Living to 100 and Beyond in Canada with Dignity

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Abstract

By 2031, life expectancy at birth may reach 82 years for Canadian males and 86 years for Canadian females. Approximately 3 percent of the Canadian population will be aged 85 or older, including an estimated 14,300 who will be aged 100 and over. Five in eight of those living at age 85 or older will be women and at age 100 and older, 4 in 5 will be women.

These statistics suggest that the composition of the population in 2031 will be different from today. Unquestionably, medical discoveries, healthier nutrition and lifestyles, economic prosperity and social support systems have all contributed to the significant increase in life expectancy. But is living longer a desirable goal in itself; especially if it is accompanied by inadequate wealth and concerns regarding how to manage one's savings, or loss of mental faculties and a requirement for institutionalization?

This paper argues that living longer with dignity is what is desirable and also that this should be an objective in designing specific social support systems for the elderly. The paper identifies and discusses certain areas where dignity is lacking or where the likelihood of living with dignity could be enhanced, including:

- Financial savings of the elderly, whether the extent of financial risk to which they are exposed is desirable, and the replacement of the Old Age Security (OAS) benefit, which today is a demogrant to applicants aged 65 and older, by a demogrant at triple the current level for applicants aged 85 and older to ensure that Canadians are not living without dignity solely due to financial hardship;
- Certain alternative living arrangements, better integrated with communities, designed to enable the building and retention of social capital, to better support the future elderly population which will be dominated by females;
- Those suffering from severe pain or mental illness, including those who are institutionalized who are unlikely to be living with dignity and to ever return to a

life with dignity, and proposes that such individuals be able to receive medical assistance to end their lives, in circumstances defined by law.

The paper contributes to the literature on social capital by defining life with dignity in terms of financial, social and human capital. It updates earlier work from the 1990s to show that the percentage of older women living on their own is likely to decline in the future.