time submit a request for a support administration for Fulvio because they think it is better for someone to support him in financial management and daily choices. He only learns of this initiative when he receives a summons from the Civil Court of Rome. The grandchildren minimize and insist that it will be a major help for him. They thought that, knowing their uncle's extravagances, it would be better to have an outsider as a support administrator rather than themselves to whom their uncle never wanted to listen.

So a lawyer is appointed who suddenly enters his private life, down to the furthest corners.

Well, Fulvio thinks, now I want to assert my rights and I'll explain that first of all I want to go home, maybe I'll pay a family assistant to help me.

So he prepares a nice speech but in the first meeting he does not perceive much willingness to listen from the lawyer who, shown the decree of appointment, is in a hurry to get his ATM card, papers, and house keys handed over. Fulvio thinks that maybe it was not the right day, maybe it was just the first meeting, and continues to think that if the judge has decided this way it means that this will be the way to assert his rights and demands. But after the first meeting Fulvio can no longer get a chance to talk to the support administration again. He asks the nursing home management to call him but they say not to worry because he will show up. Fulvio protests and they tell him to watch what he says because they would report everything to the lawyer. So he tells his friends who visit him from time to time. They, no one knows how, manage to talk to the support administrator and, in response, he warns them not to continue to take care of Fulvio and create false expectations for him. He adds that he does not want to take on the responsibility of getting Fulvio home and so this current situation is the best situation, obviously best for him.

Fulvio's friends point out to him that he owns a nice house where, thanks in part to his income, he could live well. The support administrator does not want to hear arguments and reiterates that it is fine as he has already decided. They insist that Fulvio's will is a different one. The lawyer goes into a rage: "But what will and wills, you have to be realistic and then I don't have to account to you for the reasons why I made this decision. I have nothing more to add."

Fulvio talks to everyone only about his home, about being able to go out but he can no longer talk to his support administrator and never meets him.

He cannot understand how it is possible that a stranger, never seen before, can decide everything about him, without listening to his will.

1.15 The elderly person has the right to seek support and help from people they trust and choose in making financial decisions.

Examples and Considerations Especially when suffering from cognitive problems, the elderly need support to improve their levels of "financial competence" so that they can understand the legal and financial implications and make informed decisions about health problems, the death of a relative, or moving to a care facility. This is especially important because it enables the older person not to lose control of his or her finances and to be as independent as possible in his or her daily life.

1.16 The elderly person has the right to receive appropriate support in making decisions, including through the appointment of a person of his or her choice who, at his or her request, and in accordance with his or her wishes and preferences, will assist in his or her decisions.

Examples and considerations

It seems increasingly necessary to make older people informed and aware of their right to be able to choose a trusted person to make their decisions and take care of their interests, including with regard to such crucial aspects of their lives as health. The recent establishment of the figure of the "trustee" who can be indicated in the DAT (advance declaration of treatment), a person who does not necessarily have to be a relative, nor the support administrator, but who can be freely indicated in the declaration, moves in this direction. This choice could help spread its use more widely throughout the country and make it effective for older people to sign the declarations.

2. FOR RESPONSIBLE CAREGIVING

2.1 The older person has the right to participate in the definition of care pathways, types of treatment, and to choose how health and social-health care is delivered.

2.2 Health and social care institutions and providers have a duty to present the older person with all available options for health and social care delivery.

Examples and considerations

The exercise of this right is not facilitated by the different and not always appropriate choices made in health and social-health care. For example, if the assisted person chooses to remain at home instead of resorting to hospitalization in social and health care facilities all health care expenses must be borne by him or her or his or her family in the face of the insufficient supply of home health and integrated care services. It seems desirable if not necessary for public institutions to make an economic commitment to ensure freedom and equality of choice among different forms of health and social-health care.

The choice of care environment must be made in accordance with the wishes of the elderly person receiving care, and in tune with his or her needs and financial resources. Cases of abuse such as the practice of transferring to post-acute and long-term care wards elderly persons in need of rehabilitative care are not uncommon, a transfer often made without the consent of the person concerned.

2.3 The elderly person must be guaranteed the right to informed consent in relation to health care treatment as provided for in current legislation.

2.4 It is the duty of physicians and health professionals to provide the older person in relation to his or her physical and cognitive condition with all necessary information and professional expertise.

2.5 Institutions have a duty to take appropriate and effective measures to prevent abuse.

Examples and considerations

Frequent are the cases in which the consent of the support administrator is improperly required for the provision of health treatment even where the elderly person appears to be capable of expressing it, as well as the cases in which information on health status is provided only to relatives and not to the elderly persons concerned or to other persons indicated by them.

Stories - 4 About the choice of support administrators ... an exemplary story

John is almost 90 years old and has a very lucid mind. In particular, one thing is clear to him: that he does not want to go to an institution. He repeated this to everyone even to repeat it to himself all the time.

Of course the future worried him. He was in good health but had no relatives, only a kind neighbor who did his shopping and other errands. And whom he always rewarded. His house was very well organized but on the third floor with no elevator it had become tiring for him to go out.

One day a small hole in the backyard was fatal to him. He fell and fractured his femur.

Thus began a path he had always dreaded. The neighbor who visits him confides his concerns about returning home: she could not have helped him any more than she did. He also talks to the doctors and the social worker at the hospital explaining that she can do very little and then there is also the problem of managing the pension, household expenses and everything else and he has no one. Therefore, the services decide to make an application for a support administrator right away. Not that John was not capable of deciding how to manage money and his future, but he is a 90-year-old man and the easiest thing, in the absence of a relative, seems to be to entrust him to an institutional figure.

Meanwhile, having passed the acute phase, they also decide to transfer him to another facility. Not really a rehabilitation because he is an elderly person, he will go to a post-acute rehabilitation: lower intensity of rehabilitative care. So he only does a few minutes of rehabilitation a day and then spends the rest of the hours in bed: no

one gets him up. It is easy to imagine how much this rehabilitation does not help him recover his motor skills significantly.

One day a doctor from the facility approached his bed and explained that it was preferable for him to continue treatment by transferring to another facility a little outside Rome, but a very good one, toward Velletri. For the transfer he would have to sign the form he insistently handed him, "here he has to sign here." John hesitates, he doesn't understand, he would like to talk about his future to prepare for his return home, he would like to have some explanations about his health condition, to ask why he still doesn't walk...and many other things: in short, he would like to talk to someone. But time is running out for him now, the doctor is in a hurry, and he has already started to turn to another patient. He can only say: but I would like to go home. The doctor looks at him with a pitiful look that suggests he was as if rambling, "Of course, however, he has to stay here now."

John finally signs, not knowing what it was all about. He had given consent for a transfer to an RSA. After that signature, months pass without anyone explaining anything more to him. He waits to continue his rehabilitation treatment but every day for some reason they are postponed.

One day a stranger shows up near his bed: good morning I am lawyer Bianchi, I have been appointed his support administrator. I will take care of your pension and what you need. Giovanni begins to glimpse a way out. "Well I would like to go home I have been here for 5 months already." The lawyer replies without room for reply, "It's still early to get out, we'll talk about it. In the meantime I will deal with the payment of the tuition of this institution. Then we will see. I will come back to see her when I can because it is far from Rome here." John asks for the availability of a sum of money because he has nothing with him and might need something. The lawyer's reply is even more lapidary: "But what do you have to do here with money you don't lack anything, they think of everything."

John is still waiting for someone to explain to him why he has to be in there.

2.6 The elderly person has the right to high-quality care and treatment tailored to his or her personal needs and wishes.

2.7 The older person has the right to appropriate and effective access to any health care services deemed necessary in relation to his or her health condition.

2.8 The older person has the right to be cared for and treated in the environment that best ensures the recovery of injured function.

2.9 It is the duty of institutions to oppose all forms of age-selective health and care.

Examples and considerations

The care and assistance of the elderly should as far as possible be provided at home, this being the environment that best stimulates the recovery or maintenance of the injured function, providing any health and social services deemed practicable and appropriate.

The hospitalization of the elderly person in a hospital or rehabilitation facility should take place for as long as is strictly necessary for treatment and rehabilitation, being clear that return to home is a priority goal.

2.10 Health and social workers have a duty to maintain the independence and autonomy of the elderly person in need of care.

2.11 Health and social workers have the right to achieve professional training appropriate to the needs of the older person.

Examples and considerations

Some care practices, such as getting patients out of bed only when service personnel are available, favoring bedding people to prevent falls, to the adoption of forms of restraint, actually limit and do not promote the autonomy of older people. These behaviors are often justified by citing reasons of work organization that end up taking precedence over respect for the person.

3. FOR AN ACTIVE LIFE OF RELATIONSHIPS

3.1 The older person has the right to have an active relationship life.

3.2 The older person has the right to live with whomever he or she wishes.

3.3 Institutions and society have a duty to avoid towards older people any form of confinement, ghettoization, isolation that prevents them from freely interacting with people of all age groups in the population.

3.4 It is the duty of institutions to ensure support for households that have elderly people within them and intend to continue to foster cohabitation life.

3.5 Institutions and society have a duty to ensure the affective continuity of elderly people through visits, contact and attendance with their relatives or those with whom they have affective relations.

Examples and considerations

The possibility of an active relationship life is not only guaranteed when people are confined to their homes or care facilities with a reduced possibility of meetings and visits, but also when care places are separated from the life of neighborhoods.

Therefore, it must be the commitment of institutions and communities to nurture at every level the fruitful relationship between young and old and to stimulate the many forms of integration.

Stories - 5 The drama of COVID 19: stories of isolation and newfound freedom

Aurelia is 85 years old and has lived in a nursing home in the center of a populous neighborhood in Rome for five years. She has a very rich relationship life. Every day she visits her friends, goes around the stores and has long conversations with the merchants in the area who do not know her, she goes for advice to her GP who has also become a trusted person.

The pandemic arrives and the doors of the institution close: no more going out. Even when the period of increased restrictions on the movement of people has passed, no one can leave the institution. Those who leave can no longer re-enter. Aurelia feels burdened by this situation but is aware of the emergency the whole world is experiencing and the tragedy that has overwhelmed the lives of so many. She complains a little but tries to hold on waiting to see the end of this terrible epidemic. But with the new wave of the pandemic, the virus also enters the nursing home where she lived: almost all of the elderly and the elderly sisters in the home fall ill. Aurelia is also positive, but fortunately manages to overcome the illness without having to be hospitalized. In contrast, other elders in the home and even the elderly nuns are forced to hospitalize and some never return, perhaps six, die.

Aurelia is distraught and, when, before the summer, the contagions begin to subside and the restrictions ease, she asks to leave just as all Italian citizens were allowed to leave their homes and move freely.

She is told again and again that she was not allowed out and that if she did she would not be allowed back in. So after a few days she packed her bags, booked a room at a bed and breakfast, and walked through the door of the institution to regain her lost freedom. She succeeded.

3.6 The elderly person has the right to the preservation of his or her mental and physical integrity and to be preserved from all forms of physical and moral violence and improper forms of physical, pharmacological and environmental restraint, as well as intentional or unintentional abuse and neglect.

3.7 Those who interact with older persons have a duty to report all forms of abuse, violence, and discrimination perpetrated against them.

Examples and considerations

In order to decisively combat all forms of violence against older people, the introduction of aggravating punishments in the case of moral and physical violence, mistreatment, deprivation of basic care, threats, extortion, humiliation, intimidation, and economic or financial violence, especially if they occur in protected settings or in care or nursing facilities, could be considered. Particularly important appears to be combating all improper forms of physical, pharmacological and environmental restraint.

Such protection should be ensured regardless of whether violence, abuse, neglect occur in the home, within an institution or elsewhere.

The most effective form of prevention of this type of abuse is not through the use of mere forms of technological control such as the use of video cameras, but through the possibility of cultivating even in places of care the life of relationships and interaction with the outside world by older people: the presence of visitors and volunteers is the best protection against abuse that can be perpetrated in enclosed spaces.

An additional preventive tool is the right of older people to choose the places and people they live with, including through the promotion of home-based services and cohousing as an affordable option.

3.8 The older person has the right to actively participate in social life, including through the performance of flexible forms of work appropriate to his or her conditions and possibilities or volunteer activities.

3.9 The elderly person has the right to retain the possibility of access to cultural and recreational services, as well as to manifest his or her thoughts and increase his or her culture, even in the presence of psychophysical limitations.

3.10 It is the duty of institutions to ensure services of digital inclusion, e-learning, and facilitation of learning through computerized means.

Examples and considerations

The guarantee of this right requires the exercise of public protection by institutions and administrations, which are called upon to find suitable solutions to avoid processes of marginalization.

To this end, institutions must provide suitable aids, not only those provided for the visually impaired or mobility impaired, but also for social and digital participation activities.

In addition, the concrete and verifiable possibility of access to day care centers is an indispensable form of protection of these rights.

The right of the older person to engage in the activities of his or her choice, including work and apprenticeship, should not be overlooked, albeit through suitable and effectively viable and available forms. Indeed, a widespread prejudice leads to the belief that the elderly person is incapable of activity and commitment. It emerges from scientific evidence that active aging in old age, capable not only of ensuring greater survival but also slower decline, results in lower demand for social and health services and a better quality of life.

3.11 Older people have the right to preserve and have their beliefs, opinions, and feelings respected.

Examples and considerations

The elderly person's right to exercise religious practices is thwarted by the lack of places of worship, as well as by the recurring choice to close religious services at places of reception and care.

3.12 The elderly person has the right to move freely and travel.

3.13 Institutions have a duty to take measures to facilitate the mobility of elderly people and adequate access to facilities for them.

Examples and considerations

The urban environment is not without impediments and barriers to the mobility of elderly people, who suffer, like other frail persons, significant limitations in moving on means of transportation, in public places and places open to the public. Therefore, it must be a growing and constant commitment of all public institutions to remove all forms of restrictions on freedom of movement.

We thank Prof. Alessandro Pajno , Prof. Vincenzo Antonelli and Prof. Gianlorenzo Scaccabarozzi for their valuable contributions.

We also thank the members of the Community of Sant'Egidio who, in the course of their many years of service to the elderly, were able to collect the life stories in this book