

D. SENIORS, HEALTH CARE COSTS AND FUTURE NEEDS

This is the first generation in Canada in which people can expect to live to old age and in which average life expectancy equals or exceeds the age of mandatory retirement. By 2021, it is expected that 18% of the population will be elderly. Many have predicted that future cohorts of seniors will be different from the seniors of today, in ways which may significantly affect their health care needs. Some observers argue that future cohorts will expect retirement and will be better prepared for it, mentally and financially. Others are of the view that recent trends in public pensions mean that people will be less financially secure in their retirement. More seniors will live alone rather than with a spouse, because of the higher number of divorced and single people now in the younger age groups and this may have the effect of increasing the number of seniors requiring support services. Third, the informal care now provided mostly by women will decrease as more women work outside the home. Also, the expectations of community support services are likely to increase among women who have been in the workplace.⁶⁹ It will be important in planning services to anticipate these and other differences that may distinguish tomorrow's seniors from today's.

On the one hand, there is the view that part of the gains in overall life expectancy have been obtained at the expense of increased disability and increased health care costs.⁷⁰

Others say that maximum lifespan (as distinct from life expectancy) is relatively fixed (natural death) and that, the onset of chronic illness characterized by disability and dependence can be compressed in a relatively short period near the end of life (compressed morbidity) suggesting tomorrow's seniors will be less likely to need health services than today's.⁷¹

Such theories are still speculative and further research is required to provide a stable body of knowledge on which to base future health policy. It seems clear that the implementation of illness prevention and health promotion measures which postpone the period of disability at the end of life and thereby prolong independence can be productive in the long-term. In the short-term, we must address the immediate problem of how to provide appropriate levels of care for the rapidly increasing number of seniors.

⁶⁹ CMA, 1987, p. 7.

⁷⁰ Wilkins, R. and O. Adams, *Healthfulness of Life*, Institute for Research on Public Policy, Montreal, 1983.

⁷¹ Fries, J.F., "Aging, Natural Death and The Compression of Morbidity", *New England Journal of Medicine*, Vol. 303, 1980.