MOTION:

“ATTEMPTS TO EXTEND RADICALLY THE HUMAN LIFESPAN SHOULD BE WELCOMED NOT FEARED”

Produced by

Changing Age — medical, moral and social debates about ageing
Ageing affects us all, and not just in the sense that we all grow old. As a society we have an ageing population, in which the proportion of people over the traditional retirement age is increasing [Ref: The Wellcome Trust]. Adapting to this will require significant changes. Britain’s ageing population results partly from the fact that the bulge on the population graph produced by the post-war baby boom is beginning to pass the threshold of retirement age [Ref: Wikipedia]. Fears have been raised that the ‘demographic time-bomb’ is about to explode, with significant implications for pensions and healthcare [Ref: wordwebonline.com]. The principal cause, however, is a general increase in life expectancy. Over the last 150 years, life expectancy in the UK has nearly doubled from 40 to 80 years and research indicates half of babies born today are expected to live to 100 [Ref: BBC News]. Today, however, a few scientists see medical breakthroughs on the horizon that will radically extend our lifespan, perhaps even allowing us to live to 1,000 [Ref: The Times]! The attitude we adopt as individuals and as a society affects how we see the phenomenon of ageing. Some are happy to grow old gracefully, others go to great lengths in pursuit of the secret of eternal youth [Ref: The Times]. On one side of the debate are those who see increasing the human lifespan as a straightforward moral imperative. On the other side are those who think the desire to live forever is a selfish attitude that neglects our responsibilities to those who will follow us and ignores the way in which the inevitability of death gives meaning to life. The debate therefore throws up two issues. First, there’s the practical question: can we cope with the challenge of an ageing population, now and in the future? Second, there’s the underlying moral question: should scientists focus on increasing human lifespan?
What are the different scientific approaches towards ageing?

We age because our bodies have a limited capacity to renew and repair themselves. But while scientists are broadly agreed on why and how we age [Ref: about.com], scientific research into ageing takes three different forms [Ref: PubMedCentral]. The conventional ‘compressed morbidity’ approach seeks increases in average human life expectancy, but not in maximum human lifespan. The aim is that all the bad aspects of ageing associated with declining functioning are compressed into a final period of decline at the end of a person’s life. There is evidence of public support for pursuing research into prevention rather than cures and for putting quality of life before simply longevity [Ref: ipos-mor]. However, this is increasingly challenged by two other approaches. The ‘decelerated ageing’ approach seeks to slow down ageing processes so that both average life expectancy and maximum lifespan are increased. Finally, the most radical ‘arrested ageing’ approach seeks to ‘cure ageing’ and aims for radical life extension [Ref: Wikipedia].

Hope I de before I get old?

Should we be anxious about our capacity to adapt to the demands of an ageing population, something which is not just a European problem [Ref: BBC News] but affects Asia as well [Ref: BBC News]? Is an ageing population an opportunity [Ref: spiked] or a burden [Ref: Daily Telegraph]? First, there are social policy issues to do with the cost of pensions and healthcare. When we factor in the possibility of radical life extension, overpopulation and scarcity of resources is a frequent concern [Ref: Daily Telegraph]. Second, there are social attitudes towards ageing.

Are we able to offer a positive vision of what it means to be old in a society where people appear increasingly keen to hold on to their youth [Ref: spiked]? Third, what sort of quality of life can we expect in old age? Are we destined for a frail old age or longer, healthier lives? Would life extension risk stringing out lives that are ‘painful and meaningless’ [Ref: Daily Mail], or is it about making us not ‘older longer’ but ‘younger longer’ [Ref: Reason]? It’s a question of whether science will allow quantity and quality of life to increase together or whether it’s more likely we will have longer lives but lack the quality of life to enjoy it. Finally, would increased longevity affect our attitude to life? Would we become so focused on living longer that we forget to live?

Who wants to live forever?

Cambridge University biogerontologist [Ref: Wikipedia] Aubrey de Grey, a supporter of the ‘arrested ageing’ approach, has argued that ‘the first person to live to 1,000 might be 60 already’ [Ref: BBC News]. His recommendations for defeating ageing, known as Strategies for Engineered Negligible Senescence (SENS), are controversial [Ref: SENS]. The majority of the scientific community dismiss such views [Ref: BBC News], although campaigners think that the number of ‘supercentarians’ will increase dramatically [Ref: Daily Telegraph]. Separating scientific hope from hype is an important aspect of the debate; but even if de Grey’s predictions are not realistic, they still offer a challenge to our acceptance of ageing. Should we fight a war against death and see ageing as something that can be overcome? Is it just as important to extend people’s lives as it is to cure disease? As Leon Kass, a notable opponent of radical life
extension, puts it ‘the challenges of an aging society are finally not economic and institutional but ethical and existential’ [Ref: Washington Post]. Those who follow Kass argue there is a natural cycle of life and death that we should not interfere with. Death is a reality to be faced, not a problem to be solved [Ref: Guardian]. Advocates of life extension argue that, on the contrary, death should not simply be accepted as a ‘fact of life’ but seen as an urgent problem to be overcome by adopting an engineering approach [Ref: SENS].
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