

We're Getting Old, but We're Not Doing Anything About It

Like climate change, the aging of America demands a serious rethinking of the way we live.

By Susan Jacoby

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Dec. 23, 2019

One of the paradoxes of this presidential campaign is that while many of the candidates are in their eighth decade of life, fundamental issues associated with the aging of American society are still receiving relatively little attention from the public, the press and politicians themselves. In 2031, the oldest baby boomers will turn 85, entering the land of the "old old" and facing exponentially higher risk for dementia, serious physical disabilities and long-term dependency.

Like climate change, the aging of America demands serious reconsideration of the way we live. Confronting the issue and its many implications, from Medicare's failure to cover long-term care to the ethics of physician-assisted dying, requires what seems to be the most difficult task for human beings — thinking about the future.

In November, the National Center for Health Statistics reported that the birthrate among women of childbearing age had dropped to a record low, continuing a sharp decline in births that began around the financial crisis of 2008. At the same time, The Journal of the American Medical Association reported an increased death rate in the 25- to 64-year-old age group, with the main causes thought to be opioid overdoses, alcoholism and suicide.

What these statistics mean is that if these trends continue (always an important caveat in demographic studies), there will be many fewer young and middle-aged people to care for the frailest of the old, whose death rate has not increased in recent years. The population of the prime caregiving age group, from 45 to 64, is expected to increase by only 1 percent before 2030, while the population over 80 will increase by 79 percent.

In certain respects, the crisis is already upon us. A study published this year by Gallup and West Health, a research organization dedicated to lowering health care costs, showed that people over 65 had withdrawn an estimated \$22 billion from long-term savings accounts in the previous year to pay for health expenses Medicare didn't cover. A recently published article in The Journal of the American Geriatrics Society underscores the sobering likelihood that one out of seven 65-year-olds today can expect to be disabled for at least five years before death. The largest increase in the disabled population is projected to occur in the 2030s.

Although there has been considerable talk about health care during the Democratic presidential debates, nearly all of the focus has been on the young with inadequate insurance coverage. That Medicare as we now know it fails to work for many retirees, leaving them in danger of going bankrupt, gets short shrift.

The other side of the coin is that many people in their 60s and 70s are self-sufficient and hate nothing more than the thought of retirement. Why else would five septuagenarians — Joe Biden, Michael Bloomberg, Bernie Sanders, Donald Trump and Elizabeth Warren — be seeking the presidency? "Because we are aging as a society, it's time to cast aside outdated assumptions that people over a certain age are monolithic," says Jean Accius, senior vice president of thought leadership at AARP. "We need to recognize the opportunities of all stages of life, not just the challenges."

Our conflicting attitudes toward aging play a critical role in the silence about age-related issues. On the one hand, many Americans cherish the idea that “70 is the new 50” — a rosy falsehood contradicted by any serious study of the age curve for major diseases. On the other, we remain scared to death of the very word “old” (which politicians themselves, and the journalists who question them, almost never use). “Older” (as in “older Americans”) tend to be the preferred euphemism. This is particularly silly, given that everyone is older than someone.

The day-to-day specifics of what it means to have so many ill old people living longer are so numerous that it is hard to think about them simultaneously. Alzheimer’s disease, the most common form of dementia for those over 85, offers a textbook example of this complexity.

For people older than 85, the risk of developing Alzheimer’s is 14 times higher than for those ages 65 to 69. Contrary to the narrative that America is a selfish society in which most people neglect their older relatives or neighbors, the Alzheimer’s Association reports that 83 percent of help received by old adults in the United States is provided by family members, friends or other unpaid caregivers. Approximately two-thirds of the caregivers are women and one-third of those aiding people with dementia are daughters.

The financial impact on both the old and those in late middle age is staggering. The median savings of people in their middle age is just \$15,000, according to the National Institute on Retirement Security. Social Security plus \$15,000 presents a scary prospect for those who hope for a decent standard of living throughout the average 20-year American retirement.

When dementia strikes, all bets are off because even if there is a child who desperately wants to keep his or her sick parents at home, it becomes increasingly difficult, if not impossible, to do so without home health care aides — which, again, Medicare usually generally does not pay for. The problem is not just the shortcomings of Medicare, or the inadequate savings of many Americans, or the absence of effective treatment for Alzheimer’s. It is all of those things.

First, it is vital to address the disturbing human realities behind the statistics. An aging society affects everyone, but it affects women most because of their greater longevity. How can we continue to count on women to provide two-thirds of unpaid caregiving? I gnash my teeth every time I encounter one of those ubiquitous television ads for a business called “A Place for Mom,” which provides much-needed service by helping people find long-term care for parents. It’s not called “A Place for Dad” for a very good reason. We assume that Mom (or Daughter) is caring for Dad at home.

Second, public programs and private companies need to cooperate to provide opportunities for old people who want to and are perfectly able to go on working. That’s an important objective of AARP, which held town halls on aging in Iowa last summer. Most candidates attended at least one of the meetings, but the discussions received little national publicity.

Third, a healthier attitude toward aging also means examining moral issues. Physician-assisted suicide, for example, is the source of a fierce ethical debate that matters greatly to anyone who can imagine growing old. Questions about the end of life, like those about abortion, should be posed in every national forum. According to a Gallup poll conducted last year, 72 percent of Americans agree that doctors should be allowed to help end a patient’s life painlessly if there is no hope of a cure and the medical assistance is requested by patients and their families. The support drops to 65 percent if the phrase “doctor-assisted suicide” is used instead of “end a patient’s life” — yet another case of the American preference for euphemism.

No single “program” can deal with the intimate, painful problems associated with the growing proportion of old people who experience long but not necessarily healthy lives. Facing our own fears about what it means to grow old, without resort to soothing euphemisms, is the essential psychological shift that all Americans must make

before we can meet the deadline to create a better reality for the old and their families.

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