

SNG-Facing 75-7-11-16

Facing 75 is easier from a distance

By Jim Nowlan

Thoughts of turning 75 in a few weeks recall to me the provocative article by oncologist Ezekiel Emanuel, “Why I Hope to Die at 75” (Atlantic, Oct. 2014).

I entered politics in my early 20s, so most of my friends from that era were older and have been biting the dust with regularity. Mortality is circling round.

At the distance of age 57 when he wrote his article, Emanuel was in good health. He thinks by 75 he will have led a full life. After 75, he says, for the vast majority of us creativity and productivity are shot or in sharp decline.

He reports that about half of those living at age 80 have a functional limitation, either physical or mental or both. Emanuel thinks the older years are not the golden years.

Emanuel observes that a century ago we dramatically cut the death rate and infant mortality via clean water and sanitary sewer systems. In the 1930s and beyond, we accomplished more of the same with vaccines for infectious diseases.

But today, he says, most of our health care efforts are focused on the over-60 crowd that suffers expensive chronic problems with heart, lungs and the Big C. He says this hasn’t slowed the aging process so much as it has slowed the dying process.

Emanuel opposes euthanasia and assisted suicide, so he doesn’t plan to take his life.

He will just let nature takes its course, pretty much as we did before modern medicine, not that many decades ago—no operations, no medications, no specialists, no tests.

Since dementia incidence increases exponentially with age and as our population ages, Emanuel also worries about “a tsunami of dementia.” Unfortunately, decades of research on this grim reaper of the mind has so far failed to crack its mysteries.

But what does all of this have to do with public policy in Illinois and beyond, which I typically write about?

Crushing health care costs, for one.

According to the Kaiser Family Foundation, health care costs for all services in the U.S.—adjusted for inflation—have increased from \$220 billion in 1960 to more than \$3 trillion in 2014, a multiple of 14!

Medicare costs per recipient are about \$13,000 per year, and \$40,000 is spent by that program in the last year of a recipient’s life, on average.

Health care costs in the U.S. are projected to increase by 4-5 percent a year to 2024, far more than the expected rate of increase in our national wealth. I contend health care cost rate increases like this are unsustainable.

I find in Illinois that expenditures for health care on old folks are stealing from resources that would otherwise go to the young.

Medicaid expenditures in our state, a big share of which goes for folks in nursing homes, have increased from \$339 per every Illinoisan in 1978 (in 2014 dollars) to \$1,369 per person in 2014.

In the same period, expenditures by the state for K-12 education have been flat and those for our public colleges are down.

Grandparents stealing from their beloved grandchildren, you might say.

What to do? And please, I am not recommending here, just musing.

The spectrum of policies regarding our elderly and dying range from the gruesome term “duty to die” at one end to extreme efforts to prolong life at all costs at the other.

I find that the Inuit Eskimos did indeed, in rare cases and only when facing famine, induce their old folks to die, in order to have enough food for the younger ones.

Near the other end of the spectrum, tolerance seems to be growing for “do not resuscitate,” hospice and, in several western states and Canada, limited assisted suicide.

The Netherlands has made euthanasia legal.

I am haunted by the fear living into severe, lengthy and expensive dementia.

I appreciate that our DNA as well as religious values exhort us to live as long as absolutely possible.

But when the mind is gone, what’s left? The body is, after all, just a platform for the brain.

Maybe instead someday, in such cases, society will accept a pill taken at bedtime that lets the demented sleep into eternity.

But I must sign off now, as I have an appointment with one my several health care specialists.

Facing 75 is sure easier from a distance.

Yet we should begin now a conversation about such doleful matters.