

Rethinking Health Care and the Elderly

by Gerald Faverman and Peter Pratt

We are on the threshold of a war between the generations. Worshipping the cult of youth, we fail to see the wisdom and experience that our elders offer. As their numbers multiply, the elderly's value in the eyes of the young appears to diminish. This is a recent problem; until the second half of this century too few of us lived long enough to become what the elderly are now, a powerful interest group that plays an important role in all public policy. This is ironic: Our strongest "special interest" group represents the part of our population that many of us consider the weakest.

In health care, the battle lines between the generations have been drawn with statistics: The elderly are using more than their share, leaving too little for the nonelderly when they reach the age of 65. On average, persons aged 65 and older use three times the health care that persons under age 65 use. If you are 85 years old and older, you consume two-and-a-half times the health care that a person aged 65 and older does. And, as everyone knows, these disproportions will grow dramatically as our population ages. The elderly make up 12 percent of our population now; in fifty years, they will comprise 23 percent. When the baby boomers age, there won't be much left for anyone else. The divisiveness between generations will intensify.

This line of reasoning and accounting is extraordinarily counterproductive. It illustrates a society's bias against the elderly. Health care is only one arena of public policy in which the elderly are seen primarily as a drain on resources. This is wrongheaded for several reasons. First, it presumes that they did not contribute to the pool of resources that they are now consuming. This is obviously untrue. Second, it presumes that the elderly undergo some mystical transformation at age 65 that converts them into helpless, unproductive members of society. This is simply wrong. Public policy must consider and encourage the value of our elders, not just their cost.

Our health care system does much to encourage this view of the elderly as dependents. Some of this is unavoidable; sickness, more than any other state of body or mind, forces helplessness upon us. But this is not specific to age. An ill thirty-year-old is no less helpless than an ill seventy-year-old.

The growing prevalence of chronic illness consigns many of the elderly to physical and intellectual isolation. The elderly are separated by age and malady from the nonelderly, except for the people who take care of them. The goal of most social institutions is to maintain order, to keep people quiet, and custodial care is no exception. If everyone does the same thing, the group is easier to manage. Too often, an institution's goal is to move people through it without them making too much trouble—like too many of our schools, hospitals, nursing homes, and government and industry bureaucracies. This is movement without progress, reducing people to their lowest common denominator, squelching diversity and intellectual vigor.

We can no longer afford to view the elderly in this uncharitable light. The elderly have too much to offer us. We do them and ourselves a great disservice by arbitrarily drawing the line of utility at age 65 or 70; a birthday does not induce the immediate loss of a life's work. The elderly should not be seen as "frail," the adjective that often precedes "elderly."

We should be very careful not to confuse physical limitations with intellectual limitations. Our health care system does this every day with the elderly. Chronic illness may take the spring out of the step of an eighty year old woman, but it does not necessarily rob her of a lifetime of insight, experience, and compassion.

One important way to realize the elderly's social usefulness is to look at health care in the broadest possible sense. Health care should not, as our system too often does, assume sickness. Rather, it should be defined as "anything that keeps people healthy and vital." Such a definition will allow health policy makers and health providers to invest limited resources more intelligently. We cannot afford a health care system

that concentrates so many resources on acute and intensive care. Instead, we must refocus our energy and dollars on the prevention of disease, primary care, and the management of chronic illness.

The growing prevalence of chronic disease calls for a new mindset. The medical profession and the public are wedded to the belief that medicine's highest good is the cure. In many cases, this is an admirable goal. With chronic disease, however, cure becomes much less important than maintaining function. We should devote more of our resources to helping people with chronic disease live at the fullest capacity that their conditions will allow. We should stress ability and not disability, what we can do and not what we cannot. Defining health care as anything that keeps people healthy and vital expands the boundaries of health care. We must think of the elderly as productive members of our society. The Industrial Revolution saw the displacement of work from the home to the factory. With the advent of the postindustrial Information Age, we are witnessing the return of work to the home. The computer now links the home to the avenues of commerce.

This is a boon to the elderly, who may have physical limitations but certainly no intellectual limitations. The historical progress of work has been a move away from physical strength toward intellectual strength. Fewer and fewer jobs require physical strength in postindustrial society.

In this context, we need to keep "retirees" in the work force. They need the opportunities for creativity, and we need their creativity, especially as the shortage of skilled workers worsens. The premium on their expertise and experience will only increase as their numbers increase. Our nation simply cannot afford to have nearly one-quarter of its population in 2040 "retired." We need to rethink retirement, as many people see their health deteriorate when they have nothing to do. If humans need to be challenged to remain healthy and vital, then keeping the elderly productive is the best possible health care.

Genius and experience are a nation's greatest assets, and the elderly have a great store of both. They also have and deserve their autonomy; they must not be seen as dependents of the state once they turn 65. If those of us under age 65 can only see this, the vaunted generational conflict will disappear. If our health care system can see this, we can improve the quality of life for millions.