When biological ageing is desirable? A Reply to García-Barranquero et al.

García-Barranquero et al. explore the desirability of human ageing. They differentiate between chronological and biological views of ageing and contend that the positive aspects of ageing are solely linked to chronological ageing. Consequently, the authors embrace the potential for technological interventions in biological ageing. Contrary to their stance, I argue that there are sometimes desirable aspects associated with biological ageing. Therefore, proposals aiming to eliminate, mitigate, or diminish biological ageing are not without problems.

García-Barranquero et al. tackle an interesting question: Is ageing undesirable? Their answer is yes. Therefore, according to the authors, we should carry out interventions to reduce ageing to the extent that biological ageing only consists of the negative bodily effects it produces, and biomedical interventions against ageing only affect the biological dimension. The authors conclude that “The valuable goods of ageing refer only to its chronological dimension and not to its biological dimension. If this distinction is accepted, it must be acknowledged that biological ageing is undesirable.” Against their view, I show that biological ageing includes desirable aspects.

García-Barranquero et al. rightly make the distinction between biological and chronological age, where chronological age refers to the time that has passed since we were born, whereas biological age refers to our body's abilities and possibilities to function. I have previously made the same distinction and discussed the merits and drawbacks of different concepts of age in detail. I am inclined to think that chronological age often does not matter (at least not as much as it is generally thought to matter). Some time ago, I even suggested in this journal that because biological age is often a more important concept than chronological age and due to age-related discrimination, some people should be allowed to change their legal age to match it with their biological age rather than chronological age. An interesting discussion followed.

However, while I also think that biological ageing is often detrimental to us, I believe that there are instances where biological ageing can be desirable as well. To illustrate this point, consider the following thought experiment.

April is 10 years old when doctors discover that she has an untreatable and irreversible condition that halts her biological ageing. As a result, April will
never go through puberty, and she will never develop the body of an adult human being.

Undoubtedly, we would consider April's condition to be undesirable. It is unfortunate that she will never experience the physical aspects of being a biological adult, even though she will continue to mature chronologically and let's assume, psychologically as well.

This case demonstrates that, in certain situations, biological ageing can indeed be desirable. Therefore, García-Barranquero et al.’s thesis is untenable. Furthermore, the case highlights that the authors' reasoning is influenced by what Jecker refers to as 'midlife bias,' wherein a hierarchy of values is established that prioritizes those maintained during adulthood, while disregarding the unique values associated with childhood and old age. Although the authors mention Jecker's argument, they did not fully consider the possibility that biological ageing can be desirable for children. Thus they seem to ignore children altogether.

One might object that my own reasoning assumes the presence of midlife bias, as I consider April's situation unfortunate due to her inability to experience biological adulthood, thereby implying that children's lives are less valuable than those of adults. However, I am not suggesting that being a child is inherently bad or that their lives hold less value than those of adults. What I am emphasizing is the importance of considering everyone's interests, regardless of age, when deliberating whether to stop biological ageing.

Perhaps the authors simply consider the claim that biological ageing is desirable for a child to be too obvious to warrant explicit mention. However, there are also aspects of biological ageing that can be desirable for adults.

One example is that older adults typically experience shorter total sleep time compared to younger adults. As older individuals require less sleep, they have more time available to pursue the things in life that they value. Having additional time to engage in activities of personal significance is certainly desirable. Or consider the fact that women cannot get pregnant after menopause. Many think this is unfortunate, but some think it is a relief since one does not have to worry about the risk of unwanted pregnancy anymore. That is desirable. Therefore, in certain respects, biological ageing can be considered desirable. Whether these examples render biological ageing desirable overall is a separate matter. However, I am inclined to believe that such an evaluation should be left to individuals. Some people may prioritize the desirable aspects of biological ageing over the undesirable ones, leading them to perceive biological ageing as overall desirable for adults as well. If that is the case, then perhaps we should not try to stop biological ageing after all (or not all aspects of it) – at least not for every individual.

References


5 Brassington I. What a drag it is getting old: a response to Räsänen. *Journal of Medical Ethics* 2019;45:467-468.


