LONGEVITY AND QUALITY OF LIFE

Opportunities and Challenges

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PREFACE

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Nations around the world are experiencing a spectacular increase in longevity. We are likely to live longer than our parents and to see our children grow up and grow older. Five generation families will soon become the norm. By the year 2050, 20-25 percent of the population in Western Europe, North America and Japan, and more than 15 percent of the population in developing countries will be over the age of 65. Already, 60 percent of persons over sixty live in the developing world and in the 21st century the number will rise to 80 percent. China alone will soon have 20 percent of all the world's older persons.

Society as a whole is being challenged by issues arising from this revolution in longevity, and it has become fashionable to engage in apocalyptic thinking, which is neither productive nor borne out by reality. Although the specter of the loneliness and existential suffering of older citizens is such that some people under the age of 65 find it difficult to conceive of a long-term future, persons over 85 have proven that aging does not necessarily preclude a healthy and productive life. We believe that the extraordinary progress in both curative and preventive medicine justifies optimism about the quality of life and state of well-being that can be enjoyed even in great old age. Rather than engaging in gloom-and-doom prognostication, we should look to professionals in diverse fields—science, ethics, care giving, economics, medicine, architecture, urban planning, to name a few—to develop creative solutions to the inevitable issues that will arise.

Nations must think globally, and search for ways to better serve society as a whole. While individual nations have differing cultural mindsets regarding the aged, it is clear that we need to continue to engage in dialogue on an international level. We must study current health care policies and attitudes toward the aging process, as well as movements to empower older persons in all societies. We have much to learn from each other.

Governments must prepare for the future health of their citizens by making long-term investments to educate all sectors of society in the value of good nutrition, exercise, and lifestyles that enhance well-being throughout life. People must be encouraged to take responsibility for their own health from an early age.

Obstacles will inevitably arise in the application of such a policy. Will young people adopt practices designed to lengthen their lives? Will governments be prepared to make long-term investments in costly policies for a period of ten, twenty or even thirty years, which is the time required for tangible benefits to be seen?

Of course, schools, the media and the health professions all have major contributions to make in ensuring that people, regardless of age, nationality and socioeconomic status, accept normal aging as a natural physiological process. Instead of viewing aging *de facto* as a disease process, younger generations need to learn that physical and mental decline is not inevitable. Society will have overcome a major hurdle in fighting ageism when people learn to differentiate between age-related diseases that may cause irreversible mental and physical handicaps, and the normal process of growing older.

Some economists believe that, given the need to cut spending on health, older persons need to be sacrificed in favor of the young. Yet, studies have shown that the main cause of health expenditure is serious, long-term, irreversible illness which unfortunately occurs in persons of all ages. Health care for the very old does not cost more per capita, and can often cost less than health care for younger persons. Furthermore, studies have clearly shown that older persons respond positively to medical management. A variety of treatments can reduce mortality due to cardiovascular disease, and early detection of a number of types of cancer can also save lives in this population. Unfortunately, although persons over 65 risk developing fatal cancers at a rate fifteen times greater than that of the general population, they are not encouraged to avail themselves of technological advances.

The ultimate decision will be political. At a time when the large economic power blocs are contending with tough issues of international competition, and in the context of modern economies which, typically, are run on the short term, will our leaders have the vision to commit to the long-term investments necessary for a viable health policy?

Two major socioeconomic phenomena may have a regulating effect on such economy-driven considerations. The first is the emergence of pressure groups that have come into being in response to a particular health issue—the “politics of anguish.” For example, the AIDS epidemic has opened up a new domain of popular solidarity, and the disease has become symbolic of social injustice. Universal health care is a unifying issue in the 20th century and could well lead to a new form of global solidarity in the years to come.

The second major development is the emergence of ethics committees in developed nations that deal solely with health issues. We believe these committees should extend their purview to monitor the substantial growth of biotechnological science and its ability to transform human health and modern society. Society must be safeguarded against the potential for abuse of this technology, not the least of which is the potential for the manufacture of biological weapons.

At the dawn of the 21st century, the mission of the International Council for Global Health Progress and the International Longevity Center led to its organization of an international congress that brought together a variety of professionals in the field of health, to meet with associations of health-care recipients, economists, and politicians with experience as decision-makers in the field.

The common denominator was our acknowledgement that the right of older persons to enjoy good health must be a priority.

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Robert N. Butler
Claude Jasmin

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