

Population ageing and the politics of demographic alarmism: implications for the nursing profession

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ABSTRACT

Objectives

This article provides a brief examination of the prejudices and politics framing current public debate on population ageing in Australia and the possible implications of this for the allocation of required health and social sector resources. The role and responsibility of nurses and professional nursing organisations to engage in and influence public policy debate concerning the health and social care of older people is highlighted.

Setting

Australia

Subjects

Australia's ageing population and succeeding generations over the next 40 years

Primary argument

According to the Australian government, population ageing in Australia is poised to cause unmanageable chaos for the nation's public services. The cost of meeting the future health and social care needs of older Australians is predicted to be unsustainable. Officials argue that government has a stringent responsibility to ration current and future resources in the health and social care sector, cautioning that if this is not done, the nation's public services will ultimately collapse under the strain of the ever increasing demands placed on these services by older people. This characterisation of population ageing and its consequences to the nation's social wellbeing may however be false and misleading and needs to be questioned.

Conclusion

The nursing profession has a fundamental role to play in ensuring responsible debate about population ageing and contributing to public policy agenda setting for the effective health and social care of Australia's ageing population.

INTRODUCTION

According to the Australian government, population ageing in Australia is poised to cause unmanageable chaos for the nation's public services. The costs of meeting the future health and social care needs of older Australians are predicted to be unsustainable (Australian Government *Second Intergenerational Report 2007*; Productivity Commission 2005). Authorities further argue that it is a fundamental responsibility of government to ensure the provision and sustainability of public services and, to this end government must ration current and future resources in the health and social care sector. Officials go on to caution that if government does not make the tough choices that need to be made in this sector, then not only will the nation's public services be unsustainable, but they will ultimately collapse under the strain of the ever increasing demands placed on them by an ageing population.

In this article it will be argued that the 'demographic time-bomb' portrayal of population ageing in Australia is misleading and incorrect and ipso facto harmfully prejudicial to the health and social welfare interests of older Australians. With reference to the International Council of Nurses (2006) position statement on: *Nursing care of the older person*, it will be further argued that the nursing profession has a fundamental role to play in contributing to public policy debate and agenda setting for the ethically just health and social care of Australia's ageing population. This includes correcting false and misleading characterisations of population ageing in Australia (and elsewhere), working in strategic partnership with professional nursing and community based organisations that advocate for or represent older people, and actively engaging in and influencing debates on 'global ageing, the determinants of health and the impact of the social environment' with regard to people's health, welfare and overall wellbeing (International Council of Nurses 2006 p.1).

Population ageing - a global perspective

The world's population is ageing in an unprecedented manner. According to United Nations estimates, one

million people worldwide turn 60 years of age every month; of these, 80% live in developing countries, where the rate of population ageing is occurring more rapidly than it is in the developed world (WHO 2007). It is further estimated that by the year 2050, 2 billion people (being almost one quarter of the world's population) will be over the age of 60 years (WHO 2007; HelpAge International 2003; WHO 2000). Over the next 40 years Australia, like other countries, will face a pronounced ageing of its population. According to government projections, it is estimated that by the year 2045, people aged 65 years and older will constitute almost one quarter of the Australian population (Australian Government *Second Intergenerational Report 2007*; Productivity Commission 2005). These estimates in turn, have been coupled with dire predictions by government authorities, including the Australian Federal Treasury, of substantial fiscal pressures and expenditure blowouts in the areas of health, age pensions and aged care, with health costs tipped to be 'the single most important contributor to future spending pressures' (Australian Government *Second Intergenerational Report 2007* p.xxxv). While conceding that ageing per se is not and should not be seen as a problem, the Productivity Commission nonetheless asserts that population ageing still raises major policy challenges that need to be addressed (Productivity Commission 2005 p. xxxix).

The Productivity Commission has strongly implicated the increased incidence of sickness and disability that occurs with ageing in its projected rise in health spending over the next four decades. According to its current estimates, health spending costs per person over the age of 65 years is around four times more than for persons under 65 years of age, and between six and nine times more for the oldest groups (Productivity Commission 2005 p. xxix). In the case of the Pharmaceutical Benefits Scheme (PBS), costs per person have also been strongly correlated with age, with the average cost for a male 65-74 years being 18 times more than that for a male aged 15-24 years (Productivity Commission 2005 p. xxviii).

The position taken in the reports produced by the Australian Productivity Commission and Treasury is unequivocal: the projected costs in health and health care are unsustainable in the long term; government has a responsibility to constrain future rises and expenditure in health costs relative to GDP; to these ends, new and major policy approaches 'at all levels of government' (as well as actions by others) on a number of fronts are required (Productivity Commission 2005 pp. xiii and xxx). The ultimate conclusion drawn from these official reports seems to be that Australia's ageing population is a 'ticking demographic time-bomb' that is poised to cause unmanageable chaos for the nation's public services - especially health care (O'Connell and Ostaszkiwicz 2005). Thus, since health care resources are limited, it stands to reason that such resources need to be rationed; otherwise the nation's health care services cannot be sustained and may even collapse under the burden of meeting the costly future care of older Australians.

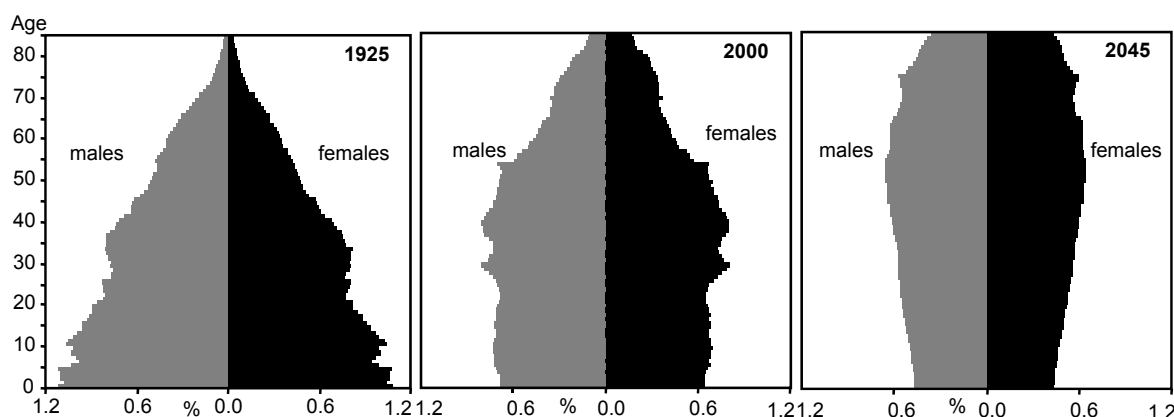
The (mis)use of demographic alarmism

Not all commentators agree with the 'demographic time-bomb' scenario that has been painted by the Productivity Commission, the Australian Federal Treasury, and other authorities both locally and globally. Neither do they concur with the 'demographic alarmism' that it has given rise to (Coory 2004; Ebrahim 2002; Gee 2002; WHO 2000). Some experts contend that increasing longevity is an indicator of social and economic progress, not regress (Coory 2004). Moreover, rather than heralding in an era of social decline (depicted graphically by the Australian Productivity Commission as a trajectory from 'pyramid

to coffin' (figure 1), some commentators suggest that increasing longevity is, in reality, heralding an era of 'social maturity' (Harper 2006) and moreover, one that is bringing a 'more balanced age structure to the population' (Coory 2004 p.581; see also Ebrahim 2002; Gee 2002; WHO 2000). Thus, in contradiction to the Productivity Commission's stance, the 'balanced age' view of Australia's developing population structure could be depicted more optimistically as a trajectory of 'pyramid to beehive' - as in fact has also been noted in the Productivity Commission's report (Productivity Commission 2005 p. xiv).

Experts have also challenged the dire predictions of skyrocketing costs in health care and the projected threat that population ageing is ostensibly posing to existing and future health and social care services - and indeed to future generations as implied by the use of the term 'intergenerational' in the title of Treasury's *Intergenerational Reports* (Howe and Healy 2005; Coory 2004; Healy 2004; Evans 2002; Richardson and Robertson 1999). Citing the contradictory findings of numerous international studies, critics contend that while population ageing is associated with an increase in health costs, the costs involved are likely to be small and wholly manageable. Furthermore, the projections do not take into account other variables that might be (and are) influencing cost increases. For example, there is considerable scope to suggest that the rising costs of pharmaceuticals are being driven more by the pharmaceutical industry and the prescribing behaviours of doctors, rather than population ageing (Coory 2004; Healy 2004; Evans 2002; Gee 2002).

Figure 1: From pyramid to coffin - Changing age structure of the Australian population, 1925-2045



Source: Productivity Commission. 2005. *Economic implications of an ageing Australia*. Research report: Canberra, Australia p.xiv

Arguably the most troubling feature of the demographic alarmism being promulgated nationally and internationally is its proponents' misleading and fallacious portrayal of the aged as 'sick and frail non-contributors to society - as 'users' of social programs who give nothing in return' (Gee 2002 p.750). As Gee (2002) and others (Coory 2004; Ebrahim 2002; Evans 2002) contend, this spurious portrayal of older people is nothing short of 'demographic scapegoating', that is, an insidious process of 'blaming a social ill/problem on demographic phenomena' (Gee 2002 p.750; see also Binstock and Post 1991).

As can be readily demonstrated, older people are significant contributors to society (Gill 2006; Healy 2004; Ranzijn et al 2002; WHO 2000) and importantly, to the maintenance of sustainable and healthy communities (Warburton and McLaughlin 2005). For example, the third annual HSBC *Future of Retirement* study (conducted with Oxford University's Oxford Institute of Ageing and described as one of the largest studies of its kind in the world) has shown that 'far from being a drain on society, older people are huge contributors to the economic and cultural wellbeing of their nations' (HSBC 2007). The study, in which 21,000 people from 21 countries and territories were surveyed, revealed that, contrary to popular misconception, older people contribute billions of dollars to their nation's economies through taxation, volunteer work and the provision of care for family members (including other older relatives or spouses) (HSBC 2007).

In the United States of America alone, HSBC calculated that people between the ages of 60 and 79 years contributed almost \$US38 billion in tax payments and volunteer work, over and above the significant support they also give to family care, which was not calculated (HSBC 2007). The same study revealed that, in the United Kingdom (UK), older people between the ages of 60 and 80 years boosted the UK economy by an estimated £59 billion (HSBC 2007).

A decade ago in Australia, the gross value of all volunteering by retired people was conservatively

assessed as being around \$41 billion, an amount that was equivalent to government spending on aged care at the time (Healy 2004 p.ix). More recently, a study of the productive contributions of people between the ages of 65-101 years (mean age 81.4 years) in the State of South Australia conservatively estimated the value of their contributions as being between \$4.9 and \$8.1 billion (excluding activities not associated with goods and services), compared with the costs of their actual health and aged care, calculated to be just \$1.8 billion (Ranzijn et al 2002).

Prejudice, politics and policies

There is an emerging consensus that the affordability of health and social services will be determined not by demographic factors as such, but rather by prejudice, politics and social organisation (Howe and Healy 2005; Ebrahim 2002; Evans 2002). Citing the popularised misconceptions and misapprehensions about population ageing that are being embedded in the public mind and how a broad acceptance of demographic projections is fuelling 'demographic crisis thinking' about ageing, commentators are increasingly highlighting the 'lessons learned' in regard to *that* and *how* demography can be, and has been, used to reconstruct and redefine social problems in ways that fit a political agenda or, at least, that calibrate with current and popular ideological positions (Gee 2002 p. 750).

Michael Coory, a Queensland medical epidemiologist, contends that in Australia, 'population ageing has been used to justify current and popular ideological positions that favour the private sector and seek to contain public-sector activity' and, ipso facto, justify 'keeping a tight rein on public-sector health expenditure' (Coory 2004 p.583). He further asserts that the manner in which the debate is being conducted has served powerfully to detract 'from the need to evaluate the appropriateness and effectiveness of current patterns of care' and that, as a consequence, constructive public debate on ageing policy has been stifled, limiting the number and kind of policy options that might otherwise be considered (Coory 2004 p. 583). His views are shared by others also writing from the cultural context of Australia

(Howe and Healy 2005; Healy 2004; Richardson and Robertson 1999).

Other international bodies, such as the World Health Organisation (WHO) in collaboration with the Panel on Ageing and Social Development (including *HelpAge* International, the International Labour Organisation, the International Social Security Association and the World Bank) have likewise decried the 'crisisization' of population ageing trends and the spurious portrayal of older people as a perpetual 'costly burden on society' and a threat to the social wellbeing of future generations (WHO 2000). As noted previously, older people throughout the world (including those who are disadvantaged and poor) make a positive and substantial contribution to society in economic, social capital and cultural capital terms as paid and unpaid workers, as consumers, as volunteers, as contributors to the well being of their children and grandchildren (HSBC 2007; WHO 2000). What is particularly noteworthy about the contribution of older people to society however is not just its *magnitude*, but the extent to which it has been minimised and rendered invisible at all institutional levels in society.

The political motivations behind the constructed and institutionalised invisibility of the economic contributions made by older people are not to be underestimated. By keeping the work (both waged and unwaged) of older people 'invisible', it makes it easier for the substantial contributions that older people make to society to be viewed, in established economic terms, as being 'non-productive' and hence as 'counting for nothing' (Waring 1988). Rendering the contributions made by older people as 'counting for nothing' in turn, makes it easier for demographic alarmists not just to scapegoat older people but also to 'set them up' as opponents to succeeding generations in an intergenerational resource justice (equity) war and to scapegoat them in the news and other media (Hamilton 2007; Howe and Healy 2005).

Rendering the contributions and lives of older people as 'counting for nothing' can also make it easier to justify controversial public policies that include not only lawfully limiting health and medical care for

older people (Binstock and Post 1991; Callahan 1987) but also limiting and lawfully ending the lives of older people. A potent example of this can be found in a speech made by the former Australian Governor-General Bill Hayden, in which he advocated the legalisation of euthanasia in Australia. In his Arthur E. Mills Oration to the Royal Australasian College of Physicians, and using older people and aged care as a point of reference, Hayden reflected in defence of his stance:

... having had a full and satisfying lifetime, there is a point when the succeeding generations deserve to be disencumbered - to coin a clumsy word - of some unproductive burdens (Hayden 1995 p. 15).

The collective message of those challenging demographic alarmism is that demography is not necessarily destiny (Howe and Healy 2005), and that 'an ageing population does not necessarily means a sicker population burdening the country with large medical and social care costs' (Healy 2004 p. vii). Experts further argue that how well we as a nation respond to the population ageing of our society will depend not on demography, but on the extent to which we believe and accept the associated economic projections we are given and allow ourselves to be influenced by the prejudices and politics that have shaped them.

Implications for the nursing profession

Older people are amongst the most disadvantaged, marginalised and vulnerable groups of people in the world. As *HelpAge* International (2001) points out:

... all societies discriminate against people on grounds of age. Ageism and stereotyping influence attitudes, which in turn affect the way decisions are taken and resources are allocated at household, community, national and international levels (p.1).

Nurses have a fundamental role to play in promoting the health and social welfare of older people. This role includes not only providing direct care to older people, but also engaging in public policy debate on matters pertinent to the health and social care of older people and lobbying to secure an ethically just allocation of 'required health and social sector

resources' to this population (International Council of Nurses 2006). How well nurses succeed in this role however may rest more on politics and prejudices and the social institutions informed by these, than on ageing demographics.

In order to fulfil their advocacy role responsibly and effectively, nurses need to ensure they are well informed about the prejudices and politics framing the debate about population ageing, and the degree to which these can and do influence public policies and practices pertinent to the health and social care of older people. Nurses need also to think reflectively and critically about these issues and ensure that neither they nor their colleagues unwittingly accept or reinforce stereotypical beliefs and attitudes that are damaging to older people and that, if left unchallenged, stand to seriously disadvantage their welfare and wellbeing.

CONCLUSION

In this article it has been argued here that the 'demographic time-bomb' portrayal of population ageing in Australia is misleading and incorrect and stands to be harmfully prejudicial to the health and social welfare interests of older Australians and indeed society as a whole. It has been further argued that the nursing profession has a fundamental role to play in contributing to public policy debate and agenda setting for the health and social care of Australia's ageing population. Undertaking this role includes working to correct the false and misleading characterisations of population ageing and its socio-economic implications for Australia that have been promulgated by officials. It further includes nurses working in strategic partnership with professional nursing and community based organisations that advocate for or represent older people and actively engaging in and influencing debates concerning the health, welfare and wellbeing of older Australians.

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