

Is Aging a Disease? And Does It Really Matter?

Alexandre Erler

CUHK Centre for Bioethics

Workshop “Perspectives in Biogerontology”

24 April 2018

DEPARTMENT OF
PHILOSOPHY 哲學系



CUHK Centre for Bioethics
The Chinese University of Hong Kong
香港中文大學生命倫理學中心

Plan of the talk

- Is aging a disease?
- Does it really matter?
- Some conclusions

1. Is aging a disease?

Question viewed by many as ethically crucial

- Core assumption: if aging is a disease, then it's an appropriate target for medical intervention; otherwise it isn't
- First camp: aging *is* a disease, therefore we have compelling reasons to target it (and get it recognized as such): e.g. Caplan 2005, Faragher 2015
- 2nd camp: aging is *not* a disease, i.e. not an appropriate target for medical intervention: e.g. Hayflick 2001-02, Lachs 2004

A complex question in the philosophy of medicine

- At least if “is a disease” not equated with “is bad”
- Galen, Boorse:
 - Disease = departure from normal functioning
 - If everyone has a condition, it cannot be abnormal
 - Since everyone ages, aging cannot be a disease
- Izaks & Westendorp, 2003; Caplan, 2005:
 - Aging cannot be meaningfully distinguished from disease given structural similarities between the two
 - Progressive, deleterious process culminating in death

2. Does it really matter?

The preventive rationale for anti-aging medicine

- Premise: slowing down, or even reversing, aging process would help prevent, or at least delay, onset of cancer, Alzheimer's, or cardiovascular disease
- E.g. Olshansky, 2016; Goldman, 2016
- Preventing/delaying onset of disease is a proper goal of medicine; cf. vaccinations
- Conclusion: if premise is correct, anti-aging project has legitimate medical rationale, regardless of status of aging itself as disease

A lesson not learned?

- At least some bioethicists are aware of preventive rationale
- E.g. Post, 2004; Glannon, 2008; Schermer, 2013
- Unfortunately, several of them replace “treatment fetishism” (Erler, 2017) with other fallacies
- Preventive rationale insufficiently taken into account
- Burden of proof is on supporters of aging to explain why badness of tackling it outweighs rationale

Therapy vs. enhancement?

- Glannon, 2008: preventive rationale does apply to regenerative medicine
- However, “genetic manipulation of the aging process to substantially extend life for its own sake” would count as enhancement
- I.e. rationale not applicable; public funding = no-no
- Schermer, 2013: if aging is not a disease, then anti-aging medicine = enhancement

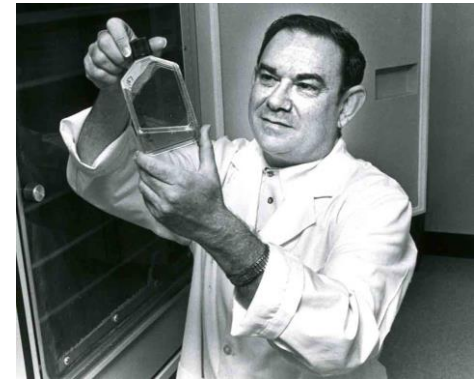
A rebuttal

- Former remarks only apply to prolonged senescence
- If life-extending intervention has preventive effect, it *is* therapeutic, even if it *also* enhances the person
- Decelerated aging and even rejuvenation would (by hypothesis) have such an effect
- *Purpose* of an intervention *not* crucial per se to determine its status as treatment or enhancement
- Only relevant as indication of its likely *effects*

3. Some conclusions

Biological aging stands in need of a defense

- One key desideratum: its effects must not be conflated with those of *chronological* aging
- One case in point: Hayflick



Hayflick on aging

- “The goal of slowing the aging process might be viewed in the same light in which we view slowing developmental processes...If retarding the mental and physical development of someone from birth to age twenty years, for ten years in order to gain a decade of additional life is unattractive, then slowing one’s aging processes in later life will not be attractive, and for the same reasons. The probability that either physical or mental development could be slowed independently of the other borders on science fiction.” (Hayflick, 2001-02, p. 25)

Politics and philosophy

- Undeniable that language used to describe aging (e.g. “disease”, “enhancement”) can influence public and policy-makers, and thereby funding
- Potential conflict between political/strategic goals of bioethicists and their intellectual integrity
- They should then prioritize the latter
- Exposing therapeutic fetishism is better than playing to it

Thank you!

erleralexandre@cuhk.edu.hk

DEPARTMENT OF
PHILOSOPHY 哲學系



CUHK Centre for Bioethics
The Chinese University of Hong Kong
香港中文大學生命倫理學中心