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EDITORIAL

Carmelo S. Gómez Martínez[1].

[1]San Antonio of Murcia Catholic University, Murcia, Spain.

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The challenges of global aging in the next 25 years

When we talk about population aging, we often do so with a completely positive outlook. Indeed, since the mid-20th century, the Northern Hemisphere has experienced an increase in life expectancy, more or less in absolute terms. This progress can be attributed to social and healthcare policies, which have provided broader and better coverage, at least from a relative standpoint.

For about three decades, the global population also experienced an unprecedented increase, again from an absolute perspective. In the countries we are referring to, this was known as the "baby boom" due to the rise in births. However, by the end of the last century, these same countries, located above the equator in the Western world began to experience a steady decline in birth rates. This has resulted in a phenomenon known as the inversion of the population pyramid.

In short, there are far more elderly people today than there were 80 years ago, while birth rates have declined, even as the total global population continues to rise. These trends must be analyzed in greater detail to draw conclusions that help us understand the social dynamics driving them—and, based on this understanding, the possible challenges that this demographic shift imposes on both current and future generations. A more thorough breakdown of this data is crucial.

Aging is not something to regret, nor is it a disease. Aging is, at the very least, the result of human efforts to successfully overcome various events that threaten survival. This is a crucial point in our reflection, as we have seen certain expressions from policymakers and high-ranking officials of international organizations suggesting that aging is a "problem" or a "burden". This perspective is then projected onto the elderly, negatively impacting their social self-image.

It is important to closely examine the direct consequences of a relatively new concept: "healthy life expectancy". This refers to the period from the age of 60 until a person develops some form of disability that either prevents them from or severely restricts their ability to live independently.

Current demographic projections indicate that the increase in life expectancy has come at the cost of living more years with disabilities, which, sooner or later, lead to varying levels of dependency. One reality we must accept is that, with only a few exceptions, the transition from an independent life to one of dependency is mediated by a specific condition known as frailty. It can be defined as an individual's vulnerability to stressful events in their environment. From this perspective, frailty is multifactorial.

Physical frailty is influenced by genetic and epigenetic factors. While we cannot ignore the genetic makeup we inherit—since it either facilitates or complicates our survival in high-risk situations—we must focus on non-genetic factors that can alter our biology, affect metabolism, and thereby increase health risks. From a physiological standpoint, we are witnessing a rise in age-related diseases, such as different forms of dementia. While it is true that people are living longer, they are also suffering from more chronic illnesses (osteo-arthritis, arthritis, diabetes, hypertension, etc.), leading increasingly sedentary lifestyles, and adopting unhealthy habits—such as smoking and drinking alcohol from an early age—that ultimately shape the aging process. As a result, we are seeing the emergence of syndromes such as polypharmacy (overuse of medications), falls, immobility, dementia, and chronic pain, among others.

In addition to physical frailty, there is psychological, mental, and emotional frailty, caused by greater exposure to stressors related to work and even to the way we experience leisure. We are living longer, but at the cost of higher rates of depression and anxiety disorders, leading to an alarming increase in suicide rates among people over 65.

Furthermore, beyond the overuse of medications for physical illnesses, there is also a growing reliance on anxiolytics and painkillers among the elderly. These factors contribute to the emergence of conditions such as depression, which, along with physical frailty, further exacerbates the challenges of aging. It is also important to recognize that the advancements in life expectancy have not always aligned with the social dynamics of the communities where people live. According to philosopher Byung-Chul Han, modern society is more focused on work than ever before, viewing professional success as a measure of existential fulfillment. This has led to an "auto-exploitative" culture, in which leisure has become just another way to maximize productivity. In this scenario, it is not surprising that caring for children—and, more recently, caring for parents and grandparents—has been increasingly deprioritized.

Families today tend to be small and nuclear, living in homes designed for individual autonomy rather than for multi-generational care. Whereas in the past, people worked based on the size of their family, in the 21st century, family size is often dictated by work obligations. As a result, there are higher rates of elderly individuals living apart from their children and grandchildren. Even if younger relatives wanted to care for them, they often lack the space, time, or financial means to do so. In this context, the elderly are seen as a burden—not because of their own existence, but because of the societal role they have been assigned.

One particularly troubling phenomenon is "involuntary loneliness", a term used in Spain to describe elderly individuals who live alone not by choice, but due to systemic neglect. This lack of interest in the well-being of older adults renders them vulnerable to abuse—whether institutional, familial, gender-based, physical, psychological, social, sexual, or financial.

Institutional mistreatment is the most subtle yet most damaging, as it extends from the executive and legislative branches of government to all social and healthcare institutions. The World Health Organization refers to systemic discrimination against the elderly as "ageism", which includes both deliberate and unconscious actions that marginalize older individuals.

It may be relevant to reflect on an element that, from our perspective, goes beyond the dimensions of the individual that we have examined so far. Science, as both a human creation and a driving force for human progress, plays a crucial role in promoting social and healthcare advancements for individuals and society. Much of recent scientific research has focused on biological advancements, primarily aiming to increase life expectancy and, subsequently, to improve health conditions. Opening a public debate on the need for research projects centered on the immediate and practical application of their findings would be beneficial. It is also necessary to encourage studies on the perceived quality of life among older adults—not merely from a quantitative perspective but in terms of the relevance of new projects that employ qualitative methodologies to help us better understand the underlying causes of social phenomena. If sociology, as a discipline, were sufficiently developed in this field, there would already be a body of research worthy of recognition, which has not been the case. This is the moment for social and cultural anthropology to take the lead.

As we enter the concluding section of our reflection, the challenges should be addressed from two broad perspectives. One concerns how older adults living today should be cared for. The other focuses on how to prevent the conditions that currently lead to pathological aging in middle-aged individuals. In seeking to improve the lives of older adults today, social and healthcare policies should prioritize the prevention of frailty and all contributing factors, at least from a secondary and tertiary prevention standpoint. More concretely, a specialized geriatric approach must be integrated into all healthcare settings, including hospital and primary care, in both the public and private sectors, as well as in both medical and social services. Currently, specialized medicine and nursing in geriatrics are not universally implemented, existing only in certain countries and, within those, only in select regions. Referral protocols between various levels of care should be improved.

At both macro and micro-social levels, efforts must be made to develop integrative policies for older adults, eliminating and legally penalizing ageist practices, particularly those that contribute to unwanted loneliness and allow mistreatment to go unpunished. Greater and more effective efforts should be made to implement protocols for detecting and addressing elder abuse. A more socially focused approach requires studying the reasons behind the insufficient availability of public resources to support socially vulnerable older adults, such as nursing home placements, day centers, and home assistance programs. The conditions of those who choose to give up, either fully or partially, paid employment to care for a mother or grandmother, must also be improved.

Looking ahead to the challenges we face, efforts should be directed toward significantly improving healthcare policies that emphasize prevention over institutional care. Preventing frailty requires eliminating or mitigating the factors that contribute to its development. Specialized suicide prevention programs for older adults are essential. Geriatric nursing specialists, or at the very least, a significantly higher level of professional geriatric training than what is currently offered in universities, are needed. These professionals should be present in health centers and hospital units as advanced practice nurses (APNs). Given the current care profile of older adults residing in nursing homes, it is evident that these facilities are undergoing a profound transformation, shifting from a primarily social role to an increasingly healthcare-oriented function. This shift presents a new challenge for public administrators, as these older adults are full citizens who must not be discriminated against through exclusion from public healthcare services, which, in turn, must be adapted to effectively serve this changing reality.

Healthcare and social policies must be significantly reinforced to enable successful aging at home or, at the very least, to extend the period of independent living as much as possible. In line with this, the possibility of dying at home without the need to move to an institution, except in exceptional cases, should be considered. Expanding palliative care services and ensuring proper training in geriatric care is essential.

There is still much to done, and it must begin sooner rather than later. Discouragement should not set in before acting, as some have already begun the work. The creation of international networks of well-trained and motivated professionals is a fundamental initiative that must continue to nurture new members and renewed efforts. The older adults who witnessed our birth deserve our commitment and dedication to ensuring their dignity. Failing to do so would deal a fatal blow to humanity's only hope, which is nothing less than the duty to protect and care for one another.

Author
Carmelo S. Gómez Martínez
https://orcid.org/0009-0004-2031-9366

Corresponding Author/Autor Correspondiente:
Carmelo S. Gómez Martínez – UCAM, Murcia, España.
gomezmartinezcarmelo@gmail.com

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