Justice and Biogerontology: Extending Lives Unequally

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Outline

- Research in biogerontology promises to benefit individuals by extending their (healthy) lives
- Some people are likely to benefit from this research more than others. That might be unfair
- Resolving what to do in this situation depends on the details
- As such, my aim here is to identify the questions that need to be answered (not to argue either for or against state support for biogerontology)

Access

- In discussions of justice and new biotechnologies the focus is typically on who will be able to access them
  - Will they be too expensive for anyone but the rich?
  - Would that kind of unequal access be unjust?
- That is a concern, but not the only concern here
  - Even if everyone has the same access to the technologies developed by biogerontologists the potential for injustice remains

Looking to the past

- Over the past century average life expectancy at 65 in many countries has increased
    - Example: for men in the UK it has increased from (roughly) 4 years in 1911 to 17 years today
- That increase at the national level disguises considerable variation at the local level

- Mapping life expectancy at 65 shows a correlation with socio-economic status
    - On average the rich live longer and healthier lives than the poor
- To a large extent this is because of differences in environment and behaviour

- Because biogerontology focuses on biology, on the body of the individual, it may not change this. It also may not delay the onset of (potentially fatal) illness caused by the environment or behaviour
  - Though that depends on the details
- For that reason while the poor may benefit from this research (in the form of longer life expectancy) they may not benefit as much as those who are better off
- In this way the results of research in biogerontology could well exacerbate existing inequality

- Actions that produce unevenly distributed benefits (even where that increases inequality) are not necessarily wrong — particularly if everyone benefits

- But the money the state might use to fund research in biogerontology, or to implement the findings of that research, could be used to tackle the sources of the existing differences in life expectancy

    - That might also suggest certain typed of research are more just than others

- That would both provide a benefit and reduce inequality (which might look like a better option)

Whether it is depends on how we answer four questions:

1. would those technologies affect different groups in society differently, and if so what is the size of that difference?
2. what is the likely overall benefit of introducing the the technology, and what is the likely overall benefit of using the resources in other ways?
3. what is the likely overall effect on inequality of introducing the technology, and how does that compare to the effects on inequality of those alternatives?
4. how should we balance increases in wellbeing against increases in inequality?

- I want to illustrate some of the complexity of the third of these questions by using an example: state pensions

  - I will focus on the UK system. In that system (like most state systems) current taxpayers pay for the pensions of those who are currently retired, and when they retire their pensions will be paid for by those who are working at that time

- This is intended to show some of the foreseeable problems in extending life spans that ethicists do not normally consider

- Increased life expectancy at 65 (the current retirement age) increases the cost of the pension system

- If biogerontology enables us to extend average life expectancy by 10 or 20 years that system will simply be unaffordable. Something will need to change

- But all the possible changes look as if they treat some part of the population unfairly

Option 1: raise the pension age

- Where policies increase life expectancy unevenly (so those currently better off receive more benefit than those currently worse off) this shifts money from the poor to the rich. That would be unfair.

- To see this it will be useful to look at a very simple model of a society containing two groups: the rich and the poor. These groups are the same size. On average the rich live to 85, and the poor to 75. The current pension age is 65

- Now suppose that biogerontology develops a way to extend average life expectancy. The affects are likely to vary as we have seen. In this case the rich will on average gain 20 years, and the poor on average 5 years

- To keep the cost of the pension system the same retirement age in this scenario would need to rise to between 77 and 78

- Everyone will therefore need to pay more into the pension system

- As a result the rich will, on average, get a pension for longer — up from 20 years to 27.5 years

- In contrast the poor will, on average, get less — down from 10 years to 2.5 years

- The extra money the poor pay does not benefit them it helps to subsidise the increased benefit to the rich

- That looks unfair

Option 2: scrap the state pension

- If the pension system is unsustainable, why not just get rid of it?

- A problem here is that those currently paying for the pensions of those who are retired, have been doing so on the understanding that they will get a pension when they retire

- Having taken their money on that basis, it would be wrong to renege on the implicit promise to pay them

Option 3: move to a system of different state pension ages for different groups

- This is probably the fairest option, but designing such a system in a way that is both fair and affordable is an extremely complex and difficult task

- It would be easy if society were as simple in the example earlier. But of course society is not that simple

What has any of this to do with biogerontology?

- Problems for social welfare systems, like the pension system, are foreseeable implications of any program to extend life (particularly if this is done rapidly)

- For that reason the state should, when making decisions about whether to fund such programs, take account of these effects

- That does not settle what it should do, but it does provide a reason not to support them

Conclusion

- The ethics of biogerontology is complex.
- It is not something that ethicists can work out from the comfort of their armchairs
- It requires detailed engagement with the structures of society, of the proposed innovations, and of the other options available