Health Expectancy

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The paper by Albert et al. is an actuarial recreation of the measurement of health expectancy that has been around for decades, with a rich literature and leader in the name of Jean Marie Robine, who has attended this conference from its inception. An international organization known as REVES has been around since the early 1980s, members of whom have published hundreds of papers on the topic—with detailed descriptions of methodology, advantages and disadvantages of the various approaches and measures, comparisons across nations and historical trends. The authors of this paper would benefit greatly from reading this literature. Having said that, if the concept of health expectancy is genuinely new to the actuarial profession (which I find hard to believe, by the way), then these authors are the founding pioneers. For having performed this service, you deserve the credit for having reinvented the wheel, which is actually a valuable service if actuaries begin using these measures in their daily lives. However, I would strongly recommend that these authors and actuaries in general spend some time pouring through the literature on this topic.

The authors do make the case that the measures of health expectancy developed here—which were defined, for the first time as far as I can tell, on definitions based on assisted living and skilled nursing—have the potential to be valuable resources for doctors and other health care professionals in providing useful information to patients. It is here that the authors have fallen into the trap of the ecological fallacy, suggesting that population data can and should be applied to individuals based on interactions with their personal physicians. This cannot be done legitimately, even though I will admit that there are some authors out there making millions of dollars trying to sell their calculations of real age to an unsuspecting public, having been misled to believe that such measurements are both possible and meaningful. The authors here have their hearts in the right place, and indeed the various measures of health expectancy may prove to be valuable for actuaries evaluating trends in the health status of populations—I just wouldn't get carried away with the results. Suggesting that health expectancy has the potential to increase survival probabilities among seniors is perhaps a bit too much for the authors to ask of this metric, but I suspect that once they read the literature on this topic they'll realize that they've become excited about an issue that is of general importance to public health, and perhaps to the actuarial industry in particular.