Discussant Remarks for Session 5 Papers

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I’m grateful for the opportunity to provide discussion about this group of four excellent papers, and I congratulate the authors, who all have given us much to think about. Each paper is unique in how it describes key demographic aspects of the experience of its author’s nation.

Two countries—Canada and the United States—are quite fully developed; the other two—Mexico and India—are rapidly heading that way. Their populations range from well under 50 million in Canada to well over a billion in India. Yet there are some surprisingly similar trends and changes emerging in all these countries, if not globally, even though specific national patterns may vary. Four of these trends stand out:

First, rapidly improving mortality and longevity at the higher ages with burgeoning numbers of elderly persons, their higher levels of chronic illness, independence loss and impaired mobility, and greater needs for individualized or institutional care.

Second, fragmenting of traditional family structures, due in part to migration from rural to urban areas "where the jobs are," but also to higher numbers of divorced, widowed and never-married persons living alone, especially in the United States.

Third, declining birth rates in both the developed and the developing nations generally, leading to rapidly increasing percentages of elderly persons and an associated long-term emerging shortage of younger caregivers for the elderly.

Fourth, a stated or underlying desire on the part of the authors to communicate their ideas and their concerns to those regulators and policy-makers who can effectively implement the necessary and helpful changes, but there is a great sense of uncertainty on how best to do so.

Within the framework of these four trends, each paper has made excellent, timely use of one or more of the following essential building blocks (either stated or implied):

a. Detailed analyses of sizes of older age groups, using time-tested, relatively reliable formulas such as Gompertz’s Law
b. Careful use of sampling and other census-related techniques, including extensive surveys, to estimate current and projected sizes and trends in these key data groups
c. Forthright statements, to all willing to listen, of the potential implications and heightened problems likely to result, given the very realistic possibility that
mortality and longevity could improve even more than reasonably anticipated, or that the maximum age at death might rise substantially beyond the currently observed 120 years.

d. Emphasis, up front, on the need for individuals, businesses and trade associations, and academics in all countries so affected to effectively communicate (but not in the role of advocacy groups) to policy-makers all of the relevant facts, implications and possible solutions that can help bring about lasting, meaningful societal change.

This entire communications process will involve the difficult, but hopefully not impossible, task of using all our training and expertise, as concerned and involved professionals in our respective specialties and countries, to reconcile the inevitably conflicting viewpoints and to strike a balance on what constitutes the following issues:

- True intergenerational fairness: how much "income redistribution," whether voluntary or compulsory, is appropriate, especially for the benefit of those well below the "poverty line."
- True economic freedom of individuals versus the need to carry out broad national goals such as the building or rebuilding of infrastructure (transportation, communications, energy, etc.).
- Maintaining the economic solvency and profitability of the private financial sector, particularly in developing and marketing sound, useful financial products geared to the needs of the aged.