Why Are So Many People So Unashamedly Selfish About the Prospect of Combating Aging?

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"The only shame is to have none."—Blaise Pascal

A BRIEF PERUSAL OF MY PUBLICATION RECORD will reveal something about my recent activities that may—indeed, probably should—strike you as sad: I hardly contribute anything to the biogerontology literature any more, essentially restricting myself instead to my characteristic outbursts in this space and the occasional invited book chapter. Ultimately, however, this is not a reason for sympathy, because it is deliberate—a choice resulting from the changed relative importance to the crusade against aging of my two ways of contributing, to the science (the feasibility) and to the public debate (the desirability). In recent years, though resistance undoubtedly still festers within mainstream biogerontology, great progress has occurred in broadening the appreciation that applying regenerative interventions to aging may prove to be far more effective, far sooner, than the traditional approach of attempting to “clean up metabolism” and prevent its eventually pathogenic side effects from occurring in the first place. Corresponding progress in enlightening people that defeating aging would be a good idea, however, has been quite considerably slower; hence my choice to devote an ever-greater proportion of my time—and of the pages of this journal—to that part of the equation.

Inevitably, my work in this area is highly varied, depending on the audience. Perhaps the starkest such contrast is between mass audiences, whom I address from the stage, the interviewee’s chair and the printed page, and the wealthy elite, whom I address over a beer or (if absolutely necessary) a coffee. The latter interaction, with a focus on one particular aspect of it, is my topic today.

The defeat of aging is a heterodox cause, when compared to those that receive the most attention (and the most sponsorship) from wealthy individuals. Orthodox causes have one very clear thing in common: They predominantly improve the lot of the disadvantaged. They seek to normalize—to bring the minority (often a very large minority) up to the quality of life of the lucky. Aging is perceived as a problem that predominantly afflicts those who are already lucky, lucky enough to have suffered no other distresses, or at least none that pre-empted their experience of age-related ill-health by killing them beforehand.

Readers of this journal—and, indeed, readers who put up with more than a paragraph of essentially any of my non-technical output—generally appreciate the dubiety of this perception. They appreciate that the supposedly well-accepted dictum of antiageism, if taken seriously, leads inescapably to the acceptance that the frail elderly are disadvantaged, and thus, that they are by far the largest class of disadvantaged individuals in the world. But somehow this does not translate into the combating of aging being a primary beneficiary of worldwide philanthropic largesse.

Over the past several years of conversations with philanthropists, I have progressed through many stages of comprehension of this paradox. The problem, by and large, is not that they are ageist: They truly accept that old people are people too. The problem is also not that they view aging as a minor problem, one that may seem horrific to the young but that people get used to as it gradually progresses: They appreciate that the distinction that many biogerontologists so counterproductively make between aging and age-related diseases is a fallacy, and that the defeat of aging would indeed entail the pre-emption of those predicaments that the middle-aged fear above all, such as Alzheimer disease and cancer.

No: The problem is that they are selfish. Overwhelmingly, those old enough to be seriously feeling the effects of aging are also old enough that they view the prospect of significant personal benefit from antiaging research as negligible, while those young enough to entertain the prospect that they might still be around to partake of such therapies when they finally arrive tend to discount the possibility that such an outcome is not in fact virtually certain, and thus that their contribution could improve their chances. The benefit accruing to others than themselves seems simply not to figure in their calculations.

Is this a fair assessment? Well, in respect of the younger generation it is at least questionable. The major donors to the Methuselah Foundation, and now to the SENS Foundation, have been under 50. Maybe they do think as I suggest above, but maybe they care at least a little bit about the plight of
the 100,000 people who die of aging worldwide every day, or at least about the few such people who rank among their loved ones. But for the older generation, the situation seems to admit no doubt.

If you prefer some evidence (as I hope you do), I offer some now. I must anonymize my account, in view of the high profile of the protagonists, but that should not diminish its force. Two years ago, a wealthy supporter of the defeat of aging (let’s call him Alice) had lunch with an even wealthier individual (Bob) who works in the same business. Alice is in her early 40s; Bob is a couple of decades older. Bob is a leading supporter of another cause, and he asked Alice to support it financially to the tune of $1 million. Alice replied that she’d happily do this if Bob gives the same amount to the anti-aging cause. (These amounts are insignificant to Alice and Bob, so the purpose on both sides is to garner high-profile public support for the causes.) Bob declined. Alice asked why, and Bob said “Because those therapies won’t arrive in time for me.” This despite two rather remarkable features of the conversation: Firstly, Bob is not simply selfish; his own cause does not benefit him personally in any way. And secondly, Bob’s own son was also present at the meal. What gives?

There are, I feel, two plausible explanations for this behavior—behavior that I see repeated time and time again in my interactions with potential sponsors of the anti-aging mission. The first is the inherent self-interest of most of those who have acquired wealth through honest toil: They believe passionately in the profit motive, since it worked for them, and they regard charity with deep, albeit often heavily suppressed, suspicion. I have a degree of sympathy with this logic: Just as those who have worked exclusively in the nonprofit sector often appreciate more keenly the effort that poorly compensated motivation elicits, those who have worked exclusively in the commercial sector have the converse bias. It is still a bias, to be sure, but I am worldly enough to know that no one can truly escape biases resulting from the vagaries of personal experience. The problem, of course, is not that there is anything about the defeat of aging that is inherently incompatible with profit. On the contrary, the commercial potential of truly effective treatments against aging will almost certainly exceed any product ever previously brought to market, but that the timeframes currently perceived (even by optimists such as myself) for the actual delivery of these products are beyond those with which profit-motivated individuals feel comfortable. There are ways around that, to be sure—in terms of intermediate products, sale of intellectual property, etc.—and my colleagues and I are energetically exploring these avenues; the barrier remains substantial, however.

But in the example recounted above, and in many others, this does not apply. Bob has already made a decision to allocate some of his resources purely philanthropically, so the issue is solely one of which causes, and which organizations pursuing those causes, should be prioritized and for what reasons. Now, the latter criterion—choice of organization—is emphatically not to be belittled, and indeed my colleagues and I have been paying progressively greater attention to increasing awareness of the professionalism we exhibit, so as to reassure donor prospects that we not only have a good plan to solve an important problem but are also competent to execute that plan. But the conversation related above, as very many like it, did not get that far. No: It hung up on the issue of whether the antiaging cause should be supported at all—and Bob was entirely uninhibited about delivering an unequivocally self-centered reason for dismissing it out of hand, even when his own son, to whom the reason given necessarily applies less strongly, was present.

This brings me to the crux of the matter. Yes, Bob’s son can look forward to 30 or so years longer than Bob himself before aging becomes a serious health hazard, which obviously means that truly effective therapies to pre-empt such an eventuality are more likely to arrive in time. But how much more likely? That depends on one’s expected value (in the mathematical sense) of the timeframe. If Bob feels that there is a roughly 50% chance of victory in the war on aging within 30 years, he may estimate his own chances (since the timeframe within which he probably needs it is only 10 years) as negligible but his son’s as substantial, so he may be motivated by his son’s prospects of benefit much more than by his own. But if, by contrast, he judges that the timeframe for a 50% chance of success is 100 years hence, or 1000, he will see no difference worthy of the name between his own chances and his son’s, or even his grandson’s. Viewed as a ratio there is a difference, of course—indeed, a greater one than in the more optimistic scenario. But one does not make real-world decisions on the basis of the distinction between five sigmas and six—and this is only minutely, if at all, altered by the consideration that progress is occurring ever faster with each passing year.9,10

But there’s more. Bob did not explain this at the table. He felt no need. He considered it so obvious that aging is immutable, that he knew that his son would feel the same, and thus not feel hurt. Bob was using this palpably illogical excuse merely as a way to change the subject, as a way to communicate ever so gently to Alice that he (Alice) might as well have been asking him (Bob) to fund the creation of a perpetual motion machine.

That is the key problem facing the still small coterie of serious anti-aging crusaders. Even among those who have entirely escaped (whether personally11-13 or politically14-17) what I have termed the “pro-aging trance” (the descent into unbridled irrationality concerning whether aging is or is not a bad thing), the conviction that aging will never be defeated is so deeply rooted in most people’s psyche—even the psyche of extremely intelligent and knowledgeable people—that even the discussion of the topic is viewed as appropriate only within the confines of entertainment.

My conclusion is as it was when I entered this field, over a decade ago—that this will change only when the presumed experts in this community, the grandees whose phone numbers feature in large type in the databases of nationally renowned journalists, begin to see that we really are on the brink of a decisive breakthrough. That is why, as ever, I allocate a good deal of the time I’m not spending on stage or in interviews to the grinding task of bringing card-carrying biogerontologists into contact with advances in ostensibly nonbiogerontological regenerative medicine. Progress in this effort remains frustratingly slow, but it is unmistakably accelerating. My hopes for the future—in fact, I can honestly say, for the near future—are high.
References


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