

In a song, Freddie Mercury sang "Who wants to live forever?"

Aubrey de Grey. We can ask ourselves the question! It's like shouting out: "Who wants a million euros?" Everyone wants it, but no one dares to answer. People like to make it trivial because it allows them not to get emotionally involved. Since the window of time for this kind of research is very uncertain, as for any pioneering technology, they distance themselves from it. But deep down, no one wants to get Alzheimer's. No one wants anyone else to get Alzheimer's. And everyone would want there to be a cure. I think that gives you the answer to the question. [Nice-Matin](#), December 18, 2018 (translation).

Theme of the month: deathism, thanatophilia, dolorism

What are we talking about?

Never ever, for the vast majority of humans and with regard to the vast majority of humans, will we wish another person dead.

If we see a person in danger of death and we are the only ones who can act, most women and men will try to save them even if there is a small risk to their own lives, even if it is someone they have never met and even if it is someone they do not love.

The right to human life is instinctively sacred, overriding all other rights, and our actions in such cases are instinctive.



But even if our act were reasoned, if we were warned "In 10 minutes, you will be faced with a situation where a person is in danger of death", we would do the same except that we would probably be more hesitant to risk our lives.

Similarly, if the warning said, "You will see an 80-year-old woman fall into the water", few of us would say, "80 is enough, you have to make room for your grandchildren. Besides, this lady no longer has anything to contribute to society. Let her drown!"

However, this type of argument is widely used by opponents of longevity to explain why older people as a group, considered abstractly, must not live longer.

The purpose of this letter is not to dwell on the validity of the arguments, but to understand why citizens, who are very respectful of individual elderly citizens, do not wish to save them as a group.

A single death is a tragedy, a million deaths are a statistic

This expression [attributed to Joseph Stalin](#) is the first dimension of the paradox.

Throughout most of human history, we have lived in small groups. Solidarity was expressed above all in relation to the people we met every day. Then, since civilizations have existed, exchanges have widened, but solidarity continued to be expressed, mainly with people with whom we were in direct contact. More recently, solidarity has spread even further towards people who are foreign to us, but with elements of identification. The victims of an earthquake or other natural disaster may be far away, but photos or films make them identifiable and the exceptional nature of the event mobilizes us.

On the other hand, causes of suffering or mortality that have existed for a long time are less mobilizing, whether they be diseases such as malaria or age-related conditions.

A dead person we can identify is a tragedy, an unidentified dead person is simply a concept

When new technologies allow lives to be saved, we generally do not know in advance who will be saved. Lives saved are saved in an abstract way. What is more, the results of research do not come quickly. Tomorrow's medical discoveries often do not yield results until later on. Finally, deaths due to aging are a slow, progressive, universal and still unavoidable mechanism.

One expression sometimes heard when talking about media mobilization in relation to deaths and therefore in relation to the energy put into avoiding them is the [law of proximity](#) or of the 'death kilometer'. In reality what is even more important is the capacity to arouse emotion. Dutch-speakers use a specific word *aibaarheidsfactor* which could be translated as a sympathy factor ("caressability"). The more "photogenic" a person in danger of death is, the more we care, even to an absurd or unhealthy extreme (such as [a child falling into a well mobilizing dozens of television cameras and millions of people who were entirely unable to help in any way](#)). On the other hand, the less "photogenic" the person is, the more their risk of death is banal, and the lesser the mobilization.

Medical progress is uncertain

To return to the individual example given in this letter, if we were in front of a person in danger of death, but not sure if we could save them, we would still try to save them, probably with more energy than if it had been a certainty.

On the other hand, when it comes to saving unspecified people without having certainty, there is less energy.

Dolorism

Dolorism refers those who get enjoyment from their pain; who find pleasure and justification in it. Not all dolorism is linked to death, and medical progress has been made in alleviating suffering, but the dimension of a kind of "accomplishment" by a painful end remains strong.

Thousands of pages have been written by all those who consider that death in general and death by aging in particular is what gives interest to life.

It should be noted that, for most believers, this view of the beauty of a short and painful life is accompanied by an immense paradox since, after death, there is an eternal and often paradisiacal life (Christians, Muslims, Jews) or a return to cycles that can be countless and extremely long (Buddhists, Hindus).

As already written, except in very rare cases, this reasoning is first and foremost a collective reasoning. Almost no one claims to wish the death of their parents or relatives. It is also a reasoning affected by a [status quo bias](#). Almost no one claims that life would be better if it were shorter, as short as it was two centuries ago, for example. On the other hand, many are opposed to extending life "excessively".

Deathism and thanatophilia

To designate those who wish that life should not be lengthened (much) by medical progress, English-speaking longevists generally use the term [deathism](#) which in French we may translate as *mortalisme*. It is the acceptance of death (by aging) which is not only perceived as inevitable, but also as necessary, admittedly unpleasant to go through but with undoubted benefits.

The term [thanatophilia](#) can also be used in a sense that places more emphasis on the desire for death. Those who consider death necessary, however, will generally say that it is a useful, but not in itself desirable.

Terror Management Theory - Mortality salience

In fact, it is conceivable that the underlying reason for being mortalist is that today we have no choice. If we escape other causes of death (which are becoming increasingly rare), we will die of old age. Dying of old age is an unbearable and inevitable fate. We cannot look either the sun or death in the face (La Rochefoucauld). So, at the same time, we try to forget our final fate and try to transform it into something positive. Be careful, this process happens unconsciously. When we start to become aware of it, its impact decreases. This phenomenon, discussed in a [2010 letter](#), is called [Terror Management Theory](#) or sometimes [Mortality salience](#).

It is necessary for our psychological equilibrium that we should know how to live with the inevitable. But today, as we progress in the fight against age-related diseases, making excuses for death from old age and the pain caused by senescence can have the effect of slowing down research against aging.

Conclusion

If you read this letter on a day in 2019, in the last 24 hours, about 110,000 people have died from age-related diseases. They have often died under conditions that you would not impose on your worst enemy if you had the opportunity.

If you read this letter a few decades after 2019, perhaps aging has joined the plague, cholera, famine, in the great concert of sufferings that have become increasingly rare.

The theologian Reinhold Niebuhr, in his [Serenity Prayer](#), asked for the grace to accept things that cannot be changed, to have the courage to change those that should be changed, and the wisdom to distinguish them from each other.

The dizzying technological advances make these distinctions more complex. We must accept today's situation with serenity and try to change it tomorrow. Media and psychological mobilization leading to scientific, environmental, health and social welfare progress... could enable millions of older women and men to live better and longer in the not so distant future. Perhaps we can even more easily accept today's sufferings knowing that tomorrow we will be less subject to them.

The good news of the month: More financial resources for research for longevity

As the excellent online periodical Fight Aging indicates, more and more money is [being invested in biotechnology businesses](#) in the field of longevity science.

There are traditional venture capital funds, such as the [Longevity Fund](#), technology funds such as [Kizoo Technology Ventures](#) and [Felicis Ventures](#); there are also private equity / business development companies like [Juvenescence](#) and [Life Biosciences](#).

Hundreds of millions of dollars and euros are being invested for profit, but also for potentially useful health benefits for all, especially if governments also start investing in our future, that of our children and even that of our parents.

For more information:

- [heales.org](#), [sens.org](#), [longevityalliance.org](#) and [longecity.org](#)
- [photo \(La Catrina\)](#)