

NUFFIELD COUNCIL^{ON} BIOETHICS

The Future of Ageing inquiry: intergenerational roundtable event

April 2022

Findings summary

Background

- 1 The [Nuffield Council on Bioethics](#) established a [working group](#) in December 2020 to begin a project on '[The Future of Ageing](#)', exploring the ethical questions that arise in relation to the role of science and technology in helping people 'live well' in old age. Over an 18 month period, the group has been seeking [evidence](#) from a wide range of stakeholders: through an online call for evidence; a number of creative engagement events with older people and intergenerational groups; and roundtable meetings and workshops.

About the Nuffield Council on Bioethics

- 2 The Nuffield Council on Bioethics is a leading independent policy and research centre. We identify, analyse, and advise on ethical issues in biomedicine and health so that decisions in these areas benefit people and society. We are funded by the Nuffield Foundation, the Medical Research Council, and Wellcome.

Introduction

- 3 As part of the engagement programme for The Future of Ageing inquiry, the Nuffield Council on Bioethics organised a roundtable event on 25 April 2022 that brought together members of the public from a range of age groups. The roundtable event took place in Exeter, in association with the Academy of Nursing. The workshop aimed to explore the views of different generations on how health and well-being technologies might, or might not, support older adults to live well in later life. These technologies include:

- **Assistive technologies:** from the use of devices such as [assistive robots](#) to provide physical and cognitive assistance to older people, to the use of [telehealth equipment](#) to assist people to manage long-term conditions at home;
- **Communications technologies:** from video software to keep in touch remotely, to ['big button' easy-to-use mobile phones](#);
- **Monitoring technologies:** for example, [devices](#) that can detect if a person has had a fall;

- **Geroscience interventions:** for example, [drugs](#) that target the underlying mechanisms of ageing and could impact healthy ageing.
- 4 The event consisted of 41 participants on eight roundtables. The participants ranged in age and life stage from students, aged 16-24, to older adults aged 50-70. At each table, we aimed to have a mixture of younger adults, a person in middle age and an adult in later life. However, given the larger number of students that attended the event, some tables predominantly consisted of younger individuals. At each table, there was a facilitator and a note-taker present, presented in [Annex A](#). The roundtable event consisted of two key discussions: on the role of technology in healthy ageing and the role of biomedicine (geroscience) in healthy ageing, for further information on the content of the roundtable event, see [Annex B](#).
 - 5 Key themes of the roundtable will be used to inform the inquiry and help develop recommendations for policymakers and other stakeholders addressed by the inquiry.

Discussion summary

- 6 The key themes that were elicited from the discussions include:

Workshop 1: the role of technology in healthy ageing

Initial thoughts on the video 'Uninvited Guests'.

- Some participants felt that assistive and monitoring technology can be **helpful**, as it can allow family members and carers to monitor older people and to make sure that they are **safe** and, at the same time, enables older people to maintain their **independence**. Some participants also felt having assistive technology in the home may **motivate** older adults to take care of themselves and remain active in later life.
- Participants expressed that technology should always have a **supportive function**; it should not be offered as an alternative to in-person care. Monitoring and assistive devices can certainly be very helpful for older adults. However, it was felt by a number of participants that a clear role of family, friends and carers is to check in regularly to know how an older person is doing and what their concerns might be.
- Monitoring and assistive technology **may help family members to feel reassured and less worried** about older people. However, this does not necessarily mean that older people will feel reassured too when using technology. They could, for example, feel worried about having no one there in person to support them and about being potentially left behind by their family.
- Many participants felt it is **very important that older people have a choice** about whether or not to use technology, and one participant described the older man in the video as “having no choice”.

Technological advances should be designed to **give people more options/choices, not less**. It is then up to the person to decide what option is best for them.

Who do you feel is responsible for care in later years?

- Many participants felt that an **older person's family** should be primarily responsible for their care in later years because they have a relationship of trust and trust is very important when it comes to caring. It was discussed in particular, and where possible, that **children should be responsible for their parents' care** as it is a child's **'duty'** to care for their parents.
- Some participants felt that in the case where children need economic support to care for their parents, **the government** should be responsible for providing that support so that all older adults can live healthier in later life. One student gave the example of the government providing maintenance grants for students from low socio-economic backgrounds and suggested this could be a way to support the care of older adults in later life. Other student participants suggested economic support could be based on an assessment criteria, created by the government, to decide who most needs economic support to help with the care of older adults.
- Other participants expressed that the **individual person** is responsible for their care, but with the support of family members if they're able to.
- **Support networks**, including neighbours and community groups, were also described by participants as playing a key role in the responsibility of the care of older adults, recognising that this may not always be available for older adults.
- Overall, the majority of participants described that **human beings** should be responsible for the care of older adults. This was because it was felt humans are social beings and need "social interactions to live a good life". Participants described that older people may be able to spend most of their time on their own and be assisted by robots and other technologies, but this might result in an older person feeling lonely and unhappy. Again, there was a strong sense that social interactions cannot be replaced by technology.

Who do you think should pay for care in later years?

- Many of the participants felt that it cost of care in later years will fall on **the individual** and their **family members**. However, it was noted by some of the participants that care homes and care in general, can be expensive and some families may not be able to afford social care. Contributors recognised that due to **social and economic inequalities** some people may not be able to afford care or have access to technology; describing this as "unfair".

- A theme that emerged across several tables was that care homes and care of older adults should be part of **NHS and social care funding** and, ideally, that those who can afford it should be paying for their care in later years.
- There was a consensus that caring for others is a challenging job and carers should be paid more for what they do.

What care options should be available in old age?

- Participants felt it is important to have **support and be surrounded by family in later life**. Some participants referenced the COVID-19 pandemic, with the agreement that **face-to-face/ physical contact** is very important and that 'feeling less lonely' is what matters the most in older age.
- On some tables, **intergenerational living** and socialising were considered good options for caring for older relatives. Participants described that currently there is a **separation of generations** in daily life and that community spaces, for example, churches, are good opportunities for generations to communicate and socialise.
- There was an overwhelming consensus among the tables that care options should be **available to everyone**, regardless of their background, ethnicity, socioeconomic status or circumstances. There was agreement across the tables that everyone should have good access to technology and care in later life.

What do you feel are the key inequalities in accessing technologies? How might such inequalities be overcome?

The key inequalities in accessing technology described by participants included:

- The **useability of technology**; older adults may find it challenging to use technology as "it is not always designed for them." One example given by a participant was mobile phones as they described the keypad buttons are often difficult to press and images are often too small making them difficult to see.
- **Challenges with language**; this can be a barrier for non-native older adult speakers as a lot of apps are only available in English.
- The **cost** of technology.
- **Access** to basic services; many services are now moving online such as online banking, which might make it difficult for some older adults to

access if they do not have the support or resources to help with this transition.

Suggested methods of overcoming such inequalities included:

- Teaching and workshops;
- Targeted support through organisations, for example, producing leaflets;
- Online learning resources;
- More public funding being spent on improving in-person care;
- Making more affordable technology;
- Giving more choice and control to older adults;
- More care support to be given to older adults to help with the introduction of new technology.

When thinking across the life course, what do you feel younger people should focus on to help them live well in older age?

- Younger participants described that they tend not to think about the **consequences of their lifestyle**. Some find it very difficult to imagine how their current lifestyle could impact their health and wellbeing in the future, or prefer not to think about this.
- Many of the younger participants explained that methods to live well in later life are often **not discussed with younger people**; it was suggested that **schools and education could** have a bigger role in teaching young people how to maintain a healthy lifestyle. Some participants felt that school curricula put too much emphasis on theoretical subjects and students might benefit from the study of more practical subjects (e.g., cooking skills, managing personal finances and how to maintain a healthy lifestyle).
- Building **strong relationships** with family and friends.
- Participants explained that ageing should be more **'accepted'** and **'normalised'** in wider society.
- Some younger participants mentioned that sometimes their decision-making is **impacted by worries around climate change and the environment rather than healthy ageing**. For example, the key reason for changing their diet to eat less meat is because it's better for the environment rather than for their health in later life.

Workshop 2: the role of biomedicine (geroscience) in healthy ageing

What would you be prepared to do/start doing to be healthier in old age?

- The importance of **finding a balance** between having a healthy lifestyle and enjoying life for older people was highlighted. Some participants said that they would be prepared to **eat healthily** and **exercise more** if it meant they would be healthier in later life. However, it is also important to enjoy life and take pleasure in things that might not be good for your health, for example eating unhealthy foods.
- Some participants agreed that, if they had a choice between relying on medicine when they are old or improving their lifestyle now, they would rather **change their lifestyle**. Once again, it was stressed that there needs to be a **balance** as having to follow strict rules all the time can be counterproductive (i.e., can lead to low mood and negatively impact wellbeing).
- Following Janet's presentation, some participants showed an **interest in caloric restriction** to potentially improve their health and lifespan; expressing that they would be more interested in exploring this option to improve their health in later years than taking new medications.

Would you take geroscience drugs either earlier in life or at first age-related diseases?

- Participants had **mixed views** on whether they would take drugs to improve their health in later years. Some younger participants felt **very strongly in favour** of taking geroscience drugs to improve their health outcomes in later life whilst other participants **showed hesitation** towards the timing of taking the medication, with one participant saying they would take the drugs "maybe when I'm a bit older". Other participants felt that taking geroscience drugs would be no different to taking any other medication. However, other participants expressed that they would not be interested in taking geroscience drugs as this would be "**playing God**" and interfering with the natural ageing process.
- There was a strong emphasis among participants at different tables on the importance of having **strong evidence** of the potential benefits behind geroscience drugs before becoming available to the public.
- There was a general feeling of **fear** towards potential geroscience medications, including a worry regarding **potential side effects** of the drugs and a feeling that the medications could be pushed on them and their family members by healthcare professionals.
- Some older adults with pre-existing health conditions expressed that they would feel **comfortable** taking new geroscience drugs or treatments. One participant explained that her biggest fear in growing old is being in pain and would therefore be happy to take medication if it would increase the number of years free of pain.

- Younger participants described the **influence of peer voices** and social circles in accepting new societal changes, and potentially new geroscience drugs.
- Participants had mixed views with regard to **participating in geroscience research**. Some participants expressed that they would consider taking part in research, whilst others expressed that they would only consider undergoing treatments that have been proven to be successful and that they would not feel comfortable participating in an experimental trial.

If you had to invest money (for example £5 million) to improve successful ageing what would you invest in?

- Some participants felt that funding for successful ageing would be better spent on **prevention strategies** (e.g., gyms, community centres, good health information, healthy diets) and **wellbeing centres** instead of drug development. They felt that prevention strategies would provide a more sustainable and long-term solution to tackle health inequalities in older adults.
- Funding for better **mental health and well-being services** for all ages was highlighted as a priority by many of the younger participants. Many of the students felt that people should take care of their mental health from an early age to improve resilience in later life.
- A small number of participants felt that **drug development** should be a funding priority to improve successful ageing.
- More funding for **social care and care homes, community groups, and intergenerational living** was also highlighted among the groups.

Would you like to know how well you are ageing for example through a blood test? (Predicting lifespan)

- The majority of participants agreed that they would **not want to know how well they are ageing** unless there was a test that could also advise on what actions to take to ensure healthy ageing. One participant said that they would not want to know in any case, as they would rather their life follows its natural course.
- Some participants would be interested in **knowing their biological age**, explaining this might motivate them to take potential medications if they were available. There was a strong consensus among participants that they would not want to know when they would die if this test was developed in the future.
- Some participants stressed that research needs to be focused on **ensuring healthy ageing rather than lifespan**.

- A few participants described that ageing research should focus on exploring **why** many people that have a healthy lifestyle can become unhealthy (e.g., mental health problems, cancer), rather than the underlying mechanisms of ageing.

Acknowledgements

- 7 We would like to extend our thanks to all members of the roundtable event who participated in this workshop, giving their time, energy, and enthusiasm. We would like to thank the many stakeholders who were involved in designing and supporting the engagement workshop, including Professor Janet Lord, from the University of Birmingham, who gave a presentation to participants on the role of geroscience in healthy ageing.

Annex A

Facilitators and notetakers

Facilitators:

- **Heidi Amor**, Head of Faculty, Childcare and Public Service, Exeter College
- **Alex Berry**, MSci Nursing student, University of Exeter
- **Patrick Coniam**, Associate Lecture, Academy of Nursing, University of Exeter
- **Enrico De Luca**, Senior Lecturer, Academy of Nursing, University of Exeter
- **Faye Doris**, Chair, Academy of Nursing and Compliance, University of Exeter
- **Danielle Laity**, MSci Nursing student, University of Exeter
- **Isobel Oxon**, MSci Nursing student, University of Exeter
- **Margot Whittaker**, Director of Nursing and Compliance, Southern Healthcare

Note-takers:

- **Susan Clompus**, MSci Nursing programme Lead, Academy of Nursing, University of Exeter
- **Claudia Corradi**, Researcher, Nuffield Council on Bioethics
- **Geoffrey Cox**, Managing Director, Southern Healthcare
- **Joel Faronbi**, Lecturer in Nursing, Academy of Nursing, University of Exeter
- **Chris Frankland**, Deputy Head of Faculty, Health and Social Care, Childcare and Public Services, Exeter College
- **Ann Gallagher**, Head of Nursing, Academy of Nursing, University of Exeter
- **Molly Gray**, Researcher, Nuffield Council on Bioethics
- **Carol Perkins**, Executive Assistant, Nuffield Council on Bioethics
- **Katharine Wright**, Assistant Director, Nuffield Council on Bioethics

Annex B

Roundtable plan

Session 1: the role of technology

The first session focused on the role that technology may play in helping people 'live well' in older age. It began by showing participants a short film called '[Uninvited Guests](#)'. The film focuses on an older man who is given various smart devices by his adult children – a fork, walking stick, and bed – which monitor his behaviour (i.e., eating healthily, getting enough exercise, going to bed at a sensible hour). The film shows how they prompt him to live a life differently to his own – with the consequence that he decides to outsmart the smart device. This film was used as a compelling prompt for facilitators to ask questions to the participants on the broader areas of ageing, including:

- What are your initial reactions/thoughts to the video?
- Who do you feel is responsible for care in later years?
- Who do you feel should pay for care in later years?
- What care options should be available in older age?
- What is the role of choice for all parties?
- What do you feel are the key inequalities in accessing technologies? How might such inequalities be overcome?
- When thinking across the life-course, what do you feel younger people should focus on to help them live well in older age?

Session 2: the role of biomedicine (geroscience)

The second session focused on the role of biomedicine in helping people live well in older age. This session began with a short talk (10-15 minutes) from Janet Lord, a Professor of Immune Cell Biology and Director of the MRC-Versus Arthritis Centre for Musculoskeletal Ageing Research at Birmingham University. Janet gave an introductory talk on geroscience and how it might help people in later life in the future. This presentation acted as a stimulus for further discussion on the role of biomedicine in living well in old age. The key questions presented to participants following the presentation included:

- What would you be prepared to do/start doing to be healthier in later life?
- If you had to invest money (for example £5 million) to improve successful ageing what would you invest in?
- What areas of research into ageing should be being focused on?
- Would you like to know how well you are ageing for example through a blood test? (predicting lifespan)
- If this test were available, would you take it?