# Opinion

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# Bridging the digital divide among the elderly

According to official data released by the National Health Commission of China in 2019, elderly people with cognitive impairment in China total about 9 million, and is expected to exceed 40 million by 2050. Among them, there is a large number of elderly people with mild cognitive impairment, in the intermediate stage between normal aging and dementia.

A group of elderly "drifters" now live in Shenzhen, a typical immigrant city in Guangdong Province. To support their children's career and take care of grandchildren, they came to Shenzhen from their far away hometowns. Among them, those with mild cognitive impairment are more likely to encounter the impact of the digital divide. The deterioration of memory and increasing physical dysfunction make them more susceptible to risks and apprehensive about technology. It is thus a topic worthy of attention from society as to how to delay the impairments.

**Embarrassed digital situations**

The ongoing COVID-19 pandemic has made digital life a norm, as people are gradually accustomed to consume, socialize, and entertain themselves through smart phones and apps. But for
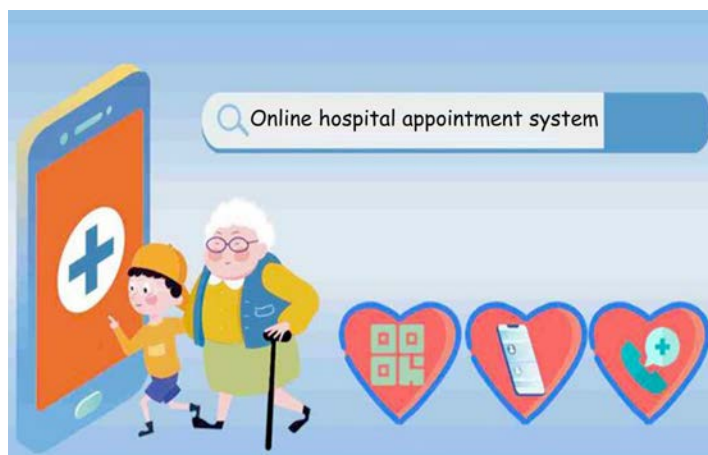


FILE PHOTO: For the elderly, using an online hospital appointment system might become a thorny problem.

the elderly with mild cognitive impairment, it becomes a difficult problem to transcend beyond the digital divide. To show the health QR code, or conduct online consumption... these seemingly easy things become quite difficult for them. The embarrassed situation they face has become an epitome of a hard digital life.

Today, the aging problem in China aggravates. As the fertility rate keeps declining and the average life expectancy increases, the proportion of the elderly in the total population is rising.

A young city with the average age

of its residents only 35, the aging problem of Shenzhen has already become prominent. As those who pioneered in starting businesses in Shenzhen in the early years have now retired, the elderly with mild cognitive impairment continue to increase in the city. Whether this issue can be reasonably solved will directly or indirectly affect the plan to build Shenzhen into a Pilot Demonstration Zone. Furthermore, as the COVID-19 pandemic has brought new changes, about half of the elderly population has not accessed the internet in a real sense despite the gener-

ally high internet popularity in China. During the pandemic, people's offline living has grinded to a halt. Being quarantined, their offline life has shifted into an online life. With negative responses, those old "drifters" in Shenzhen thus cannot fit into the quietly changing situation.

**Supportive system needed**

A model city in guiding the construction of the Guangdong-Hong Kong-Macao Greater Bay Area, Shenzhen needs to display more humanistic concerns in terms of policy formation while attempting to realize urban development by strides. To offer more support to the cognitively disadvantaged group of the elderly, we call for a digitally friendly environment for a more equitable digital life.

Some European countries and the US usually integrate the concept of age-friendliness in laying out policies for senior citizens, and the principle of digital inclusiveness is reflected. For example, Switzerland enacted the Web Accessibility Directive and the Netherlands released the Web Content Accessibility Guidelines. Some of the EU countries have advocated lifelong learning and proposed to set up digital colleges for the elderly. In

addition, the Council for Third Age was established in Singapore which dedicates itself to helping the elderly grasp skills of media use through public education and community-based peer assistance.

For China, its unique family culture can play a crucial role in this aspect. Through prevention and intervention, symptoms of those old people with cognitive impairment can be mitigated. During this period of remedying the situation, the support of families is particularly important. The family members, particularly children, can offer direct assistance and intergenerational interaction can be strengthened through face-to-face communication.

In addition, a multi-based social support system should be established to bridge the digital divide. Access to digital services should be made convenient for each community, family, and elder person. Senior-friendly intelligent auxiliary machines should also be equipped in public places where the elderly live. Finally, products that meet the needs of the elderly with cognitive impairment should be developed to activate market opportunities for elderly services.

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# Acknowledging vulnerability with a broader mind

In recent years, the concept of vulnerability has attracted increasing attention from political science, sociology, law, ethics, and other fields. Although more and more scholars have begun to recognize the importance of vulnerability, there are few systematic studies on the concept. The raging COVID-19 pandemic that has swept the world since 2020 has once again reminded humans of the fragility of life.

**Inescapable vulnerability**

It seems that vulnerability is the inevitable fate of mankind. Nevertheless, it has not been regarded as a central concept in the history of ethical thought. Mainstream ethical theories tend to highlight the tenacity and resilience of humans, emphasizing that only rationality and autonomy highlight their dignity and nobility. The evolution of human history has also been described as a process of overcoming vulnerability.

In this narrative context, vulnerability is often seen as negative, as opposed to human well-being; it is a state from which humans are trying to escape. However, no matter how much we try to eliminate it, no matter how we reject it, it is like a shackle on us, eternal in its nature. Disasters,

illnesses, and deaths constantly reveal its existence.

Exposed to different environments, some individuals or groups are particularly vulnerable due to differentiated abilities to utilize resources. Those who enjoy more social resources have stronger abilities to cope with risks and are thus less susceptible to vulnerabilities.

In the doctor-patient relationship, patients have to endure the harm incurred by diseases. In addition, lacking knowledge of pathology, most patients are not able to fully understand the uncertainty that is often brought by medical treatment. This places them in a passive, vulnerable status when they make medical decisions about whether to receive invasive procedures and treatment.

In addition, unfair social, political, economic, and cultural systems exacerbate the vulnerability of some individuals. As social beings, we are vulnerable emotionally and psychologically, easy to be ignored, insulted, rejected, sad, and depressed.

Be it common vulnerabilities faced by all, or differentiated vulnerabilities faced by disadvantaged groups, we must realize that not only "they" are vulnerable, but also "we" are vulnerable. At the same time, it is

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necessary to realize that special care should be given to "them." After all, "their" experience might represent "our" past, present, or future.

**Vulnerability and autonomy**

Vulnerability expresses the limits of life and lays the foundation for moral possibilities and necessities. Without vulnerability, we would not be able to understand human morality. In this sense, vulnerability is the starting point of ethics. It should be noted that the emphasis on vulnerability as the starting point of ethics does not mean the denial of the importance of the concept of autonomy in traditional mainstream ethics.

It is believed that ethical theory based on autonomy presupposes the recognition of humans as vulnerable beings. Otherwise, people

without vulnerability would be no different from a god, and the norms of morality, responsibility, obligation, and rights discussed in mainstream ethics will lose their meanings. In fact, autonomy and vulnerability are not diametrically opposed to each other, but are intertwined and inseparable. It is in the real state of individuals' daily lives that the two are interwoven with each other, and the over-emphasis of either is biased.

Constrained by vulnerability, we should first recognize it rather than reject it. With the development of science, the cognitive ability of human beings is constantly enhanced, with expanding and hitherto unknown fields being explored. The emergence and rapid development of gene technology has even become the booster of human evolution. There is no doubt that the development of science and technology is what reflects human rationality and autonomy. So, the significance of acknowledging vulnerability is to alert us to always hold a reverence for life and nature when developing technology and medical science. Only with such an attitude can we avoid the unnecessary harm caused by arrogance and impatience.

**Addressing vulnerability**

In addition, individual life cannot be maintained without the help of others. The development of rationality, the promotion of well-being, and the realization of morality are inseparable from cooperation with others since we live in an interdependent world. Everyone experiences helplessness, panic, and even despair from vulnerability at some point in their lives. All people are "weak" in this sense. This pervasive vulnerability and interdependence form the basis of the principle of mutualism, which requires that human vulnerability be addressed through creating a social climate of solidarity and a fair institutional framework. No one is truly self-sufficient and everyone needs to pull together in hard times.

At the same time, we especially need to identify those particularly vulnerable groups or individuals, analyze the causes of vulnerability, and avoid new vulnerability caused by man-made factors such as institutions. A just society should reduce the degree of harm through corresponding socio-economic systems while avoiding additional burdens on the disadvantaged, vulnerable groups.

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