

Health, Productivity and Aging: An Overview

■ Triage in an Aging Society

Unless we can begin to perceive older persons as productive, their lives will be at risk. They will be seen as a burden. How will the threshold of burden be defined? Will triage, the French term derived from battlefield conditions in World War I, be transposed to peacetime conditions to select for elimination of certain less “effective” or productive groups within a society – older people, the disabled, and the like?

In some respects I would contend that in the United States covert euthanasia already is

operating in emergency rooms and in many situations in which it is not always conscious. Physicians and health providers are often making decisions with regard to dying and death without the participation of older persons or their families. We have long seen in the United States hostile terms applied to older citizens and middle-aged women by physicians: “gomer,” which is an acronym for “Get out of my emergency room;” “gork,” which means “God only really knows;” “dirtball;” “vegetable” and “crock.” Those elements of an extraordinarily insensitive medical lexicon clearly express the helplessness physicians and other providers feel in the face of untreatable malady, particularly those who adopt divine pretensions.

There is, of course, much of value in the concept of the right to die with dignity. However, there are dangers that we are beginning to see. In the United Kingdom, the Society for the Right to Die is actively encouraging suicide. France, too, has actively debated the propriety of the suicide manual entitled *Self Deliverance*, published in

1982 by Michel Linda. In California,

Hemlock, an organization of some growing popularity, is actively encouraging suicide by the terminally ill. In 1977, *The Washington Post* revealed an

“in-house” policy paper within the Department of Health, Education and Welfare that suggested the need to encourage older persons in the United States to sign “right to die” cards in order to reduce “heroic measures” undertaken in the terminal care of older persons and thereby curb costs. It comes close to the concept of the “final solution.” Professor Anthony DeBono, a leading figure in the 1982 U.N. World Assembly on Aging, has expressed directly his own personal fear that active euthanasia soon will be applied, as the crunch of numbers of older persons approaches.

There are no data, in the United States at least, to support the widely held notion, or misperception, that there are growing conflicts between young and old. However, the French demographer Alfred Sauvy sees the aging of society as much more serious than the North/South struggle. He has related the rise of the number of older persons to the decline of Periclean Greece. His view of the graying of France and, by extension, the graying of nations, approaches the apocalyptic.

■ Are Older Persons “Burdens”?

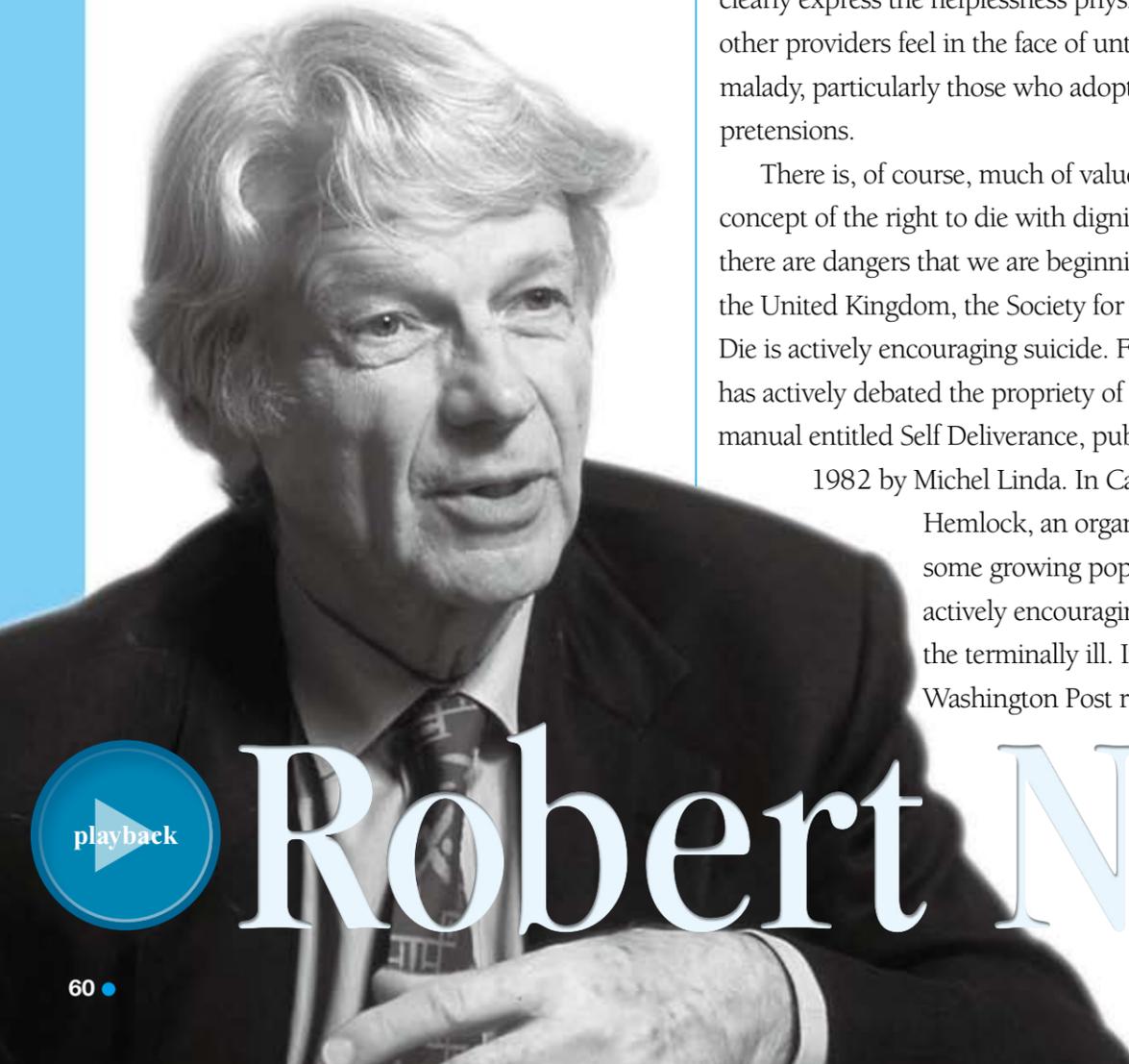
National magazines frequently have carried jeremiads regarding the costs and burdens of an aging population. A typical example was the January 24, 1983 issue of *Newsweek* that quite

inaccurately showed on its cover 1 young person holding up 9 people older than himself. The title was, “The Social Security Crisis, Who Will Pay? The Growing Burden on the Young.” It also clearly indicates the failure to perceive the connection between our future selves and our present selves, that the social security burden upon the young is a reflection of the ultimate opportunity for the young persons when he gets old to receive appropriate and necessary support.

In 1983 article in *The New York Times*, reporting on a meeting of the American Association for the Advancement of Science, noted that “life expectancy in the United States is increasing so dramatically today that taxpayers in the coming years may have to come up with billions of additional dollars to support the aged.” The article attributes this problem largely to “a drop in deaths from heart disease and stroke in the last decade in the United States.” I wonder if anyone would suggest that we cease and desist from continuing biomedical research in the National Heart, Blood and Lung Institute.

Barbara Boyle Torrey and Douglas Norwood, economists with the Federal Office of Management and Budget, in a 1983 article in *The New York Times* also have warned that improvements in mortality rates would increase the already ominous growth potential in costs of programs for the aged.

Many of these concerns, of course, are operative not only in the United States. We know, too, from field reports, that, with urbanization in Africa, Latin America and Asia, older people,



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particularly women, frequently have been left in villages, often in poverty.

■ Evaluating Older Persons' Abilities

I believe that significant number of people over 60 and 65 can in fact continue to work and contribute to their communities. There are data from a few longitudinal studies in the United States – the National Institute of Health, the National Institute on Aging and Duke University – demonstrating that cognitive abilities in older persons, speaking very broadly, decline less and later than originally had been reported in earlier studies. The presence of decrements requires a diagnostic evaluation for possible pathological explanation.

What is the relationship between an increase in average life expectancy and work ability? During my tenure as director of the National Institute on Aging, I was asked by the United States Commission on Social Security Reform to address that question. It is not a simple question. In the United States, the data from the National Center of Health Statistics, for example, indicate an increased disability, or morbidity, with each decade of life. There is certainly a large subpopulation of increasingly healthy, educated, activist, vigorous older persons who can enhance their own and society's well-being through productivity.

■ New Agenda

In my book, *Why Survive? Being Old in America*, I developed an "Agenda for Activism" that has

been used by the Gray Panthers and other organizations on a local level.

There is need, too, for a politics of aging. To be politically effective, such a movement must attain certain thresholds:

1. A certain number and proportion of older persons
2. A certain percentage of disability-free older persons with an adequate level of energy
3. Enough older leaders and models
4. Reduced denial of age by healthy and affluent older persons who otherwise do not identify with the sick and poor
5. Improvement in the role of the media and education in combating the unfortunate stereotypes and devalued images of age
6. Mobilization of anger and outrage against the tacit repression of old people comparable to that aroused by women and racial minorities
7. Disciplined support for political candidates who are genuinely committed to changing attitudes and policies toward the elderly

To mobilize the skills and talents of older persons will benefit both older persons and society. At present, no government or private institution within society has addressed effectively and comprehensively the multiple challenges posed by societal aging. There has been progress, of course, of varying degrees in different countries, including the development of social security programs, social services, research and education. These efforts, both in the United States and elsewhere, may be at some risk in part because of

austerity or alleged austerity. Certainly none of them are perfect.

Population aging is significant. But there is a tendency for any of us who are trying to highlight an issue in the United States to be overly dramatic. The efforts of the supporters of cancer research may have contributed to a certain degree of cancer-phobia. And right now those of us who were anxious to sharpen attention upon Alzheimer's disease are becoming aware of the extent to which overdiagnoses are being made. Some people are being frightened into thinking that if they cannot remember something on their 51st birthday they are in trouble. So we always have to be careful as we highlight significant issues.

■ Setting the New Agenda

We certainly do not want to return to the era of high mortality or high birth rates. We do want to enhance the productive potential of older persons and reduce their dependency. I suggest the following agenda:

1. Enhance cultural and moral sensitivity to the human life cycle.
2. Smash stereotypes through public education and studies of healthy older persons.
3. Reconceptualize or humanize our concepts of productivity.
4. Enhance societal productivity through investments in science and technology, particularly in health and education.
5. Enhance individual productivity through national planning, through wrestling in a

meaningful way with the setting of priorities.

6. Increase disability-free life expectancy through health promotion and disease prevention.
7. Alter work conditions and work tasks and look for new work forms.
8. Break down the now ironclad compartments of education for the young, work for the middle aged and retirement for the old.
9. Examine the notion of separating income from work itself and support activities that are equivalent in socioeconomic value to agreed-upon examples of productivity.
10. Value and use wisdom.
11. Look at the role of the family in strengthening productivity.
12. Share our technological success with everyone.
13. Convert management thinking about retirees and older workers.
14. Recognize that health and productivity are interacting conditions: The unproductive human is at higher risk of illness and economic dependency and the sick person is limited in productivity and is, therefore, at higher risk of dependency.