Why I hope to die at 75—Part 2

It is well-established that the highest percentage of people who die from Covid 19, by far, are the elderly. The following essay by Penn ethicist Ezekiel Emanuel, M.D., adds an interesting perspective to this situation. It aroused quite a controversy when it was first published in “The Atlantic” magazine in 2016. (Part 2, abridged because of space limitations.)

By Ezekiel Emanuel, M.D.

Americans may live longer than their parents, but they are likely to be more incapacitated. Does that sound very desirable?

Not to me.

What are those reasons?

Let’s begin with demography. We are growing old, and our older years are not of high quality. Since the mid-19th century, Americans have been living longer.

Since 1960, however, increases in longevity have been achieved mainly by extending the lives of people over 60. Rather than saving more young people, we are stretching out old age.

The American immortal desperately wants to believe in the “compression of morbidity.” Developed in 1980 by James F. Fries, now a professor emeritus of medicine at Stanford, this theory postulates that as we extend our life spans into the 80s and 90s, we will be living healthier lives—more time before we have disabilities, and fewer disabilities overall. The claim is that with longer life, an ever smaller proportion of our lives will be spent in a state of decline.

Compression of morbidity is a quintessentially American idea. It tells us exactly what we want to believe: that we will live longer lives and then abruptly die with hardly any aches, pains, or physical deterioration—the morbidity traditionally associated with growing old. It promises a kind of fountain of youth until the ever-receding time of death.

It is this dream—or fantasy—that drives the American immortal and has fueled interest and investment in regenerative medicine and replacement organs. But as life has gotten longer, has it gotten healthier? Is 70 the new 50?

Not quite. It is true that compared with their counterparts 50 years ago, seniors today are less disabled and more mobile. But over recent decades, increases in longevity seem to have been accompanied by increases in disability—not decreases. For instance, using data from the National Health Interview Survey, Eileen Crimmins, a researcher at the University of Southern California, and a colleague assessed physical functioning in adults, analyzing whether people could walk a quarter of a mile; climb 10 stairs; stand or sit for two hours; and stand up, bend, or kneel without using special equipment.

The results show that as people age, there is a progressive erosion of physical functioning. More important, Crimmins found that between 1998 and 2006, the loss of functional mobility in the elderly increased. In 1998, about 28 percent of American men 80 and older had a functional limitation; by 2006, that figure was nearly 42 percent. And for women the result was even worse: more than half of women 80 and older had a functional limitation.

Crimmins’s conclusion: There was an “increase in the life expectancy with disease and a decrease in the years without disease. The same is true for functioning loss, an increase in expected years unable to function.” …I am not saying that those who want to live as long as possible are unethical or wrong. I am certainly not scorning or dismissing people who want to live on despite their physical and mental limitations. … But 75 defines a clear point in time: for me, 2032. It removes the fuzziness of trying to live as long as possible. Its specificity forces us to think about the end of our lives and engage with the deepest existential questions and ponder what we want to leave our children and grandchildren, our community, our fellow Americans, the world. The deadline also forces each of us to ask whether our consumption is worth our contribution. (Emanuel, who was 59 when he wrote this essay, says he reserves the right to change his mind.)