

A G20 Interfaith Forum Policy Brief

POLICY AREA: People

Serving Aging Populations: Religious Dimensions of Health and Well-being

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Abstract

Population aging and longer life spans are occurring worldwide. The impact on social structures varies significantly by country and community but the trends are global and they transform societies. Among the many practical implications are changing demands on health care systems, upheavals to employment patterns, and altered political participation. Ethical questions arise regarding late life policies. New thinking about human enhancement approaches comes into play. This includes a range of ways that technological developments, artificial intelligence, and medical advances can contribute to improved quality and length of life for the elderly.

Changing demographic patterns affect the 2030 Agenda for Sustainable Development in various ways, for example SDG 3: “ensure healthy lives and promote well-being for all at all ages.” *The Global Strategy and Action Plan on Aging and Health*, adopted by WHO Member States in 2016, provides a policy framework for concerted global action on Healthy Aging.

Specific roles of religiosity and spirituality in meeting these challenges have received limited specific attention. They are pertinent for the five strategic objectives identified in the WHO framework. Evidence suggests that religiosity and spirituality is linked with health benefits, particularly among the elderly. Beyond linkages on an individual level, many faith traditions place special emphasis on honoring elders and in transmission of wisdom across generations. Many faith actors are deeply involved in attending to the health and comfort of the elderly.

This brief recommends that G20 engagement on the ongoing demographic transition include a focus on the positive ways that faith communities and actors can ensure that health and well-being needs of aging populations are appropriately met, taking explicit account of their ethical dimensions, and including faith actors in dialogue and exploration of innovative approaches in meaningful ways.

The Challenge

Population aging has broad implications for national and global priorities.

By 2050, trends indicate that one in five people will be 60 years or older, totaling over two billion people worldwide.¹ The time when there are more elderly persons than youth is fast approaching. This historic demographic shift is likely to continue at an accelerating pace for the foreseeable future. The number of people over 80, often categorized as the

¹ “World Population Aging,” UN Report, 2015, https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf.

“oldest-old”, is growing fastest. More than half of these “oldest-old” currently live in six countries (China, the United States, India, Japan, Germany, and Russia)², all of them G20 members. These countries already feel the effects of population aging; Japan has the world’s most aged population, with 33 percent of their population 60 years or over.³ The number of older people in poorer countries is projected to increase at an even faster pace in the coming decades⁴, requiring those nations to adapt more quickly and with lower levels of national income.

Population aging is due to declines in fertility and increases in longevity that are in turn driven by progress on many sustainable development goals including declining child mortality, improving access to education and employment, changing gender norms, better reproductive health, and advances in medical technologies. Significant challenges accompany the successes. Population aging creates strains on social insurance, pension, and other social support systems. It can affect economic growth, trade and demand for particular goods and services, labor and financial markets, as well as family structures and fundamental societal assumptions about aging. Nations need to adapt to wide-reaching implications of demographic shifts and adjust or implement policies specifically targeted to the needs of an older population.

A key area of focus is transforming health systems to maximize the health and well-being of an aging population.

An aging population tends to increase demands for health care, particularly long-term and palliative care, requiring societies to invest in healthy aging policies that enable individuals to live both longer and healthier lives. The loss of health and life worldwide is predicted to soon be greater from noncommunicable or chronic diseases (such as cardiovascular disease, dementia and Alzheimer’s disease, cancer, arthritis, and diabetes) than from infectious diseases, childhood diseases, and accidents.⁵ Most health systems today give greater priority to individual and acute health needs than to the complex health needs that arise in older age. Health systems and long-term care systems often operate in separate spheres, leading to inefficiencies and cost shifting. Transformations are needed in almost every country towards older person-centered and integrated clinical and long-term care. The needs for adaptation of health systems to serve the health and well-being of aging populations need not require exorbitant increases in national health budgets. Many health problems of older age are linked to conditions that can be prevented or delayed by healthy behaviors, and supportive environments.

Religious actors, in terms of institutional support and the power of beliefs, can play significant roles in adapting to demographic changes associated with aging populations.

² “Why Population Aging Matters: A Global Perspective,” U.S. Department of State, 2007, <https://www.nia.nih.gov/sites/default/files/2017-06/WPAM.pdf>.

³ “World Population Aging,” UN Report, 2015, https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf.

⁴ Ibid.

⁵ “Why Population Aging Matters: A Global Perspective,” U.S. Department of State, 2007, <https://www.nia.nih.gov/sites/default/files/2017-06/WPAM.pdf>.

For much of the world's population, behaviors and environments that shape health care and lifestyles are closely linked with religiosity or spirituality. This connection and its potential for positive contribution to healthy aging policies and campaigns has received limited explicit attention in reflections on the implications of changing demographic structures.

There are significant gaps in knowledge.

Questions that arise linked to shifting demographics include whether added years of life expectancy are generally spent in good health, or living with disabilities and increased health needs. Research on the health status of older persons points to differing conclusions. Cross-national efforts to monitor trends and understand causes would enrich reflection about the issues. Ensuring increases in healthy life expectancy, as opposed to increases in years of healthy life lost to disability, has paramount importance for confronting the various challenges of population aging, particularly related to health and well-being. The association between religious or spiritual involvement and better health outcomes is a research topic where there are significant gaps in knowledge.⁶

Pathways Forward

Planning for Healthy Aging should consider associations between religiosity/spirituality and health benefits.

Healthy Aging is defined by the World Health Organization (WHO) as “the process of developing and maintaining the functional ability that enables well-being in older age.”⁷ Promoting active, socially engaged lifestyles and cultivating environments that foster autonomy and engagement are critical.⁸ For many people, particularly among the elderly, a key component of Healthy Aging may be religious involvement or religious/spiritual thoughts and practices. This reality could be better integrated into global strategies for aging and health, particularly considering that religious involvement and spirituality has been found to exert overall positive impacts on disability and depressive outcomes.⁹ Research evidence across various disciplines establishes associations between religiosity and both physical and mental health.¹⁰ For example, regular attendance of religious services has been shown to slow the rate of cognitive decline¹¹ and is associated with

⁶ These gaps include difficulties in establishing standardized definitions for religiosity and spirituality, limits in abilities to make causal inferences, and sampling issues.

⁷ “World Report on Ageing and Health,” World Health Organization, 2015, <https://www.who.int/ageing/events/world-report-2015-launch/en/>.

⁸ “Global Strategy and Action Plan on Ageing and Health,” World Health Organization, 2016, <https://www.who.int/ageing/WHO-GSAP-2017.pdf?ua=1>.

⁹ Zachary Zimmer et al., “Spirituality, religiosity, aging and health in global perspective: A review,” *SSM – Population Health*, 2016, <https://doi.org/10.1016/j.ssmph.2016.04.009>.

¹⁰ Harold Koenig, “Religion, Spirituality, and Health: The Research and Clinical Implications,” *ISRN Psychiatry*, 2012, <https://doi.org/10.5402/2012/278730>.

¹¹ Terrence D. Hill, “Religious Involvement and Healthy Cognitive Aging: Patterns, Explanations and Future Directions,” *The Journals of Gerontology*, 2008, <https://doi.org/10.1093/gerona/63.5.478>.

lower mortality rates.¹² Many individuals who are religious report greater use of preventative healthcare services, lower levels of smoking, drinking, and other negative health behaviors, and greater physical activity.¹³

Possible negatives include patients who associate medical problems with a Higher Power's punishment or abandonment, leading to increased stress and linked with depression and lower quality of life.¹⁴ Some patients refuse care, medication, or vaccines due to religious beliefs (often intentionally distorted by bad actors and propaganda), or who self-inflict harm.

A worthwhile goal is to frame policies that support positive contributions of religiosity and spirituality to healthy life expectancy as well as total life expectancy, with those contributions integrated with global policy, innovations in human enhancement capabilities, and strategies for Healthy Aging.

Religious actors can be active partners in identifying innovative approaches to improving health care for the elderly.

A critical component of transforming health systems to give priority to the complex, chronic health needs of older populations is person-centered, integrated care and supportive environments that include teams of different specialists. Chaplains and other religious or spiritual support systems, including for those requiring long-term care, add value.

Religion and healthcare have been historically linked. Although studies have shown that there is a desire among patients for physicians to be more involved in attending to spiritual needs, most physicians do not discuss these issues with their patients.¹⁵ Unmet religious or spiritual needs can have negative impacts on medical outcomes, and increase health care costs.¹⁶

Looking to spiritual history as part of patient care, identifying beliefs that may influence or conflict with decisions about medical care, can enrich patient care by health professionals. Topics include the patient's level of participation in a spiritual community, whether the community is supportive, and specific spiritual needs. The role that the patient's religious or spiritual beliefs or practices play in coping with illness (or causing

¹² Yonat Shimron, "A healthy mystery over attending houses of worship," Washington Post, 2017, https://www.washingtonpost.com/local/social-issues/a-healthy-mystery-over-attending-houses-of-worship/2017/07/07/c0c4e2d0-628f-11e7-a4f7-af34fc1d9d39_story.html?utm_term=.656d7e6d8ca4.

¹³ Terrence D. Hill, "Religious Involvement and Healthy Cognitive Aging: Patterns, Explanations and Future Directions," The Journals of Gerontology, 2008, <https://doi.org/10.1093/gerona/63.5.478>.

¹⁴ Yonat Shimron, "A healthy mystery over attending houses of worship," Washington Post, 2017, https://www.washingtonpost.com/local/social-issues/a-healthy-mystery-over-attending-houses-of-worship/2017/07/07/c0c4e2d0-628f-11e7-a4f7-af34fc1d9d39_story.html?utm_term=.656d7e6d8ca4.

¹⁵ Harold Koenig, "Religion, Spirituality, and Health: The Research and Clinical Implications," *ISRN Psychiatry*, 2012, <https://doi.org/10.5402/2012/278730>.

¹⁶ Ibid.

distress) can then be appropriately addressed. Religious or spiritual care providers, both during and after medical treatment, can be important members of an integrated care team.

Many faith-based health systems offer examples of a high standard of care for aging populations. These systems have strategic importance for global health and well-being, and can bridge public health and private health systems. Believers and communities have specific roles to play as they operate both within the public system and through faith-based private systems.

Religion is best viewed not as a constraint on innovation, but rather as a constructive source of agency that can contribute to shaping innovation processes.

Action to foster healthy aging worldwide can affect inequalities, and harness positive contributions that aging populations can make towards sustainable development goals.

Major inequalities in healthy life expectancy persist both across and within countries. The examples of countries that have addressed inequalities effectively or that reap the benefits of longer lives are rare. Religion and spirituality offer possibilities for bold new thinking and action to improve ageing-related health and wellbeing issues. Purposeful cooperation among countries (with a special focus on the transfer of technologies) offers important benefits. Poorer countries face critical issues in resource allocation for non-communicable diseases prevalent among aging populations, while continuing to combat a high prevalence of communicable diseases.

Negative consequences of aging will be felt most severely, in all countries, by those with the least access to resources. Faith actors often serve the most vulnerable in society; partnerships to build and implement strategies for health and well-being are feasible and important. This applies even in situations where access to medical resources is limited (in conjunction with making every effort to provide accessible, affordable medical care to all). Equitable distribution of advancements and other ethical questions need to be addressed to foster Healthy Aging for all.

Bringing Human Enhancement (HE) into the discussion

Human Enhancement, including through innovations in artificial intelligence (AI), biotechnology, and bioethics, is a major field of exploration and expansion. Theologians and scientists alike are considering how these innovations could address aging through AI and biotechnology. They highlight the ethical challenges of human enhancement.

Questions and ideas for consideration include:

- Do conceptions of naturalness provide resources to set limits to HE?
- Does the therapy/enhancement distinction provide resources for setting such limits?
- Does the concept of disease offer sources to limit HE?
- Does the concept of HE itself contain means for setting limits?

Some argue for limiting human enhancement. Arguments include:

- Resources and justice: HE has significant opportunity costs and would drain resources from more pressing needs. There are not enough resources available for human enhancement for all, and to focus on human enhancement under such conditions can enhance disparity and injustice.
- Humanity: Enhancement will change not only the human condition, but humanity as such. Something could be lost without knowing what will follow.
- Uncertainty about benefits and harms: HE may have unknown and potentially devastating consequences.

Plural voices, including religious voices, need to be part of the conversation, offering comprehensive engagement with the emerging scientific challenges, beyond palliative care. Positive practices of such cooperation include genetics research, such as the Canadian Council of Churches' Biotechnological Reference Group (BRG).¹⁷

Faith communities can be seen as vital and creative contributors to meaningful research and development for HE driven policies for aging populations. The French policy on AI, based on a national effort 'for a meaningful AI' provides a model.¹⁸ Specifically, faith communities can help in distinguishing between and reconciling treatment/therapy and enhancement, working to reconcile various kinds of HE, and highlighting moral and psychological HE (particularly in connection with neuroscience and brain studies). Beyond the specific contribution of faith communities, in research and action on HE, its impact on beliefs and religion should be taken into account.

Recommendations

The Global Strategy and Action Plan on Ageing and Health adopted by the World Health Assembly provides a political mandate and framework for ensuring the health and well-being of aging populations worldwide. G20 Leaders can highlight commitments to the development of evidence-based legislation, policies and plans that pay explicit attention to meeting the health and well-being needs of older people, with a sharp focus on dignity and human rights.

A G20 commitment to focus on the health benefits of religion and spirituality as an integral part of global and national frameworks for action on Healthy Aging would be beneficial. This could involve integrating recognition of those benefits into policies and plans for health system interventions. In developing age-friendly environments, and in particular health systems and long-term care systems that meet the needs of older populations, faith communities have significant resources to bring generations together

¹⁷ "When Christian Faith and Genetics Meet: A Practical Group Resource," The Canadian Council of Churches, 2012. https://www.councilofchurches.ca/wp-content/uploads/2013/12/BRG_Curriculum_Complete_EN.pdf.

¹⁸ "AI Policy –France," Future of Life Institute, 2019. <https://futureoflife.org/ai-policy-france/?cn-reloaded=1>.

within the same spatial context. Religious actors who facilitate access to health services and resources for healthy lifestyles locally and globally, and engage on the challenges of both advancing and limiting HE, should be involved in discussions surrounding global policy agreements. Faith communities are powerful actors in linking various SDGs and in fostering synergy between silver economy strategies and health and well-being for aging populations.

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