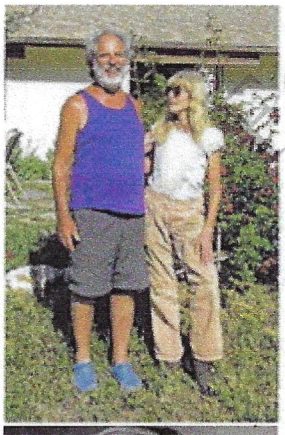
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CLOCKWISE FROM TOP: VARTIKA SHARMA; CECELIA POOLE; PETER GEIS





Peter Geis and his wife, Althea, who had Alzheimer's and died in 2023. Cecelia Poole, right, is now in hospice for advanced heart failure.

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TURNING POINTS

Should a Long Life Be the End Goal?

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For many, the quality of life in later years is as important as its length; 'A life well-lived can also end with dignity'

A longer life isn't necessarily a better life. People across the age spectrum from 30 to 80 are obsessed with longevity, taking hundreds of vitamins, eating superfoods and buying light-therapy beds in pursuit of a long life. Meanwhile, years are being added to those living with once-terminal conditions, thanks to medical advances.

But, at some point, like it or not, the body wears out. We put all that effort into adding years and pay less attention to the quality of those years.

Now, though, as the population ages and more people watch loved ones decline and struggle in late life, they are beginning to wonder whether they want the same for themselves or their children. Healthspan is becoming as important as lifespan.

Cecelia Poole, 73 years old and a retired RN, received a device to help her heart function. "Modern medicine has become remarkably good at extending biological life. I am one of its beneficiaries," she says.

In hospice with advanced heart failure, she wonders if there's an equally sophisticated way to account for what that additional life is actually like.

"How well do we distinguish between prolonging life and improving the quality of the life remaining, and do we ask the patient which matters most?" says Poole. "No one asked me that."

Healthspan vs. lifespan

Naturally, people want to live long. They love their life and the people in it. They're afraid of dying. Life expectancy at birth has reached 79 in the U.S., but Americans on average want to live longer—to 91, the Pew Research Center says.

Presumably, people want to be relatively healthy in those later years. Yet as a country, we fall short of that goal.

Healthspan—the average number of years a person lives in full health—is about 65. This means we are spending about 14 years in declining health. Those are not worthless years.

Nancy Berlinger, a senior research scholar at the Hastings Center for Bioethics, says her mother, who is in her early 90s, learned to paint after having a stroke, moving to assisted living and joining an art studio. "What gives her life meaning, purpose and pleasure now is painting—and also her family, vanilla ice cream and Hershey bars," she says.

But the broader disconnect between lifespan and healthspan is fueling questions about what a long life looks like and whether more years should be the end goal. "The success of modern medicine shouldn't be measured only by how many years we add but also what those years make possible for the people living them," says Dr. Shoshana Ungerleider, an internal-medicine physician.

Ungerleider, who founded End Well, a nonprofit digital platform with resources on the end of life, serious illness and caregiving, encourages people to ask questions such as "What might my life look like if I decide to take this treatment?" "If my goal is to go to a grandchild's graduation in six months, will I feel well enough to show up?"

Quality of life

Quality of life means different things to different people. But for many, the ability to connect and communicate, especially with loved ones, is especially important.

Dr. Diane Meier, a palliativecare physician, will present a scenario like the following to patients to learn what matters most to them: You walk out of the office today, get hit by a car, suffer a massive brain injury and don't improve after three months. Would you want interventions to keep you alive, or only comfort measures to relieve pain or symptoms?

About 80% of people don't want medical interventions that simply keep them alive, while the remainder want everything possible done to sustain life.

People do reconsider, she says. It's easier to say you don't want a ventilator when it's hypothetical. "When you are really sick, and the only other alternative is death, people frequently change their minds," says Meier, who founded the Center to Advance Palliative Care.

Honest conversations

Peter Geis, 83, cared for his late wife, Althea, who had Alzheimer's, and was with his intubated 91year-old dad in his last days. Geis says he is beset by frailties and could die tomorrow or in 10 years. He told his kids he is ready to go. "They say, 'No, no, no. Keep taking the pills the doctor gave you.'" "Of course, I feel grateful every morning to wake up alive for another day," he says. But with Althea gone, "there will be no regrets when my last day comes. I do hope it comes quickly and without a painful stay in a hospital."

Most people wish the same but don't explain those wishes to others. "You're more likely to get the future you want if you really think about what is most important to you and have those discussions with the people in your life," says Dr. Louise Aronson, geriatrician and author of "Elderhood."

Be clear and spell out your wishes in your advance directives. Do you want feeding tubes, ventilators or other life-sustaining measures? When, if ever, would you want medical interventions stopped? Such steps are important, yet less than one third of U.S. adults have a living will or advance directives, according to the Pew Research Center.

Dr. Ezekiel Emanuel has long said he doesn't want life-sustaining interventions, such as dialysis or bypass surgery, once he turns 75. Now 69, the oncologist says he hasn't changed his mind. If he gets acute leukemia after 75, which can be hard to cure at that age, he's not interested in pursuing chemotherapy in the hopes of gaining a few more months.

He says he would rather live without the chemotherapy and "share the limited time I have left with children and grandchildren."

Poole, the RN, has limited time. The cardiac device continues to send electrical signals to squeeze the heart muscle, but the tissue around her heart is in a state of decay and increasingly unable to respond to it.

Clinicians have offered her more interventions that might increase the chance that she remains alive longer. She declined because they won't improve the quality of her life and because the likelihood of success isn't high.

"Life is beautiful and I adore it," she says. "I have chosen to accept, with grace, that a life welllived can also end with dignity."

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