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Ageing Society
Joint Academy Day 2025: ÖAW & a+

Akademie im Dialog – Forschung und Gesellschaft 14

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Heinz Faßmann

Seit 2018 lädt die Österreichische Akademie der Wissenschaften regelmäßig Partnerakademien und Wissenschaftsverbünde zu den sogenannten *Joint Academy Days*. Bei diesem Veranstaltungsformat stehen die internationale Vernetzung und gemeinsame Bearbeitung gesellschaftspolitisch relevanter Themen im Fokus. Am 25. November 2025 durfte ich Vertreter:innen der Akademien des Verbundes der Akademien der Wissenschaften Schweiz a+ an der ÖAW begrüßen.[1]

Der demografische Wandel sowie die damit verbundenen Herausforderungen, aber auch die sich entwickelnden neuen Potenziale einer „Ageing Society" betreffen Österreich und die Schweiz gleichermaßen: Während die Lebenserwartung kontinuierlich steigt, verharrt die Fertilität auf niedrigem Niveau. Gesellschafts- und Bevölkerungsstrukturen verändern sich, der Anteil der Menschen im Pensionsalter, im Wesentlichen der über 65-Jährigen, beträgt derzeit in beiden Ländern circa 20 % und wird laut Prognosen weiter ansteigen. Bei der Annäherung an dieses vielschichtige Thema zeigten sich unsere beiden Akademien als ideale Partnerinnen, betreiben a+ doch mit der Swiss Platform Ageing Society ein wichtiges Netzwerk und die ÖAW mit dem Vienna Institute for Demography eine bedeutende Forschungseinrichtung, die sich mit der Alterung und damit zusammenhängenden Fragen befassen.

Der Joint Academy Day vereinte grundsätzliche Vorträge und lebendige Panels, besetzt mit Mitarbeitenden und Mitgliedern beider Akademien sowie externen Expert:innen. So entstanden hochkarätig besetzte Diskussionen und Gespräche, die trotz oder gerade wegen des interdisziplinären Ansatzes ein gemeinsames Verständnis von Alter(n) und den ökonomischen, sozialen und politischen Auswirkungen einer alternden Gesellschaft ermöglichten.

Die Inhalte der Veranstaltung können nun leicht gekürzt und redaktionell bearbeitet in dieser Publikation nachgelesen werden.

Wie beim Joint Academy Day selbst umfasst auch diese Ausgabe von *Akademie im Dialog – Forschung und*

1 Der Akademienverbund a+ besteht aus den vier Akademien für Naturwissenschaften (SCNAT), Geistes- und Sozialwissenschaften (SAGW), Medizinische Wissenschaften (SAMW) und Technische Wissenschaften (SATW) sowie den Kompetenzzentren Science et Cité und TA-SWISS. Zusammen umfassen sie 154 Fachgesellschaften, 132 Kommissionen sowie 29 kantonale und regionale Gesellschaften.

ZUR PERSON

Heinz Faßmann, geboren 1955 in Düsseldorf, studierte Geografie und Wirtschafts- und Sozialgeschichte an der Universität Wien. Nach einer C4-Professur an der TU München war er ab 2000 Professor für Angewandte Geografie, Raumforschung und Raumordnung an der Universität Wien sowie zwischen 2011 und 2017 Vizerektor der Universität. Von 2017 bis 2019 und von 2020 bis 2021 übte er das Amt des Bundesministers für Bildung, Wissenschaft und Forschung aus. Faßmann ist seit dem Jahr 2000 Mitglied und seit Juli 2022 Präsident der Österreichischen Akademie der Wissenschaften.

Gesellschaft Beiträge in deutscher und englischer Sprache. Damit kann zwar nicht die beeindruckende Vielsprachigkeit der Schweiz abgebildet werden, wir müssen uns aber auch nicht vollständig auf Englisch als *lingua franca* beschränken.

Das Thema „Ageing Society" ist bei der Bevölkerung angekommen. Das zeigt das jährlich von der ÖAW veröffentlichte Wissenschaftsbarometer, bei dem das Vertrauen in die Wissenschaft bei 1.500 repräsentativ ausgewählten Personen erhoben wird. 2024 wurden zusätzlich Fragen zum demografischen Wandel gestellt. Die Antworten zeigen, dass dieser bei der Bevölkerung angekommen ist. Was der demografische Wandel bedeutet, welche Mechanismen dafür verantwortlich zu machen sind und welche politischen Herausforderungen entstehen, ist für einen Großteil der Befragten einsichtig. So sehen beispielsweise rund 80 % das Gesundheitssystem vor großen Herausforderungen und immerhin 52 % sprechen sich für eine Erhöhung des Pensionsantrittsalters aus.[2] Auch in der Schweiz zeigt sich Ähnliches. Im UBS Sorgenbarometer 2024, einer repräsentativen Befragung von 2.250 Personen, rangierte das Gesundheitswesen an erster Stelle, gefolgt vom Umwelt- und Klimaschutz sowie der Altersvorsorge.[3] Dennoch werden politische Maßnahmen, die aufgrund der Alterung notwendig wären, um die Herausforderungen im Bereich von Gesundheit, Pflege und Altersicherung zu bewältigen, hinausgezögert. Die Botschaften, länger zu arbeiten, später in Pension zu gehen und vielleicht auch weniger Pension zu bekommen, sind politisch unangenehm – in der Schweiz gleichermaßen wie in Österreich.

Dass die alternde Gesellschaft aber ausschließlich problem- und defizitorientiert diskutiert wird, ist ebenso wenig für die Schweiz wie für Österreich zutreffend. Auch eine alternde Gesellschaft weist eine Vielzahl an Potenzialen und Möglichkeiten auf, die es zu nützen und politisch zu aktivieren gilt. Dieses Grundverständnis vereint alle in diesem Band versammelten Autor:innen.

Ich wünsche Ihnen eine spannende Lektüre!

2 https://www.oeaw.ac.at/fileadmin/NEWS/2024/pdf/OEAW_Wissenschaftsbarometer_2024.pdf

3 https://www.ubs.com/global/de/media/display-page-ndp/de-20241212-worry-barometer-2024.html

Vorwort

Yves Flückiger

Die gesellschaftliche Alterung gehört zu den prägenden Entwicklungen unserer Zeit, in der Schweiz ebenso wie in Österreich. Beide Länder stehen vor ähnlichen demografischen Dynamiken: steigende Lebenserwartung, tiefere Geburtenraten und ein wachsender Anteil älterer Menschen an der Gesamtbevölkerung. Zugleich unterscheiden sich die institutionellen, politischen und kulturellen Rahmenbedingungen teilweise erheblich. Gerade deshalb ist der wissenschaftliche Austausch zwischen unseren Ländern besonders wertvoll. Er erlaubt es, unterschiedliche Erfahrungen, Lösungsansätze und Perspektiven miteinander zu vergleichen und voneinander zu lernen.

In der Schweiz wird die Diskussion über die „Ageing Society“ seit mehreren Jahren intensiv geführt, nicht nur mit Blick auf die Herausforderungen für Altersvorsorge, Gesundheitsversorgung und Pflege, sondern zunehmend auch im Hinblick auf gesellschaftliche Teilhabe, Generationensolidarität und die Potenziale des längeren Lebens. Die hohe Lebenserwartung ist Ausdruck eines gesellschaftlichen Erfolgs. Sie verlangt jedoch neue Antworten auf die Frage, wie wir Arbeit, Bildung, Gesundheit, Wohnen und soziale Integration über den gesamten Lebenslauf hinweg gestalten wollen.

Besonders deutlich zeigt sich dies im schweizerischen Kontext durch die föderale Organisation des Gesundheits- und Sozialwesens. Viele Lösungen entstehen nicht allein auf nationaler Ebene, sondern in Kantonen, Gemeinden, Institutionen und zivilgesellschaftlichen Initiativen. Daraus ergibt sich eine bemerkenswerte Vielfalt an Ansätzen: von altersfreundlichen Gemeinden über innovative Wohn- und Betreuungsformen bis hin zu neuen Konzepten des aktiven und selbstbestimmten Alterns. Gleichzeitig wird sichtbar, dass die demografische Alterung sämtliche Politikbereiche betrifft und langfristige, koordinierte Strategien erfordert.

Die wissenschaftliche Forschung leistet hierzu einen unverzichtbaren Beitrag. Sie hilft, Entwicklungen besser zu verstehen, Fehlannahmen zu korrigieren und evidenzbasierte Grundlagen für politische Entscheidungen bereitzustellen. Mit der Swiss Platform Ageing Society verfügt die Schweiz über ein nationales Netzwerk, das inter- und transdisziplinäre Perspektiven auf das Alter(n) zusammenführt

ZUR PERSON

Yves Flückiger, geboren 1955, studierte Soziologie und Wirtschaft an der Universität Genf. Er ist emeritierter Professor für Wirtschaftswissenschaften an der Universität Genf, der er von 2015 bis 2024 als Rektor vorstand. Seit 2024 amtiert er als Präsident der Akademien der Wissenschaften Schweiz (a+). Zuvor war er Präsident von swissuniversities sowie der League of European Research Universities (LERU). Er äußert sich regelmäßig in journalistischen Beiträgen zu wissenschaftspolitischen Themen in der Schweiz.

und den Dialog zwischen Wissenschaft, Politik und Gesellschaft fördert. Gerade bei einem Thema wie dem Altern, das medizinische, soziale, wirtschaftliche, technologische und ethische Fragen gleichermaßen umfasst, ist diese Zusammenarbeit von zentraler Bedeutung.
Die Beiträge dieses Bandes zeigen eindrücklich, dass eine alternde Gesellschaft nicht allein unter dem Gesichtspunkt von Belastungen betrachtet werden darf. Ältere Menschen tragen in vielfältiger Weise zum gesellschaftlichen Zusammenhalt, zur Freiwilligenarbeit, zur Betreuung innerhalb von Familien sowie zum kulturellen und wirtschaftlichen Leben bei. Die „Ageing Society" ist daher nicht nur eine Herausforderung, sondern auch eine Chance, unser Verständnis von Lebensphasen, Produktivität und gesellschaftlicher Teilhabe neu zu denken.
Der Austausch zwischen der Österreichischen Akademie der Wissenschaften und dem Verbund der Akademien der Wissenschaften Schweiz a+ hat verdeutlicht, wie fruchtbar der internationale und interdisziplinäre Dialog in diesem Bereich ist. Die in dieser Publikation versammelten Texte spiegeln diese Offenheit wider und laden dazu ein, Alter(n) differenziert, wissenschaftlich fundiert und zugleich gesellschaftlich verantwortungsvoll zu diskutieren. Ich danke den Wissenschaftlerinnen und Wissenschaftlern beider Akademien für ihre wertvollen und anregenden Beiträge!

Mein Dank geht auch an Prof. Bernhard Tschofen, Co-Präsident der Schweizerischen Akademie der Geistes- und Sozialwissenschaften (SAGW), der die Delegation der Akademien der Wissenschaften Schweiz a+ beim Joint Academy Day in Wien leitete und a+ mit seinen Beiträgen zur Eröffnung und zum Abschluss vertrat. Mein besonderer Dank gilt schließlich der Österreichischen Akademie der Wissenschaften und ihrem Präsidenten, Prof. Heinz Faßmann, für die herzliche Einladung zum Joint Academy Day der ÖAW.

Ich wünsche Ihnen eine anregende und erkenntnisreiche Lektüre.

Ageing Society: From Demographic Change to a Comprehensive Perspective on Old Age

Delphine Roulet Schwab

ABOUT

Delphine Roulet Schwab (Ph. D Psychology) is a full professor at La Source, School of Nursing, University of Applied Sciences and Arts Western Switzerland (HES-SO), and co-head of the senior-lab. She is president of the Swiss Platform Ageing Society, managed by the Swiss Academy of Humanities and Social Sciences (SAGW), as well as of alter ego (a French-speaking Swiss association for the prevention of elder abuse), GERONTOLOGIE CH, and the National Competence Center Ageing without Violence.

Introduction

Population ageing is widely recognized as one of the most profound demographic transformations shaping contemporary European societies. This process is not merely a question of shifting age structures but represents a deep and lasting reconfiguration of social relations, life courses, institutions, and collective representations. In Austria and Switzerland, population ageing is particularly pronounced and well documented. Both countries combine high life expectancy, low fertility rates, and long-standing welfare systems rooted in social insurance and public responsibility, making them emblematic cases for examining the societal implications of demographic ageing (Eurostat 2023, 2024, 2025). Over recent decades, demographic debates have largely framed ageing as a challenge, often emphasizing its presumed consequences for economic growth, pension sustainability, healthcare expenditure, and intergenerational solidarity. While these macro-structural concerns are not unfounded, their dominance has contributed to a largely deficit-oriented understanding of ageing and later life. A growing body of research has therefore called for a shift in perspective, highlighting the need to move beyond narrow economic or biomedical framings and to adopt a more comprehensive and multidimensional approach to ageing (World Health Organization [WHO] 2021a; Keating 2022).
This conceptual reorientation has been strongly endorsed at the international level. The United Nations' Decade of Healthy Ageing (2021–2030) explicitly

promotes a life-course perspective and emphasizes functional ability, participation, and dignity rather than chronological age or disease burden. In this framework, ageing is understood as a transversal societal issue that cuts across policy domains and stages of life, rather than a problem restricted to older people or old age as a residual category.

Against this backdrop, this introductory chapter analyses population ageing through the lens of recent empirical evidence and social policy developments in Austria and Switzerland. Drawing on up-to-date demographic and health statistics, it examines structural demographic change, persistent ageist representations, and the heterogeneity of older populations. It argues that ageing societies must move away from deficit-based narratives and instead recognize ageing as a shared social achievement accompanied by new forms of inequality, diversity, and opportunity.

Demographic Context: Austria and Switzerland in Comparative Perspective

Austria and Switzerland display remarkably similar demographic profiles, despite differences in their political systems and institutional arrangements. In both countries, population ageing is driven by long term declines in fertility combined with sustained increases in life expectancy. In 2025, people aged 65 years and over accounted for approximately one fifth of the total population – 20.5 % in Austria and 19.3 % in Switzerland (Eurostat 2025; Statistics Austria 2025; Federal Statistical Office [FSO] 2023).

Demographic projections consistently indicate that this trend will continue over the coming decades. By 2050, individuals aged 65 and over are expected to represent around 27.9 % of the population in Austria and approximately 25 % in Switzerland (Eurostat 2023; UNECE 2025). In practical terms, this means that about one in four residents in both countries will belong to this age group. Such projections underscore that population ageing is not a transitory phenomenon linked to specific cohorts, but a durable structural feature of contemporary societies.

Life expectancy at birth in Austria and Switzerland ranks among the highest globally. In Switzerland, life expectancy reached 85.9 years for women and 82.4 years for men in 2024, while in Austria it stood at 84.7 years for women and 80.2 years for men (FSO 2025; Statistics Austria 2025). These figures reflect decades of progress in public health, living conditions, medical care, and social protection. Importantly, gains in life expectancy have also occurred at older ages, meaning that longevity is not merely the result of reduced infant mortality but of extended survival throughout the course of life.

Longevity, however, cannot be adequately understood through survival indicators alone. Increasing attention has therefore been paid to healthy life expectancy, which captures not only the length but also the quality of remaining life. According to Eurostat estimates, healthy life expectancy at birth is around 71 years in Switzerland and approximately 69–70 years in Austria (Eurostat 2024). While these figures are high by international standards, they also point to the persistence of years lived with functional limitations, particularly at advanced ages.

Both countries have long prioritized policies supporting ageing in place, reflecting a strong preference among older people to remain in their own homes and communities, as well as a political desire to control costs, by relying on the voluntary work of family caregivers. As a result, institutionalization rates are relatively low in international comparison. In Switzerland, only 1.4 % of people aged 65–79 lived in nursing homes in 2024, compared with 13.2 % of those aged 80 and over (FSO 2024). Comparable age gradients are observed in Austria, where home- and community-based care constitute central pillars of long-term care policy (Statistics Austria 2024). These patterns underline the importance of considering age-specific heterogeneity rather than treating older people as a homogeneous group.

Population Ageing as a Structural Transformation

Population ageing is often portrayed as a sudden demographic shock, particularly in public discourse. From a scientific perspective, however, it is more accurately understood as the cumulative outcome of long-term structural processes. Declining fertility rates, improvements in healthcare and disease prevention, rising educational attainment, and the institutionalization of retirement and pension systems have jointly reshaped life trajectories over the past century.
Between 2020 and 2035, large cohorts of the post war baby boom generation are reaching retirement age in both Austria and Switzerland. This cohort effect contributes to a rapid increase in the absolute number of older adults, but it does not fundamentally alter the structural drivers of demographic ageing (FSO 2023; Statistics Austria 2025). Importantly, population ageing reflects both "ageing from the bottom" of the age pyramid, due to fewer births, and "ageing from the top", due to longer lives.
In Switzerland, demographic projections suggest that the population aged 65 and over will increase from approximately 1.5 million in 2014 to nearly 2.7 million by 2045 under the reference scenario (FSO 2023). Similar trajectories are observed in Austria. These developments have wide-ranging implications for social institutions, labour markets, welfare regimes, and intergenerational relations.
On a social level, ageing societies are increasingly characterized by the coexistence of four age strata, sometimes even five. Traditional life-course models – structured around a clear sequence of education, employment, and retirement – were developed in a historical context of much shorter life expectancy. Today, these models are increasingly ill-suited to capture the diversity of later-life trajectories (OECD 2024).
Economically, demographic ageing reshapes labour supply and consumption patterns. Labour forces become simultaneously smaller and older, raising questions about productivity, lifelong learning, and age thresholds in employment. Research has highlighted the limits of age-blind policies in this context and emphasized the need for flexible arrangements that account for health, skills, and preferences across the life course (OECD 2024).

Record Life Expectancy and Persistent Negative Views

Record life expectancy represents a major achievement of modern societies and a testament to successful social and health policies. Yet, paradoxically, increased longevity has not been accompanied by a corresponding transformation in how ageing and older age are perceived. Longer life does not automatically guarantee equal quality of life, nor does it eliminate social inequalities accumulated over the life course.
Ageing societies continue to face pronounced disparities related to socioeconomic status, education, gender, and occupational histories. These inequalities shape health trajectories, access to resources, and opportunities for participation in later life (WHO 2021a; OECD 2023). Consequently, population ageing must be understood not only as a demographic phenomenon but also as a social stratification process.
Despite extensive empirical evidence documenting the diversity and activity of older populations, public discourse on ageing remains dominated by negative stereotypes. Older adults are frequently associated with declining productivity, rising healthcare costs, illness, and dependency. Ageing is often framed as a collective burden rather than as a shared social achievement resulting from decades of societal progress.
This construction of old age as a problem is reinforced by a tendency to externalize ageing. Identification with "old age" is often postponed, as older people are perceived as "always the others", belonging to a social category from which individuals symbolically distance themselves (Gullette 2004). Such distancing contributes to the social marginalization of older adults and to the persistence of age-based hierarchies.

Media Narratives, Ageism, and Cultural Representations

Media narratives play a central role in shaping collective representations of ageing. Alarmist metaphors such as "grey tsunami" or "silver tsunami" are frequently used to describe demographic ageing, particularly in relation to pension systems and healthcare expenditure. These metaphors suggest inexorability and threat, framing older populations as an overwhelming force that endangers social stability (Kriebernegg / Kainradl 2024).
Research on media ageism shows that such framings contribute to the homogenization of older adults and obscure the structural, political, and institutional determinants of demographic change. Systematic reviews demonstrate that older people are often portrayed as passive, dependent, or costly, while their contributions and diversity remain underrepresented (Camacho Markina / Santos Diez 2025; WHO 2021).
Beyond media discourse, advertising and anti-ageing industries further reinforce problematic representations by medicalizing ageing and portraying it as a condition to be fought, delayed, or concealed. Such representations promote unrealistic norms of eternal youth and contribute to internalized ageism. Empirical studies have documented the negative effects of internalized ageism on physical health, mental well-being, and social participation (WHO 2021b; American Psychological Association [APA] 2023).
Ageism is commonly defined as the stereotyping, prejudice, and discrimination directed at individuals or groups on the basis of their age (Butler 1969; WHO 2021b). According to the WHO, ageism operates at three interrelated levels – individual, interpersonal, and institutional – affecting how people think, feel, and act towards age and ageing across the life course (WHO 2021b).
Empirical research shows that ageism manifests across multiple domains, including the labour market, healthcare systems, media representations, social policies, and everyday social interactions (Officer et al. 2016; Ayalon / Tesch-Römer 2018). In employment, ageism is reflected in hiring discrimination, restricted access to training, and early exit pressures, despite evidence that productivity and competence vary far more within than between age groups (OECD 2023; Neumark et al. 2019). In healthcare, ageist assumptions may lead to the normalization of symptoms, undertreatment, or exclusion from preventive services and clinical trials, contributing to avoidable health inequalities in later life (Chang et al. 2020; WHO 2021).
At the individual level, internalized ageism has been associated with poorer physical health, worse mental health outcomes, reduced recovery from illness, diminished wellbeing, and lower life expectancy (Levy 2009; Levy et al. 2020). At the societal level, ageism contributes to the underutilization of human capital, reinforces social exclusion, and generates substantial economic costs through reduced labour participation and increased healthcare expenditure (Officer et al. 2016; WHO 2021a).

The Polarization of Ageing Representations: Between "Super Seniors" and the "Frail Old Folks"

Social representations of older adults in the media, advertising, and public discourse tend to be structured around two strongly contrasted stereotypical poles. On the one hand, the figure of the "super senior" – active, autonomous, healthy, and socially engaged – has become increasingly prominent. On the other hand, older people are also frequently depicted as frail, dependent, and passive, embodying decline, vulnerability, and social cost. This polarization produces a deeply reductive understanding of ageing and contributes to the systematic invisibility of ordinary later-life trajectories.
The figure of the super senior is embedded in narratives of "successful" or "active" ageing and is widely mobilized in advertising and media campaigns. Older adults are portrayed as physically fit, technologically savvy, enthusiastic consumers, and

engaged citizens. Examples include commercial campaigns such as Dove's "Pro-Age" initiative, which sought to challenge youth-centred beauty norms by featuring older women, or travel and insurance advertising that depicts retirees hiking, cycling, or embarking on exotic journeys well into later life. While this representation marks a departure from exclusively deficit-based views of ageing, it remains deeply normative. It constructs an ideal of ageing centred on autonomy, performance, and self-optimization, implicitly framing "successful ageing" as an individual moral responsibility. Structural determinants such as socio-economic inequalities, cumulative health disadvantages, or unequal access to supportive environments tend to be obscured. As critical gerontology has shown, the discourse of active and successful ageing may thus inadvertently reinforce social inequalities and stigmatize those who cannot conform to this ideal (Katz 2000; Holstein / Minkler 2003).

At the opposite extreme lies the figure of the frail elderly person, often referred to in everyday language as the "little old man" or "little old woman". This image dominates representations of very old age, dependency, and long-term care in news reporting and policy-related communication. It is frequently used to illustrate themes such as population ageing as a burden, rising healthcare costs, or shortages in care provision. In such portrayals, older adults appear primarily as passive recipients of care, defined by cognitive decline, physical impairment, or institutionalization. Photographs accompanying press articles on nursing homes or dementia, for instance, often show anonymous, isolated individuals, reinforcing associations between ageing, loss of autonomy, and social marginalization. Although vulnerability and dependency are real aspects of later life for some individuals, their overrepresentation contributes to a stigmatizing and homogenizing vision of old age. Compassionate framings may coexist with paternalistic attitudes, positioning older people as objects of care rather than as subjects with preferences, agency, and voice. Critical research has shown that such representations are a central mechanism through which ageism is reproduced at cultural and institutional levels (Ayalon / Tesch-Römer 2018; WHO 2021b).

Despite their apparent opposition, these two figures – the super senior and the frail dependent elderly person – produce similar effects. Both flatten the diversity of ageing experiences and obscure the social reality of later life for the majority of older adults. Most people in their sixties, seventies, and beyond neither correspond to exceptional models of performance nor to images of extreme dependency. Instead, they experience ordinary ageing, characterized by relative autonomy, gradual adjustments, social engagement of varying intensity, and occasional vulnerabilities. These are the people encountered daily in ordinary settings – on public transport, in supermarkets, in neighbourhoods – yet they are almost entirely absent from media and advertising representations.

This invisibility of ordinary ageing has significant social consequences. It reinforces a binary imagination of old age in which individuals are expected either to "age well" according to demanding normative standards or to be relegated to a stigmatized category of decline. Such representations limit opportunities for identification and recognition and may contribute to the internalization of ageist norms by older people themselves (Levy 2009). Moreover, they sustain symbolic distance between older people as a social category and the rest of society, framing ageing as a radically other experience rather than as a continuous and shared dimension of the life course.

Older Adults as an Active and Engaged Population

Recent Swiss data offers a more differentiated and empirically grounded picture of ageing. While functional limitations increase with age, they remain relatively uncommon among younger cohorts of older adults living in private households. According to the Swiss Health Survey, in 2022, significant difficulties or inability to

perform light housework affected only 1.4 % of people aged 65–79, compared with 6.4 % among those aged 80 and over (FSO 2024).
Similarly, difficulties in bathing or showering were reported by just 1.0 % of those aged 65–79, rising to 5.8 % among those aged 80 and over. Mobility limitations followed comparable age gradients. These findings indicate that, for the majority of older adults – particularly before very advanced ages – functional autonomy remains the norm rather than the exception.
Falls nevertheless constitute a significant public health concern. In 2022, 22.6 % of people aged 65–79 and 28.7 % of those aged 80 and over reported at least one fall during the previous year (FSO 2024). These figures underscore the importance of prevention, age friendly environments, and targeted support services. They also illustrate that vulnerability in later life is neither universal nor solely determined by chronological age.
Contrary to deficit-oriented narratives, empirical evidence consistently shows that older adults remain active contributors to society in multiple domains. In Switzerland, most people aged 65–74 engage regularly in physical activity, and a substantial proportion participate in volunteer work, informal caregiving, and community life (FSO 2018).
Digital engagement among younger cohorts of older adults has increased markedly, reflecting broader changes in education and technology use across generations. Political participation among older adults is particularly high, highlighting their central role in democratic processes.
Research has repeatedly demonstrated that social participation, volunteering, and continued engagement are positively associated with life satisfaction and subjective well-being in later life. At the same time, important inequalities persist according to education, gender, health, and migration background (Baeriswyl / Oris 2021). These findings reinforce the need to conceptualize ageing in terms of heterogeneity and life course accumulation rather than chronological age alone.

Towards a Comprehensive and Cross-Cutting Approach to Ageing

Responding effectively to demographic ageing requires a decisive move away from deficit based and age segregated perspectives. A comprehensive approach must integrate biomedical, psychological, social, cultural, and environmental dimensions of quality of life (WHO 2021). Ageing should be mainstreamed across public policies, recognizing it as a transversal issue that affects labour markets, housing, transport, healthcare, education, and civic participation.
In this perspective, health is defined not as the absence of disease but as functional ability – the capacity to continue being and doing what individuals value. This conceptual shift is central to the United Nations Decade of Healthy Ageing (2021–2030) and aligns with the broader goals of the 2030 Agenda for Sustainable Development, which emphasize equity, dignity, and participation across the life course (UN 2021; WHO 2021).
The United Nations Decade of Healthy Ageing represents a paradigmatic shift in how ageing is understood, framed, and governed at the global level. Rather than approaching population ageing primarily as a demographic challenge or a burden on social and health systems, the Decade conceptualizes ageing as a shared social achievement and a central dimension of sustainable development (WHO 2021a).
Within the Decade's framework, ageing is understood as a lifelong, dynamic, and heterogeneous process, shaped not only by biological change but also by social, economic, cultural, and environmental conditions accumulated across the life course (WHO 2021a; Keating 2022). Older age is not treated as a homogeneous category, nor as an inevitable phase of decline. Instead, the Decade emphasizes that diverse trajectories of ageing reflect unequal opportunities, resources, and exposures over time.
This perspective aligns ageing policy with the 2030 Agenda for Sustainable Development, explicitly linking longevity with questions of social justice, participation, and inclusion. In this

sense, ageing is framed as a collective responsibility rather than an individual risk, requiring coordinated action across policy sectors and levels of governance (United Nations 2021).

Functional Quality of Life and the Centrality of Functional Ability

A core conceptual contribution of the Decade is its focus on functional quality of life, articulated through the concept of functional ability. Functional ability refers to "the abilities that enable people to be and do what they have reason to value", shifting the focus away from the absence of disease toward lived experience and participation (WHO 2015, 2021a).

This approach recognizes that good quality of life in older age does not depend solely on health status, but on the interaction between people's capacities and the environments in which they live. Functional quality of life thus encompasses autonomy, mobility, social relationships, meaningful activity, and the possibility to remain engaged in community life, even in the presence of chronic conditions or disabilities.

Closely linked to functional ability is the concept of intrinsic capacity, defined as the composite of an individual's physical and mental capacities, including mobility, cognition, psychological wellbeing, vitality, sensory functions, and emotional health (WHO 2015). The Decade promotes intrinsic capacity as a key operational concept for public health and health systems, emphasizing early detection of decline, prevention, and integrated, person-centred care.

Importantly, intrinsic capacity is conceived as neither fixed nor solely biologically determined. It evolves dynamically across the life course and is profoundly shaped by social determinants such as education, work conditions, housing, gender, and access to healthcare (Beard et al. 2019). By adopting intrinsic capacity as a guiding principle, the Decade challenges age-based thresholds and encourages individualized, needs-based approaches to care and support.

Combating Ageism and Creating Enabling Contexts

A distinctive and explicit feature of the Decade is its recognition that ageism is a major barrier to healthy ageing. Ageism operates at individual, interpersonal, and institutional levels and undermines health, wellbeing, and participation throughout the life course (WHO 2021b).

The Decade positions the fight against ageism as a prerequisite for all other action areas. Ageist attitudes and structures distort policy priorities, justify exclusion from services, and contribute to the underinvestment in older people's capabilities. Changing how societies think, feel, and act towards ageing is therefore treated as a central lever for improving both individual and collective outcomes.

In line with its relational understanding of ageing, the Decade emphasizes the creation of age-friendly environments as a fundamental strategy to support functional ability and intrinsic capacity. Age-friendly environments encompass physical, social, cultural, and institutional contexts – including housing, transportation, public spaces, digital technologies, and social norms – that enable people to live safely, independently, and meaningfully at older ages (WHO 2007, 2021a).

Rather than adapting individuals to environments, this approach calls for transforming environments to accommodate human diversity across the life course. Age-friendly policies are thus closely linked to universal design, intergenerational solidarity, and inclusive urban and community planning.

Conclusion: Ageing as a Collective Societal Responsibility

Ageing is often framed through the lens of individual responsibility. Public and media discourses frequently emphasize lifestyle choices, personal resilience, and successful self-management of health and autonomy, implicitly suggesting that ageing well is primarily the outcome of individual effort. While personal resources and

choices undoubtedly matter, such a perspective remains profoundly incomplete. It obscures the fact that ageing is a social process, shaped over time by structural conditions, institutional arrangements, and collective norms that extend far beyond individual control.

Ageing trajectories are cumulative and relational. Health, functional ability, and quality of life in later life are deeply influenced by education systems, labour markets, housing policies, welfare regimes, healthcare provision, and the organization of care across the life course. Inequalities experienced earlier in life do not disappear in old age; they often intensify. To reduce ageing to a matter of personal responsibility is therefore to overlook the social production of vulnerability and to risk legitimizing inequalities as individual failures rather than as collective shortcomings.

Moreover, the way societies represent, value, and organize ageing reflects broader moral and political choices. Decisions about how environments are designed, how work and retirement are structured, how care is recognized and supported, and how older people are portrayed in public discourse are not neutral. They express assumptions about social worth, participation, and belonging. In this sense, ageing is not merely something that happens to individuals; it is actively shaped by societies and, in turn, shapes them.

Recognizing ageing as a collective responsibility entails acknowledging that all members of society are stakeholders in how later life is lived. It calls for policies that address ageism, reduce cumulative inequalities, and create environments that support functional ability, participation, and dignity across the life course. It also implies a redistribution of responsibility – from individuals alone to institutions, communities, and governments – so that ageing is approached as a shared social endeavour rather than a private challenge.

Ultimately, reframing ageing as a collective responsibility opens the possibility for more inclusive, cohesive, and sustainable societies. It invites a shift from moralizing narratives of individual success or failure toward a solidaristic vision in which ageing is understood as a common future and a shared achievement. How societies choose to respond to ageing today will determine not only the lives of current older adults but also the conditions under which future generations will grow old.

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Respektiert oder geächtet? Historische und kulturelle Perspektiven auf das Alter

François Höpflinger, Stephan Kloos

ZUR PERSON

François Höpflinger ist emeritierter Professor für Soziologie an der Universität Zürich, wo er auch Leitungsmitglied des Zentrums für Gerontologie war. Zu seinen Forschungsbereichen gehören die Alters- und Generationenforschung sowie die Sozialdemographie. 2013 wurde er für seine Arbeiten mit dem Preis der Stiftung Dr. J. E. Brandenberger und 2023 mit dem Erich Walser Generationenpreis des WDA-Forums und der Universität St. Gallen ausgezeichnet.

François Höpflinger

Ich werde häufig gefragt, ob es früher besser war zu altern oder ob es heute besser ist. Vielleicht war das Ansehen des Alters früher zeitweise etwas höher. Die soziale Lebenslage einer Mehrheit der Menschen war jedoch sehr schlecht. Heute mag das Ansehen vielleicht geringer sein, aber die soziale Lebenslage einer großen Mehrheit der Erdbevölkerung im Rentenalter hat sich deutlich verbessert. Interessanter finde ich die Frage, welche allgemeinen Vorstellungen über das Alter zu einer bestimmten Zeit vorherrschen. Man denke an Stereotype wie Würde oder Weisheit des Alters, die häufig nur für Männer galten. Die Stellung der Frau hingegen war historisch eng mit der familiären Situation verknüpft. Eine kinderlose alte Frau hatte weniger soziales Ansehen als eine Mutter von vier strammen Söhnen, außer sie war vermögend, dann wurde sie nämlich als „Erbtante“ umworben. In jedem Fall war das Prestige älterer Menschen früher noch deutlicher als heute mit Landbesitz und Vermögen verknüpft. Das Alter wurde in der europäischen Kulturgeschichte insgesamt immer doppeldeutig wahrgenommen: Einerseits wird das Alter mit körperlichem und geistigem Verfall, Gebrechlichkeit und Nähe zum Tod in Verbindung gesetzt. Vor allem in der europäischen Kultur, die sich seit der Renaissance an der altgriechischen Ästhetik junger Körper anlehnte, wurden und werden alternde Körper negativ beurteilt, speziell bei Frauen. Andererseits wurden und werden auch positive Entwicklungen des Alters – anlehnend an Ciceros *Cato maior de senectute* – hervorgehoben,

wie Weisheit und Gelassenheit alter Menschen oder das Alter als Erfüllung des Lebens. Dabei verweisen positive Bilder des Alters oft auf einen Gegensatz von Jung und Alt; etwa Ungeduld und Ungestüm der Jugend gegenüber Weisheit und Gelassenheit des Alters. Grundsätzlich würde ich sagen, dass sich das soziale Ansehen alter Menschen in Europa im Lauf der Zeit eher verschlechtert hat. Das liegt unter anderem am vorherrschenden Jugendkult, an dem sich Menschen jeden Alters beteiligen. Der Trend geht weniger in eine verstärkte Akzeptanz des Alters als in die Richtung, sich selbst jünger einzuschätzen als die Gleichaltrigen. Eine Studie besagt, dass 53 % der Schweizer:innen über 80 sich selbst nicht zu den Alten zählen (Borkowsky 2022). Ich kann mir vorstellen, dass das in anderen Kulturen anders ist.

Stephan Kloos

Ich bin ja Anthropologe und nicht Historiker wie Sie, Herr Höpflinger. Die Frage, ob es früher besser war zu altern oder schlechter, setzt voraus, dass Alter zu verschiedenen Zeiten dasselbe bedeutete wie heute. Aus anthropologischer Sicht kann man das so nicht sagen. Wie Delphine Roulet Schwab in ihrer Einleitung angemerkt hat, ist Alter nicht einfach nur eine biologische Gegebenheit, sondern eine kulturell und sozial konstruierte Kategorie. Was als alt gilt, welche Rollen damit verbunden sind und welcher Wert alten Menschen beigemessen wird, unterscheidet sich nicht nur historisch, sondern auch besonders stark kulturell und gesellschaftlich. Man sollte sich der Fragestellung daher auf drei Ebenen nähern: Die erste ist die körperlich-medizinische Ebene. Hier lässt sich eindeutig feststellen, dass heute vieles besser ist als noch vor 100 oder 200 Jahren. Die Lebenserwartung ist gestiegen, viele Krankheiten, die noch vor wenigen Jahrzehnten im Alter als unvermeidlich galten, lassen sich heute gut behandeln und stellen kein wirkliches Gesundheitsproblem mehr dar. Auch schwere körperliche Arbeit prägt Lebensläufe weniger als früher. In diesem Sinne ist Altern heute eindeutig besser.

Die zweite Ebene ist die sozialkulturelle. Da stellt sich das Bild schon ambivalenter dar. Es gab und gibt zu jeder Zeit Gesellschaften, in denen alte – vorwiegend männliche – Menschen als Hüter von Wissen, Tradition, Genealogie oder spiritueller Weisheit gesehen und geschätzt wurden bzw. werden, von Sparta und dem konfuzianischen China über agrarische und pastorale afrikanische Gesellschaften bis hin zu indigenen Gruppen in Lateinamerika und australischen Jäger-Sammler-Gruppen. Es gab und gibt aber auch Gesellschaften, die alte Menschen eher als Belastung oder gar – vor allem im Fall von Frauen – als Quelle potenziellen Unglücks sahen bzw. sehen, etwa aufgrund von faschistischen Ideologien oder Glauben an Hexerei. Und dann gibt es industrielle Gesellschaften, die nicht nur auf den sogenannten Westen beschränkt sind, sondern weltweit existieren, in denen Alter mit Unproduktivität verbunden ist. Das kann zu Vereinsamung oder Ausgrenzung führen, aber auch zu neuen Formen von Gemeinschaft oder gesellschaftlicher Teilhabe. Diese Ebene ist nicht auf bestimmte geografische Regionen beschränkt und verschiedene Gesellschaftsformen mit unterschiedlichsten Zugängen können gleichzeitig existieren.

Die dritte Ebene, die individuell-gesellschaftliche, ist am besten über den wirtschaftlichen Aspekt zu fassen. Hier zeigt sich besonders deutlich, dass nicht so sehr eine bestimmte Zeit, sondern die soziale Position ausschlaggebend ist, wie gut es uns im Alter geht. Pensionssysteme bieten Sicherheit, aber nicht für alle gleichermaßen. Allgemein erfahren alte Menschen, die wirtschaftliche, sozio-kulturelle oder religiöse Ressourcen kontrollieren, gesellschaftliche Achtung, während andere oft mit sozialer Ausgrenzung konfrontiert sind. Früher wie heute gilt also, dass Klasse, Geschlecht, soziale Herkunft, Migrationshintergrund, Ethnizität etc. weit stärker als das Jahrhundert bestimmen, wie gesund und abgesichert ein Individuum im Alter ist.

François Höpflinger

Ich denke, wir dürfen nicht außer Acht lassen, dass Alter eine gewisse Janusköpfigkeit mit sich bringt. Ältere

Menschen können erlerntes Wissen und Erfahrungen aus dem Gedächtnis anwenden und verknüpfen. Wir respektieren sie aufgrund dieser Weisheit, andererseits lehnen wir sie ab, weil sie körperlich nicht mehr so fit sind. Immer mehr kompetenzorientierte Modelle des Alters werden entwickelt. Wenn wir die sozialen Indikatoren für Österreich, Deutschland und die Schweiz betrachten, sehen wir sehr positive Entwicklungen. Erstens verbleiben mehr Frauen und Männer länger gesund und ohne massive Alltagseinschränkungen (Cao et al. 2020). Zweitens profitieren heute viele, wenn auch nicht alle älteren Menschen von einer hohen Wohn- und Lebensqualität. Zunehmend mehr ältere Menschen sind aktiv und offen für neue Entwicklungen. „In einer ‚Gesellschaft des langen Lebens' ist Neuorientierung und Umlernen während der gesamten Lebensspanne verlangt, weil die Spätlebensphase kulturell offen bestimmt ist, der rasche technologische Wandel aktive Anpassung erfordert und die privaten Lebensformen sich ändern" (Kolland 2016: 3).

Die Gerontologie, also die Altersforschung, und die Medizin verstärken die Ambivalenz des Alters, weil die Defizite des Alters die Plattform sind, auf der man positive Kompetenzen erhöht. Das bedeutet, die klassischen Defizite des Alters werden heute von der Interventionsgerontologie benutzt, um die Kompetenzen der älteren Bevölkerung zu stärken. Dadurch verstärkt sich allerdings der janusköpfige Charakter des Alters. Wenn ich mit 65 Jahren bestimmte Dinge nicht mache, dann habe ich mit 90 ein Problem, oder? Das ist ein neues Phänomen – ein gewisser Leistungsdruck. Hier besteht die Gefahr, dass es irgendwann zu Forderungen kommt wie: Wer sich nicht bewegt, wird später nicht gepflegt. Auch die Dekade des Healthy Ageing der WHO geht bei sozialkritischer Betrachtung in diese Richtung der „nachberuflichen Leistungsnormen". Ein langes gesundes Alter erfordert die Einhaltung wichtiger Verhaltensregeln (genügend Bewegung, Gedächtnistraining, angemessene Ernährung, Verzicht auf Tabak und Alkohol etc.)

Die soziale Stellung älterer Menschen unterlag und unterliegt allerdings immer wieder Veränderungen. Ab dem späten 17. Jahrhundert setzte sich – im Rahmen einer Betonung bürgerlicher Tugenden – beispielsweise eine verstärkte Achtung vor alten Mitmenschen durch. Eine Flut von Anstandsbüchern und moralischen Schriften, aber auch christliche Morallehren – wie etwa der Pietismus – haben diese Entwicklung gefördert.

In der Biedermeierzeit veränderte sich die Rolle der Großelternschaft. Großväter wurden von Autoritätsfiguren zu Märchenerzählern und Großmütter wurden zu emotionalen Vertrauenspersonen stilisiert. Die Beziehung zwischen Enkelkindern und Großeltern erfuhr damit eine starke Wandlung. Dafür gibt es zahlreiche literarische

ZUR PERSON

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Beispiele, unter anderem bei Johann Wolfgang von Goethe (1749–1832).[1] Es fand eine Aufwertung der Familienrolle älterer Menschen statt, das finde ich sehr spannend. Europa hatte allerdings eine andere Entwicklung als andere Länder und Kulturen.

Stephan Kloos

Das stimmt. Auch innerhalb Europas gab es große Unterschiede. Ich denke, dass diese Ambivalenz dem Alter gegenüber in Wissensgesellschaften stärker ist, weil die Wahrnehmung widersprüchlicher wird. Ich sehe vor allem zwei gegenläufige Dynamiken: Auf der einen Seite wächst die Wertschätzung durchaus, weil gerade in komplexen, vernetzten Gesellschaften Wissen, Erfahrung, Urteilskraft und langfristige Perspektiven wichtiger werden – Qualitäten, die vor allem ältere Menschen mitbringen. In vielen Organisationen und hoffentlich zunehmend auch in Unternehmen wird Alterskompetenz sehr wohl als Ressource wahrgenommen. Außerdem ermöglichen Bildung und digitale Teilhabe – auch Pensionist:innen und sehr alte Menschen nutzen das Internet regelmäßig – bessere Gesundheit und längere aktive Lebensphasen. Das verringert die Distanz zwischen den Generationen.
Auf der anderen Seite wächst die Abwertung. Wissensgesellschaft bedeutet auch Beschleunigung, Innovationsdruck, Technologiewechsel und permanente Anpassung. In solchen Kontexten wird Jugend zum Symbol für Zukunft und Flexibilität, während Alter mit Rückstand verbunden wird – mit Kosten, Belastung und Verlangsamung. Das erzeugt Ageismus, der oftmals subtil in Form von Meritokratie bzw. sehr individualisiert auftritt. Das bedeutet, dass Diskriminierung nicht direkt auf das Alter bezogen ist, sondern indirekt auf eng definierte betriebswirtschaftliche Kalkulationen von Leistungsfähigkeit älterer Menschen. Entscheidend ist, dass die Wissensgesellschaft nicht klar zu einer positiven oder negativen Entwicklung führt. Es ist vermutlich besser, in einer Wissensgesellschaft zu altern als in einer anderen Gesellschaftsform, aber es kommt zu einer Polarisierung der Wahrnehmung und infolgedessen zu neuen Ungleichheiten. Wie bereits angesprochen, hängt die gesellschaftliche Bewertung des Alters stark vom Bildungsgrad, von der Gesundheit, vom digitalen Zugang und vom sozialen Status ab. Das heißt, die Schere geht weiter auseinander.

François Höpflinger

Das war auch historisch der Fall. Eine Studie aus Genf zeigt, dass im 16. Jahrhundert nur 10 % der Unterschicht 60 Jahre alt wurden, von der Oberschicht hingegen 30 % (Perrenoud 1975). Später, als es die Möglichkeit der Altersvorsorge in Bürger- oder Pfrundhäusern gab, konnte, wer Geld hatte, ein Herrenpfrund kaufen, das Fleisch beinhaltete. Die arme Bevölkerung konnte nur die Müslipfrund erstehen. Diese Ungleichheit – nicht nur bei der Lebenserwartung, sondern bei der gesunden, behinderungsfreien Lebenserwartung – steigt leider. Sie ist sozial bedingt, und daran hat sich relativ wenig geändert.
Was ich noch zum Thema Erfahrung anmerken wollte: Wir haben in verschiedenen Projekten versucht, die Erfahrung älterer Personen zu nutzen. Wir sind gescheitert, weil wir festgestellt haben, dass ältere Babyboomer und dabei vor allem Männer – zu dieser Gruppe gehöre ich auch – den Wert ihrer eigenen Erfahrung völlig überschätzen. Erfahrung ist wichtig, keine Frage, aber es braucht vor allem Offenheit gegenüber neuen Entwicklungen, auch im hohen Alter. Gerontologische Studien zeigen: Personen, die auch im hohen Alter offen für Neues sind, haben weniger Mühe. Menschen, die mit 70 nichts Neues mehr lernen, enden mit 90 als gestrandete Zeitreisende in einer Gesellschaft, die sie nicht verstehen.

Stephan Kloos

Diese Entwicklung beginnt aber nicht erst mit 70. Wie man mit 70 ist, hängt davon ab, wie man das ganze Leben

1 In seiner 1811 verfassten Autobiografie *Dichtung und Wahrheit* schreibt er: „Von didaktischen und pädagogischen Bedrängnissen flüchteten wir gewöhnlich zu den Großeltern." Seine Darstellung der verwöhnenden Großeltern, die den Kindern mehr Freiraum erlauben als die strengen Eltern, prägt das Bild von Großelternschaft in der deutschsprachigen Welt bis heute.

zuvor war. Ob man offen war, Neues dazugelernt und sich mit neuen Entwicklungen auseinandergesetzt hat oder nicht. Man kann nicht erst mit 70 beginnen, sich auf Neues einzulassen, damit man mit 90 mithalten kann. Das beginnt viel früher.

François Höpflinger

In der Tat. Oftmals verlaufen diese Prozesse gänzlich informell. Für eine Studie führten wir Interviews mit Teenagern und deren Großeltern. Die Großeltern erzählten, wie viel Erfahrung und Lebenswissen sie ihren Enkelkindern vermittelten. Tatsächlich war der Lernprozess in den meisten Fällen ein anderer: Die Enkelkinder brachten den Großeltern etwas bei. Das habe ich selbst erlebt: Einer meiner Enkelsöhne hat mich und meine Frau in das digitale Bezahlen eingeführt – eine sorgfältig gemachte Lektion von zwei bis drei Stunden. Schließlich meinte er, wir sollten unser neugewonnenes Wissen anwenden, indem wir ihm Geld auf sein Konto überweisen. Das nenne ich Wissenstransfer!
Außerdem wollte ich noch etwas zur Lebenserwartung sagen: Wir haben Daten, zum Beispiel aus Zürich-Land aus dem Jahr 1634. Da lag die Wahrscheinlichkeit, 80 Jahre alt zu werden, im Durchschnitt bei 3– 5 % (Letsch 2017). Heute wird eine Mehrheit der Menschen 80 Jahre. Damit geht einher, dass wir heute das Alter oft zweimal erleben, zuerst nämlich durch das Altern der eigenen Eltern. Wir sind die erste Generation, die das Altwerden der eigenen Eltern erlebt. Das führt zu hohen Ansprüchen an die Pflege; oftmals höheren, als die betroffenen Personen selbst haben. Da bekommen alte Mütter und Väter Sturzpräventionsuhren von ihren erwachsenen Kindern geschenkt, aus denen sie später die Batterien entfernen, um Geld zu sparen. Und nach dem Tod der betagten Eltern erlebt diese Generation dann das eigene hohe Alter. Das ist in gewisser Form eine Demokratisierung des Alters.

Stephan Kloos

Ja, definitiv. Allerdings muss man anmerken, dass es alte Menschen schon immer gab, auch hochbetagte. Aber nie in dem gesellschaftlichen Ausmaß, in dem wir das heute beobachten. Das Ausmaß ist also etwas absolut Neues. Wir werden heute im Schnitt 20 bis 40 Jahre älter als noch vor 100 Jahren. Und das gilt nicht nur für wohlhabende westliche Gesellschaften oder Japan, sondern global. Diese Veränderung setzte in Europa und Nordamerika Ende des 19. bzw. Anfang des 20. Jahrhunderts ein, in Asien Mitte des 20. Jahrhunderts. In Afrika war es später, eher Ende des 20. Jahrhunderts, mit Rückschlägen durch die HIV / AIDS-Epidemie. Dadurch, dass ein so großer Teil der Bevölkerung älter wird, kommt es zu Entkoppelungen bzw. zu Veränderungen im Zusammenspiel der Generationen – auch was das Sterben betrifft. Was ich aber besonders erwähnenswert finde, sind die Gründe, warum wir heute durchschnittlich so viel älter werden als früher. Das liegt nicht so sehr an spezifischen medizinischen Durchbrüchen – deren Rolle wird tendenziell überschätzt – sondern an einem breiten sozialen Wandel, der mehr oder weniger allen Bevölkerungsschichten Zugang zu Hygiene, Nahrung und grundlegender Gesundheitsversorgung eröffnete und unter anderem die Kinder- und Säuglingssterblichkeit stark verringerte. Dazu besteht wissenschaftlicher Konsens. Diese Einsicht hat auch heute Relevanz, etwa in Debatten über die Finanzierung des Gesundheitssystems oder in der Entwicklungszusammenarbeit. Wofür gibt eine Gesellschaft Geld aus? Wenn es um die Erhöhung der Lebenserwartung geht, zählt weniger die Bereitstellung von Hightech-Medizin, die teuer und oft in Metropolen konzentriert ist, sondern ein möglichst breiter Zugang zu Ressourcen – natürlich auch zur Medizin – vor allem aber zu Bildung, gesundem Essen und sicheren Arbeitsplätzen.

François Höpflinger

Da kann ich nur zustimmen. Im Sommer 2024 gab es in *Lancet*, einer medizinischen Fachzeitschrift, einen Artikel, wonach ungefähr 40 bis 45 % der demenziellen Erkrankungen im Alter durch nicht-medizinische Interventionen reduziert werden können (Livingston et al. 2024). Genannt

wurden vor allem soziale Kontakte. Und dabei geht es nicht nur um Familie. Studien haben gezeigt, dass soziale Kontakte, Freundschaften und Kollegenschaften eine stärkere antidementielle Wirkung haben als Kontakte zur Familie.

Stephan Kloos

Es gibt ja das bekannte Konzept der „Blue Zones“, man findet dazu Dokumentationen auf diversen Streaming-Plattformen. Wissenschaftlich ist das Konzept natürlich fragwürdig. Dabei handelt es sich um relativ kleinräumige Regionen auf der Welt, wo die durchschnittliche Lebenserwartung der Bevölkerung weit über dem Landesdurchschnitt liegt. Das sind zum Beispiel gewisse Dörfer in Sardinien oder das Hunzatal im Karakorum in Pakistan, wo es üblich ist, dass die Menschen über 90 oder 100 Jahre alt werden.

François Höpflinger

In Sardinien hat man allerdings festgestellt, dass es in einigen Fällen Fälschungen von Geburtsscheinen gab. Grundsätzlich ist das aber spannend. Die maximale Lebensspanne hat sich nämlich nicht nach oben bewegt, es erreichen nur mehr Menschen das Mögliche. Ob sich die Lebensspanne des Menschen erhöht, ist umstritten.

Stephan Kloos

Genau. Aber warum ich die „Blue Zones“ überhaupt erwähne: Es geht eben nicht nur um beste medizinische Versorgung oder um Wohlstand. In vielen dieser Regionen, zum Beispiel im Hunzatal oder den sardischen Dörfern, sind die Menschen nicht reich. Aber es geht dann eben genau um Faktoren wie soziale Kontakte, gesundes Essen, soziale (Un-)Gleichheit oder andere strukturelle Umstände. Eine rezente Studie zeigt zum Beispiel, dass die Lebenserwartung der reichsten (und langlebigsten) US-amerikanischen Bevölkerungsschicht weit unter dem europäischen Durchschnitt liegt und jener des ärmsten westeuropäischen Bevölkerungssegments gleicht (Machado et al. 2025). Umweltbedingungen sind ebenfalls relevant. Nehmen wir zum Beispiel Indien: Die Luftverschmutzung dort ist so gravierend, dass alleine dadurch die generelle Lebenserwartung der indischen Bevölkerung um 3,5 Jahre reduziert ist, in Neu-Delhi sogar um über 8 Jahre. Die negativen Auswirkungen von Luftverschmutzung auf die Lebenserwartung in Indien übertreffen jene von Unterernährung oder verschmutztem Trinkwasser um ein Vielfaches (EPIC-India 2025).

François Höpflinger

Auch das Mikroklima spielt eine große Rolle, vor allem eine gut geheizte, saubere Wohnung. Oder, wie schon besprochen, die soziale und kulturelle Integration. Genau da können sich ältere Menschen selbst organisieren. Ich spreche von generationenübergreifenden Nachbarschaftsstrukturen – davon profitieren auch Jüngere massiv. Es gibt bereits unzählige Projekte und Initiativen, in Österreich und der Schweiz, die aber oft gar nicht auf dem Radar der Politik erscheinen. Hier gibt es viele positive Entwicklungen, die gar nicht wahrgenommen werden. Damit löst man zwar nicht das Problem der hohen Gesundheitskosten, aber es stärkt die soziale Integration. Mit relativ geringen finanziellen Mitteln kann hier viel erreicht werden.

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The Demographic Rush Hour of Life: Economic and Social Challenges[1]

Alexia Fürnkranz-Prskawetz, Christine Mayrhuber, Flurina Meier, Marion Repetti

ABOUT

Alexia Fürnkranz-Prskawetz is professor of mathematical economics at TU Wien and deputy research group leader on economic demography at the Vienna Institute for Demography (Austrian Academy of Sciences, OeAW). Her main areas of research are the economic consequences of population and individual ageing, long run economic growth, and the interrelationship between population, economy, and environment. She is a full member of the OeAW, a member of Leopoldina, and a member of Academia Europaea.

Alexia Fürnkranz-Prskawetz

We have already heard a lot about the challenges our society is facing today. One of the most important challenges we are facing is that: as a society we have not managed to turn the gains of individual ageing into gains at the population level. We are living longer; we are living in a more secure world – at least in Europe or in Austria and Switzerland – and education has opened up more promising futures. Yet these advances haven't translated into success for population ageing. Individual ageing, I would argue, is a success story; population ageing isn't yet. What do I mean by population ageing? At the aggregate level, population ageing denotes the fact that the share of older, retired people relative to those of working age increases. While this demographic dependency ratio describes well the shift in the age structure of a population, it does not automatically translate into the economic challenge of population ageing. What really matters is the economic dependency ratio – the ratio of all non-employed people to all employed people in our society (Loichinger et al. 2017). This is a useful measure for economists as it indicates the relation between those that are not actively contributing to production (and depend on transfers) and those that are part of the production process (and also generate, through their taxes and social contribution, the transfers to the dependent population). Public

1 Christine Mayrhuber had to cancel her participation in the panel discussion on 25 November 2025 and therefore was not part of the original transcript. She was asked to give an additional commentary afterwards.

debate often leans on the demographic dependency ratio when talking about economic challenges. However, not age, but the potential of people in different age groups in terms of what they can generate for the economy and how much they depend on it, determines the challenge we are facing. And here's the bad news: The employment dependency ratio is even worse than the demographic one, meaning a large share of people of potential working age are not in employment (including unemployed people, females, elderly people, and migrants). So, there is a huge potential labour force that we are not taking advantage of.
The biggest challenge today is that many of our social security systems are founded on a system where the current generation in the employment phase has to finance those who are dependent – and those are not only older people. You are also dependent when you are unemployed, ill, or in education. At the moment there is an imbalance between the employed and the non-employed and, unfortunately, this imbalance is growing. This will inevitably lead to problems, not only in terms of financial sustainability but also in terms of social cohesion.
There is another argument when we talk about population ageing: Not only is the employment potential falling, but the workforce itself is ageing. That isn't a problem per se, but it becomes one if we fail to invest in this group. And we shouldn't start investing literally five minutes before twelve, for example at the age of 55; we have to start investing early on and continue to do so. Ageing does not begin at 70 or 80; ageing begins when you are born. That's why societies have to invest in their children, carry that through the educational phases and into the labour market, and then sustain it over working lives. In my opinion, our institutional set-ups are very rigid and have not managed to adapt to the changing demographic structure during the last decades. Furthermore, social security systems may also distort labour supply (since pensions are financed through payroll taxes thereby lowering the return to work) and replace incentives for savings (since pensions partly replace private savings). We have grown used to these distortions, but they are now backfiring on the system's sustainability. Our research group looks at possible incentives that keep people working and active – not only in the labour market, but in society more broadly. How can older people actively participate in society? It may be easier in Vienna and other cities than in villages. So, I want to emphasize again the incentives, which we need to get right and that's where economists have work to do. We need to build a social environment that fits an ageing population.
So let me sum up: our social security system no longer matches today's demography and economy. It may have worked in the 1960s / 70s with high economic growth and a favourable demographic structure, but it is now out of date and it has been so for several decades.
Our pension system also needs to consider private transfers – not only money given to children or grandchildren, but also time transfers, time spent caring for children or older relatives, etc. Our society has not managed yet to include these transfers into measures like GDP or into pension accounting. And the result of this lack is a huge disadvantage for women. Women are still doing most unpaid care work and therefore accrue fewer pension rights (Hammer / Prskawetz 2022). We need to be much more aware of the huge contribution in terms of private transfers to sustain our social security systems and to do so we need to account for these values in the statistics. I like to argue "What you don't measure, you don't see".
Another topic I'd like to mention is part of the title of our panel, the "rush hour of life" (Zanella et al. 2019); that short span of time when we try to do everything at once – study, have children, set up a household, build a career, earn money, save money, be successful. I think the problem with such concepts is, that we are living longer, but our age norms as well as the sequencing of important life events haven't shifted. We still have the same sequence in mind (education followed by entering the labour force, building a family and having own housing, retiring) and often associate these life events with specific ages when they have to be reached.

Social security systems take these norms for granted. We need to loosen these age norms and possibly also consider alternating phases of work and education. Additionally, policy has to be more flexible. Societies and economies change fast; concepts that seemed right 10 or 20 years ago may no longer fit. What we have learned at the Vienna Institute of Demography, is that education plays a crucial role. People with higher education adapt more easily to change, are less often unemployed, are healthier, and work longer. That's one major topic, that our society is ignoring vigorously: the heterogeneity of ageing. When we design or reform a pension system, there is no representative agent. As an economist, you learn to model heterogenous lives – different work histories, education, family paths. We can't ignore these multifaceted life histories and impose a "one-size-fits-all" solution. We have to focus and take into account this heterogeneity.

Christine Mayrhuber

In addition to Alexia Fürnkranz-Prskawetz's statement, I would like to contribute two further perspectives on long-term developments: a demographic perspective and an economic perspective. Let me start with the demographic one: The importance and, respectively, the informational value of demographic – as well as economic – dependency ratios have already been discussed. What is important to me is to note that at no point in recent history has there been a stationary population; that is, a population whose size and composition remained stable over a decade. Population development in Europe in the last 100 years has been shaped by two world wars, regional wars, and changes in political frameworks – from the fall of the Iron Curtain and the end of the Socialist Federal Republic of Yugoslavia to the enlargement of the European Union, as well as the (civil) wars in the Middle East, etc. This leads to two observations: First, the empirical reference point of the population has always been, and remains, dynamic. In contrast to the notion of "population ageing", the 1960s could have been characterized by the image of "population rejuvenation": a situation in which, for example, large birth cohorts encountered insufficient school capacities (classrooms, teachers, etc.). Economic and political actors must keep this dynamic much more firmly in view. The notion of a stable population structure, or the reference to the problems associated with the current population pyramid, is of little analytical use. It would be more useful to emphasize how much demographic dynamism Europe's economy and society have already managed to absorb – and how economic as well as social development, despite but also because of incredible demographic change, has been positive for the vast majority of people.

ABOUT

Christine Mayrhuber is an economist at the Austrian Institute of Economic Research (WIFO), with areas of expertise in old-age security, income, and distribution issues, with a focus on gender. Between 2024 and 2027, she serves as deputy director of WIFO. She has also been chair of Austria's Pension Commission since 2024.

Second, demographic projections are less stable than is widely assumed, since predictions are subject to considerable uncertainty due to the changes and crises outlined above. One of the first long-term projections of Austrian pension expenditures up to 2030 was presented in 1991 by the Austrian Council for Economic and Social Affairs (Beirat 1991). Based on a total fertility rate of 1.56 children per woman and an increase in life expectancy of around three years (to 75 years for men and 81 years for women), as well as annual net immigration of 10,000 people, Statistics Austria projected Austria's population to decline from 7.6 million in 1988 to 7.34 million in 2030. The realized figure for 2020 was 1.1 million people above the projection made in 1990. Even in the scenario with high immigration, the projected population for 2020 was 700,000 below the realized value.

This clearly shows that population projections cannot be used as fixed parameters for policy either. But let me repeat myself and emphasize once again: dynamic population structures were and are the reference framework for virtually every policy field we have dealt with so far. We had to cope with them – which is, for the future, a positive perspective.

Now let's look at the economic development. Before addressing the question of financing, I would like to recall the following: every old-age security system aims to provide a certain population group with goods and services. It is less about the level of the monthly cash transfer and more about whether needs can actually be met. This requires goods and – in old age even more so – services, which are tied to local and regional provision to a much greater extent. These must be produced. And here I see major challenges: There must be people who contribute to this production process and generate a volume that ensures an adequate level of supply with goods and services for all population groups. In healthcare alone, for example, "Gesundheit Österreich" (2023) estimates an annual additional need of nearly 8,000 people in the health and care sector in order to meet the projected increase in demand for nursing care services (Famira-Mühlberger / Weingärtner 2024). The question is therefore: How can these professions be made more attractive? In addition to occupational stress factors and the framework conditions of service provision, this certainly also depends on attractive incomes.

This brings me to the second area of economic challenges: I share Alexia Fürnkranz-Prskawetz's assessment that the social security system is no longer aligned with today's economy. More specifically, the financing structure based exclusively on earned income is no longer up to date. From a macroeconomic perspective, we see that the wage share has tended to decline despite rising employment rates. In addition, labour productivity (measured per hour worked) has stagnated, which is not surprising in a service economy. In fact, we must ask ourselves how social security can be financed when gainful employment – or rather the remuneration of gainful employment – loses importance.

And that would be the starting point: a modern economy increasingly requires data as a factor of production, alongside human resources and capital. This should be the beginning of a structural realignment of welfare state financing: since data and algorithmic value creation are factors of production, they should also be used as a basis for social contributions (Arrieta-Ibarra et al. 2018). In fact, social security systems need to be adapted to a modern digital economy; unfortunately, this trans-systemic discourse is discussed far too little.

Flurina Meier

I completely agree. Nonetheless, what we haven't discussed yet is another financial issue closely linked to an ageing society: the costs of medical and nursing care for older people. My research focuses on healthcare and how we can finance care for a growing older population. It is not only about older people, either: all age groups are consuming more and more healthcare thanks to technological advances, better medicine, etc. Especially with medical care for cancer patients for example, sometimes we gain only a few extra months of life although

the treatment is very expensive. The question is: do patients want that? Did we ask them? Or is our health system geared towards acute interventions that buy a couple of months, rather than asking people what they actually need and want? Many older people – if you ask them – would prefer a good life that may be slightly shorter. So, I suggest we ask patients and older people what they want instead of over-caring for them immediately. There is a project in the Canton of Zurich in Switzerland where they actually worked together with a palliative-care physician and community nurses and they asked each patient: Would you like to go to the hospital? Would you want intubation? If the answer was yes, they proceeded; if not, they provided home care and tried to make the remaining months as high-quality as possible. Interestingly, it was especially hard for the nurses to accept a person's decision to die. For me, this might foreshadow the future of care. Hospitals, meanwhile, market cutting-edge technologies and high functional robots – it's big business – but that may not always align with what people really want. In Switzerland, we're still not at the point of openly debating how much money should be invested in an older life, as is the case in the UK for example. However, this is a very difficult topic. In Switzerland, we have these organizations that help people end their lives if they wish. This is highly controversial, because such wishes can be intertwined with psychological problems like depression, which calls for care and support. For others, the option provides autonomy. I'm not advocating it, but I think it is a way to express what you want or what you wish for.

Besides that, when we talk about adding years, we mean healthy life years. In Switzerland, many older people already invest in prevention – walking, healthy diets – they are gaining healthy life years. That helps society and if we support healthy ageing well before 65, we can better manage care needs later on. A major problem, however, is that we don't have enough carers. We rely heavily on migrant care workers, which can create problems in their home countries. There is an experiment in Switzerland to pay people who care informally for older relatives or partners. I've done some calculations and, unsurprisingly, it would be very expensive: If 25 % of all people who are currently doing unpaid care in Switzerland (and we are not talking about childcare, but only about caring for ill people of all ages) were paid as employed nurses, the bill for insurance and the state would be around 4.5 billion Swiss francs per year – more than current spending on home care in Switzerland. I think it is possible to get more people to care for their relatives at home, but I don't think that we can pay every caring relative. Additionally, we also need to focus on professional carers. Many nurses don't primarily ask for higher wages; they want decent working

ABOUT

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conditions. Here, I think, lies huge potential for improvements: reduce administrative burden so they can spend time with patients; increase flexibility; ensure teams are properly staffed. Currently, a concerning proportion of working time in home care providers is spent on administrative tasks. When considering the full costs per hour of care, only about one third is dedicated to direct patient care. More than one third of total costs are spent on administrative tasks such as care planning, care preparation, coordination, documentation, indirect patient services, leadership, and other administrative duties. The remaining third of costs includes travel time, training, central services, etc. (Mäder et al. 2020). So, I think there is more than just higher wages – although they deserve that too. Many smaller changes would not require vast sums, but they do require follow-through.

Marion Repetti

Absolutely. What I want to add to the discussion is the issue of poverty in later life. The length and quality of an individual life depends heavily on prosperity. Across my research with older adults facing economic strain in different countries, one thing stands out: even though our interviewees were facing financial disadvantages, they did not demand equal income or pensions. What really made it difficult for them is the sense that they did everything they were supposed to do – worked hard, supported family and community – yet still can't afford a life that meets their needs. They may struggle to afford food or heating or buying presents for their grandchildren. I think we should discuss economic disadvantage not only individually but spatially. Where you live shapes your access to what you need. In poorer areas, services and goods may not be available at all. Affordability matters too: if you have low income, but services are cheap or free, then they are more accessible for you. So, it's not only about ensuring enough money; it's about affordability and ensuring people can get what they need. I often hear, "This is an enormous task". Is it, though? It doesn't cost much to ask people what they want and need, and their wants and needs might not be that expensive. I think that there is a gap between society's theoretical understanding and what people actually say. I'm doing a lot of research in different places and, typically, people want the same things, they don't want an extraordinary life, they want to feel secure, live a "normal" life, meet friends, go to events, etc. I've interviewed people who stopped inviting friends because it's too expensive. So, it's not only a question of "Can I eat or not?" but also a question of "Can I participate?".

Alexia Fürnkranz-Prskawetz

That's a crucial point. Another thing I would like to mention: our society seems to cling to old systems like a linear life course, where all life events are sequenced and should be reached at specific ages, which is very rigid. Why do we hold on to that? Demographers already knew in the 1970s how age structures would evolve. That's their big advantage over economists, who can't forecast as reliably for a long time. Ultimately, how to best adapt our institutions is a political question as well as an economic one. We need to adapt current systems like pensions, healthcare, and the labour market to demographic realities by better integrating older people, women, unemployed people, and migrants into the workforce. But the specific tasks at work have also changed and are continuously under change. At the moment, discussions about digitalization, AI, and robots are everywhere; how they function as substitutes for human work. But did we consider that robots and AI don't pay taxes and therefore don't contribute to the social security system? Don't get me wrong, I am not saying that we should not use AI and robots, but I think whenever there is such major technological change we have to rethink and reform our institutional frameworks. We need a structural reform of our social security systems because what we delay today will cost us and our children

tomorrow. Take Austria: productivity is very low, actually one of the lowest in Europe. Low productivity means low growth, low wages, and benefits we can't sustain. This will not only affect the younger generation but also the sustainability of transfers to the currently dependent population. Institutions have to work together; you can't reform pensions without changing the labour market. Allow me one last thought: We talk a lot about low fertility and how we can increase it to obtain a more favourable age structure again. In my view, the main driver is that we don't give young people enough economic security regarding the labour market, the housing market, and their economic prospects more generally.

Flurina Meier

To build on that: if you want to reform pensions, start with flexibility. There is still an assumption that work begins right after education. In Switzerland and many other countries, entry points differ hugely. You can start either with vocational training at the age of 16 or you finish a Master's degree or even a PhD at university and then you start to work ten years (or more) later. Why not ask academics to work longer? Many of us sit at desks, we don't do heavy lifting. Those who started at 16 often have more physical issues by the age of 65 – they should be able to stop working then. Many academics could work longer and would like to do so. People with higher education usually have higher wages and therefore better pensions; some even retire earlier than the ones in physically demanding jobs. Why don't we make it amendable for them? Why don't they have to work more to get the same pension as the ones who started earlier and did hard labour?

Marion Repetti

What I find difficult about the idea is the either / or. In public and political debates there is either the argument that we need to protect everyone or the statement that everyone must work longer. What we've heard today suggests a blend: secure those who need protection, and offer those willing and able to work a little longer the option to do so – which often isn't available. We need a system that on the one hand provides more security for the vulnerable and, at the same time, more incentives and opportunities for others to continue working. The problem here lies within the wage structures. In many countries older workers get more and more expensive, so firms let them go. I want to emphasize once again what we said before: You can't solve this by looking at one piece: not just the levels of income in retirement, not just pension age. It's the interactions that matter, and that is more complex than going step by step.

ABOUT

Marion Repetti is a sociologist specialized in aging dynamics, international migration, and social inequalities related to gender and class. Her work explores how individuals, particularly those who are marginalized and rendered invisible (precarious older adults, migrants, rural populations), navigate the social and economic barriers they face, thereby shaping local and global systems of social cohesion. Drawing on comparative fieldwork experience between Switzerland and the United States, Repetti examines the mechanisms of vulnerability and resilience in the face of broader political and economic transformations. She is also a member of the steering group of the Swiss Platform Ageing Society.

Christine Mayrhuber

The many challenges outlined make it abundantly clear: we are at a crossroads. The global distribution of labour and raw materials is changing, trade relations are shifting, labour markets are no longer national but international, training and qualifications have a short shelf life, and disruptions are caused by pandemics, oil price shocks, and so on. We can therefore see that economic certainties are being lost. The younger generation certainly feels this more acutely than the older generation. In fact, the latest WIFO redistribution study showed that the disposable incomes of pensioner households developed more robustly than those of younger households with children.
All these changes do not provide a good starting point for reform measures, not even in the old-age pension system. Nevertheless, it is precisely for this reason that isolated policy areas must be linked together, and reforms must be planned with a long-term goal in mind, not the duration of a single parliamentary term. I call on politicians to adopt a long-term perspective, initiating reforms today with a view to the year 2040.

Alexia Fürnkranz-Prskawetz

But we all know that it is difficult for policymakers. The average age of voters is rising; many voters are close to or already in retirement. Politicians risk losing elections if they take unpopular decisions. Yet doing nothing leaves everyone worse off – and we have to communicate that clearly. As scientists, we need to explain this in ways people understand.
I would also argue that our pension systems need to foster the second and third pillar. While the first pillar (state pension) needs to secure a decent level of pensions for everyone, the second pillar (occupational retirement plans) and third pillar (private retirement savings) need to complement the first pillar in the future to a much higher extent. We do know from Denmark and Sweden, where the second pillar is well established, that capital in pension funds is quite high. The capital stock built up through such funded parts of the pension systems also contributes to investments in national economies and fosters openness to capital markets. We need to make it possible for firms and individuals to invest into pension funds. Indeed, such a multi-pillar system constitutes a device to foster risk diversification. While unfunded systems (of the pay-as-you-go type) are facing the demographic risk, funded systems are vulnerable to returns on capital. Hence, a mix of funded and unfunded pensions as implemented by such multi-pillar systems allows risk diversification. Individuals diversify their risks, why doesn't society?

Flurina Meier

I think policy should also discuss the idea that robots or technical solutions should be taxed – as mentioned before. Shifting some of the tax burden from labour to technology could influence the balance between people and AI. I've spoken to recent graduates who say the market changed in just two years. Before the rise of AI, employers were courting them; now some can't find jobs. AI does everything or at least people feel like AI is taking over. So, if we taxed AI, automation, and the firms behind them more, and relied less on taxing wages, that could help. Additionally, it might also help against populistic tendencies because people might feel that the system is getting fairer.

Marion Repetti

What seems to be the difficulty for our society is that there is this understanding that there is a lot of, or at least enough, security in later life. Looking at long-term trends, that's partly true – but there are clear losers, particularly women who did a lot of unpaid work and people in hard-labour jobs. These inequalities are hard to grasp, and they fuel populism.

Flurina Meier

Absolutely. Another topic I want to mention is that – at least in Switzerland – many older people are cared for

at home by relatives or professional nurses. This affects housing. Plenty of older people live alone in large flats or houses, sometimes sharing them with carers, while young families struggle to find affordable, larger homes. Should we pay older people to move out of their huge apartments or houses into retirement or nursing homes? If so, who pays – younger taxpayers? Additionally, in Switzerland there is the curious situation that when someone moves from a village to a nursing home in another village, the village this person lived in before the move is still responsible for the person, financially speaking. This is not the case if the person moves to a retirement home. In this case the new village has to pay (Egli / Filippo 2017). So, there were some villages or cities that did not want to build retirement homes because that would mean that they would have to pay for all these old people attracted by the new offer. And to complicate matters further: nursing homes are very expensive for individuals; that's why many families try to avoid them. Yet for the insurance companies it is cheaper – they pay less than they pay for a person who is cared for at home. So, the insurance company has financial incentives to get their clients into nursing homes (Meier 2024). As you can see, these incentives pull in different directions and are confusing for older people and their caring relatives. I think reducing complexity would be a good start.

Marion Repetti

For me, what is really missing is good planning of structures or planning of structures at all. I am doing research in the US on poverty in later life in a very deprived area. In the interviews I conducted, the people there didn't primarily complain about weak welfare, they complained about the lack of an economy. Why? Because lack of economy means lack of services. There is no shop to buy glasses or hearing aids, you cannot do your grocery shopping, etc. (Repetti 2026).

Flurina Meier

I think it is so important to be honest. If people ask me if I think that healthcare costs will rise in the coming years, I say: Yes, of course they will. They will rise this year, and next year, and the year after. Reforms can curb the pace, but costs will still climb.
Another aspect I would like to discuss is to expand our horizons and take a look at other countries. In Japan for example, some interventions are designed to benefit more than one vulnerable group at the same time. Community cafés offer meals in a central building in a community where patients can go together with their caring relatives. The house is also open to other older persons who would like to join. This gives an opportunity for little connected older persons to meet others and build new social connections. At the same time, patients e. g., with dementia are offered an opportunity to challenge their cognition, while caring relatives can talk to peers about their challenges, get social contact and some respite, if needed. This example demonstrates how one initiative can simultaneously support several vulnerable groups (Chen et al. 2024). I think this is a brilliant example we could easily adopt.

Alexia Fürnkranz-Prskawetz

This is a very good example. However, we shouldn't lose sight of younger generations. Many young people today don't want to work 40 hours a week. I think such individual decisions should be possible, but they need to be factored in when determining social security benefits later on. That's why I think we should move from a single-pillar pension system to two or three pillars. The first pillar guarantees a minimum level that everybody should get and the second and third pillar aim to finance accustomed standards. We should trust young people to make sound pension decisions, but that requires financial education. A lot of our current problems stem from collective financial illiteracy. Young people here should feel more confident about saving for later life. I am completely against changing the rules for people near retirement because they can't undo past decisions. But why don't we

set different incentives for younger generations? I think we have to move from the idea of equal outcomes to equal opportunities, regardless of gender, social background, etc.

Christine Mayrhuber

But beware: even a multi-pillar system requires earned income. Here, however, we are seeing a growing divide between those in stable employment with good incomes and those employed precariously. This first group is well supported under the first pillar – even by European comparison. The group of precariously employed workers, who are also more frequently affected by unemployment, have little income to contribute to any of the pillars; a multi-pillar system can hardly be an improvement for this group due to a lack of earned income.
Another point I feel is important to add here: we usually focus on cash flows but pay little attention to asset holdings. Property ownership is one of the very best ways to provide for old age. Empirical studies show that labour supply behaviour depends on current living costs; these are clearly lower for property owners. Asset ownership is also important for financing care: with the abolition of the care recourse scheme in Austria in 2018, the costs of residential care were transferred to the public sector, whilst at the same time any existing private assets were withdrawn from use for financing care. Given the concentration of wealth among older people, I do not consider this reform to be effective.

Flurina Meier

Absolutely. I just want to stress once more that what would take us a long way is more security for vulnerable groups and better recognition of unpaid work. And we have to make the work of formal carers easier. Right now, they're drowning in paperwork, documenting every action for the insurances. There has to be a better and easier way. The administrative load is frustrating and cuts into the time they can spend on high-quality care.

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The Dignity and Responsibility of Growing Old

Christoph Bock, Ulrich Körtner,
Delphine Roulet Schwab, Tenzin Wangmo

Christoph Bock

We may think that before the 19th century, death came quickly and often unexpectedly; that long periods of illness were rare and seen as God's punishment. But I consider this a nostalgia for a "past that never was". Disease and disability have probably never been as absent from public view as they are now. It shocks many today to see someone begging in the streets who has amputations or overt disease, which was entirely normal in the cities of the 17th and 18th centuries. Diseases were widespread and often chronic, for example lung diseases and skin infections. People wasted away over years. The hospital as a place where your health is restored is largely an achievement of the 19th century. Earlier, it was the place where cities would put those who could not be taken care of in any other way. A place to die. Unsurprisingly, people were reluctant to go to the hospital. With the opening of the Vienna General Hospital in 1784, this started to change. The concept that diseases have a biological basis that can be understood and treated became widespread in the 19th century. Using chemistry to make drugs is a development of the 20th century. What will the 21st century bring? We may see new drugs and therapies that substantially delay the biological process of ageing, which underlies many chronic diseases. Arguably, current weight-loss drugs already constitute a form of an anti-ageing intervention – they effectively tackle the accelerated biological ageing caused by obesity.

ABOUT

Christoph Bock is a principal investigator at the CeMM Research Center for Molecular Medicine of the Austrian Academy of Sciences and professor of medical informatics at the Medical University of Vienna. He has received major research awards, including an ERC Starting Grant (2016–2021), ERC Consolidator Grant (2021–2026), ERC Advanced Grant (2027-2032), Otto Hahn Medal of the Max Planck Society (2009), Overton Prize of the International Society for Computational Biology (2017), and Erwin Schrödinger Prize of the Austrian Academy of Sciences (2022).

Ulrich Körtner

Yes, that's an important point. But only one aspect of ageing. If we think about ageing as a biological process at the molecular level, then this raises questions of how we can slow it down – or whether, in the end, death could be treated as a disease with certain molecular tools. We are ageing day by day, so we don't usually feel it, though sometimes there is a kind of "age spurt" after severe illness, for example.
What interests me are the common cultural images of ageing and of older people. What images exist about age and becoming old? What ideas do young people have about these stages of life? I belong to the generation of Baby Boomers; our motto was "Forever Young". Nobody wanted to be old. Jimi Hendrix died at 27, as did Jim Morrison. But what self-images do people have at different stages of their lives? When does old age begin? Today we distinguish between the "younger old", the "middle old", and the "very old". The "younger old" are a key group in tourism and more broadly in commercial markets – if they have enough resources. As we heard, social inequalities persist into older age and in fact grow. How ageing unfolds depends strongly on social class, with housing, financial security, and social relationships as key determinants of quality of life.
Another topic I would like to mention is the contrast between deficit-focused and resource-focused images of old age. Many views on old age stress losses – things one once did but can no longer do – while youth is often defined by first-time experiences. Of course, when getting old, there are many moments where one does something for the last time in one's life, though one rarely knows it's the last time when it happens. For me, neither a purely deficit-, nor a purely resource-focused image makes sense. Ageing inevitably includes loss, farewells, and limitations; but it also opens space for new things, for new relations and experiences.

Delphine Roulet Schwab

I fully agree. Furthermore, when people talk about ageing – for example in the media or in political discourse – they most often focus on healthcare costs and pensions. But in fact, ageing affects all domains of society. It's a variable to consider across all kinds of policies, not just health or pensions. And while ageing is often perceived as an individual phenomenon, it's also a collective one because it affects society as a whole.

Tenzin Wangmo

Yes, indeed. This brings up ethical issues, including privacy, for example. If I have telemedical devices in my grandmother's bedroom, what happens to her data? Especially the use of technology and robots raises questions about autonomy, dignity, and infantilization. We see in our research that these ethical issues are not universal across different types of technologies; some are more prevalent with certain tools than with others. An explanation might be that some technologies are already mature – monitoring sensors or wearables are available and cost-effective – whereas robots aren't yet agile or usable for older people. But this doesn't mean that it won't change in the near future. There are small robots today that can perform small tasks like pouring water, and some look like animals and are very cute. But these are not the kind of robots we picture when thinking about robots. We imagine larger, embodied robots that act both as friend and housekeeper, with whom we share responsibilities and form relationships. Here, in my opinion, lie some emerging ethical issues. We don't yet know whether older people using such technologies would be stigmatized or respected. Would this count as dignified ageing? From the research I've done in the past five years, the answer for today's older generation would be "No". But how it will be seen in the future is a different story. We had a project with small robotic pets that purr – very cute and quite expensive as well, around 5,000 Euros. And then we had another project with small robots that could sing in Swiss German. Both projects, conducted with colleagues from philosophy, showed that the technology constructed binaries about "we" and

"they". Many interviewees said these robots are for "old people", for those with dementia, etc. Those who were using these technologies were seen as having less dignity because the robots were associated with toys and toys are for children and not for adults.

Ulrich Körtner

You made a good point. However, I would shift the question slightly: Can we use such technologies without compromising dignity? I would say that this is also an individual question. If you think about intimacy, for example. If you need assistance with washing or going to the toilet, some people might prefer a nurse and some might prefer a robot.

Christoph Bock

We tend to think of care robots as helpers with physical tasks, like washing and eating. That is many years away from becoming broadly relevant – current robots cannot do everyday tasks like cooking a meal, setting the table, and afterward loading the dishwasher. But something else is happening now: Smartphones are turning into AI-powered personal agents that will make the world around us much easier to interact with. Elderly people will no longer have to worry about complex online banking interfaces or asking others to buy them train tickets – they just talk to their AI assistant in the language of their choice and as fast or slow as they feel comfortable. We are not quite there yet, not everything will work hassle-free, and there are risks associated with widespread use of AI assistants by the elderly – but there is also a real opportunity to remove barriers that have blocked many people from participating in an increasingly complex and digitalized world. It will be interesting to see whether elderly people might become absorbed in virtual worlds where physical constraints do not matter. There is this phenomenon in Japan, which is not common, but it exists among young adults, to live largely in digital worlds with digital partners and friends. These individuals essentially disconnect from our everyday world to live only with virtual tools. AI could become a connection to the world for elderly people much like TV is today – but in a more active and participatory manner.

Delphine Roulet Schwab

That might work for some, but most likely not for everyone. As we discussed earlier, older populations are diverse; they don't want the same things. When we ask older people what they want, we might be surprised by the answers. For example, not everyone wants to be cared for until the very end. Often, someone else decides for an older person, projecting what they think they would want or need.

ABOUT

Ulrich Körtner is professor emeritus of Systematic Theology at the Faculty of Protestant Theology of the University of Vienna. From 2001 to 2013 he was a member of the Austrian Bioethics Commission at the Federal Chancellery and between 2001 and 2022 he was director of the Department for Ethics and Law in Medicine at the University of Vienna.

Tenzin Wangmo

I agree – people need choices and agency to tell us what they want. Based on that, decisions can be made. During COVID, there were many discussions about triage – hospitals deciding who gets treatment and who doesn't. And although we live in countries with high income, resources are never sufficient. Suppose you have resources for one cancer treatment but two patients, one aged 25 and one 85. I am pretty sure that, almost everywhere, the older patient would lose, right? I also suspect that, if asked, many 85-year-olds would triage themselves.

Ulrich Körtner

I also think that we need a distinction between what public healthcare should pay and what individuals should pay for special treatments. We are often talking about two-tier medicine. That's real! That's why we should define a common understanding of a good public health system and guarantee access for all before we start rationing cancer treatment for older people. The Austrian health system, for example, is good, but it's expensive and often ineffective because of an overload of bureaucracy and administration. Each year a politician calls for reform – and nothing happens. The problem I see with triage is that you can't decide on the criteria of age alone. You need to know what the perspective of the treatment is, for example. In my view, basing triage solely on age is unethical.

Delphine Roulet Schwab

I fully agree. Using age alone is dangerous – it's ageism, plain discrimination. We all have the same rights. Thinking that way really opens the door to very dangerous discussions.

Ulrich Körtner

We need more public information. Informed consent requires realistic data: life expectancy, chances of treatment, side effects, etc. Based on that, people can decide. If you only offer false hope or imply discrimination because of age, you're not having a serious discussion.

Delphine Roulet Schwab

We shouldn't forget that this is a huge market. Some older people receive treatments that aren't really useful or even dangerous because of financial interests.

Ulrich Körtner

I want to come back to triage. If one patient is 60 and the other 85, many would say treat the 60-year-old. But if one is 78 and the other 89, it wouldn't be so clear anymore. I absolutely agree, this is plain ageism. From a jurisprudence perspective, it raises issues with human and basic rights.

Christoph Bock

78 and 89 years – these are old ages if we consider that life expectancy at birth did not exceed 40 years in the 17th century. But have we really made that much progress with longevity? Let's look back at ancient Rome. This was the first time in history that we have relatively reliable records of birth and death for thousands of people. Terentia, the wife of Cicero, reportedly died at the age of 102. In the upper classes of ancient Rome, you find many who lived for 80 or even 90 years. Today, the oldest reliably recorded person lived to 122 – just one person on the entire planet recorded to have lived beyond 120! So, maximum lifespan has not increased much over two millennia. What has greatly improved is our ability to avoid premature death – thanks to better nutrition, less violence, widely used vaccines, emergency care, accident prevention and many other developments that have made our lives safer. The big question for the 21st century is whether medicine can substantially increase maximum human lifespan or whether those 100 to 120 years of maximum age are so deeply wired into the biology of the human body that little progress can be made. We will learn to what degree the biology of age is actually modifiable. Immortality was always something that certain people were obsessed with, Egyptian pharaohs in the past, tech billionaires today. But there are

fundamental biological reasons why extending maximum lifespan is a lot harder than avoiding premature death.

Delphine Roulet Schwab

Beyond the biological, there is the social dimension – especially when you think about social death. This is very much related to the perspective that we have on ageing. We heard about the WHO's Decade of Healthy Ageing, which frames ageing as not only biological, but also social, cultural, etc. The question of social death has to be taken into consideration; we focus too much on physical health. We also carry false assumptions, like the idea that old age always correlates with loneliness. Research states otherwise: We see that younger generations suffer more from loneliness than older ones – this was evident during the COVID-19 pandemic. So, we must avoid thinking in black and white; age is more nuanced. We also need to include social participation in our discussions and politics around ageing and healthy ageing.

Ulrich Körtner

Absolutely. I want to add that social death is not only about loneliness; it is also about feeling insignificant and not important – that nobody cares whether you're alive. We need strategies to fight that. Think of helplines, for example. Some people call not because they want to talk to a chatbot, but because they want to hear a human voice and get social interaction. This isn't a question of medical care or nursing; this problem needs social strategies of neighbourhood. What useful approaches do we have to deal with loneliness and feeling unseen in later life?

Tenzin Wangmo

I would like to add that this notion of social death reveals how ageist we are collectively, aren't we? We consciously and unconsciously ignore people or groups we deem "not useful". I think we need to recognize that as ageism.

Delphine Roulet Schwab

Yes, we do. I want to comment on Ulrich Körtner's question about strategies: The WHO's concept of Age-Friendly Cities and Communities (AFCC) supports inclusion and participation. According to the WHO, "our physical and social environments have a major influence on how we experience aging and on the opportunities it offers. Creating age-friendly environments enables everyone to age well in a place that suits them, to continue to thrive personally, to be included, and to contribute to the life of their community, while maintaining their independence and health. The development of Age-Friendly Cities and Communities (AFCC) is a proven way to create environments that are

ABOUT

Prof. Dr. Tenzin Wangmo works at the Institute for Biomedical Ethics, University of Basel, Switzerland. Her research expertise includes, for instance, access to health, well-being of older adults, technology and ageing, and caring for older persons. She has published more than 150 peer-reviewed manuscripts in the field of bioethics, medicine, and gerontology. She is vice-president of the International Association of Bioethics and board member of the European Association of Centres of Medical Ethics.

more suitable for older adults – for everyone."[1] I don't know the situation in Austria, but in Switzerland, we have many initiatives under the labels *altersfreundliche Gemeinde* and *altersfreundliche Städte*. They offer concepts, tools, best practices and networks to improve social participation for older people and for the whole population. The idea is to create environments that support and enable the capacities of older persons, but also contribute to the health and independence of everyone. In my opinion, it is important to talk about a society "for all ages" by emphasizing the common needs shared across generations (for example, spaces that facilitate social interaction, a built environment free of architectural barriers etc.) rather than pitting generations against one another. The initiatives may be similar, but the framing matters: we want to make cities better for every generation, not only for the "poor old folks". At the University of Applied Sciences and Arts Western Switzerland, my university (La Source, School of Nursing) founded a living lab called the "senior-lab" in 2018 in collaboration with the School of Engineering and Management (HEIG-VD) and the Lausanne School of Art (ECAL). Within this interdisciplinary research and innovation platform, we work with an open community of approximately 300 older adults, who provide input, share their experiences of ageing, and collaborate on various projects. Working with older adults and incorporating their expertise on ageing allows us to co-create solutions, services, and technologies that are truly tailored to the needs of the people they are intended for and that are actually adopted. Indeed, we see that many products intended for older adults are developed by younger people based on their own perceptions and stereotypes about ageing and are in fact not used by older adults, for example, because they are stigmatizing or impractical in everyday life.

Tenzin Wangmo

I wonder whether being old will simply become "normal". The generation of the Baby Boomers is getting old and it is a huge demographic group; the share of 65 and over is rising massively. On the one hand, getting old will always be linked to death; on the other, there will be more positive examples of older people, and ageism may decrease. Still, we weren't socialized to say: "Yes, I am going to be old!". We were socialized to say: "Yes, I am going to be a mother", "I am going to have a job", etc. Perhaps, with more older people, being old will become a familiar idea. We might live in a better society. That's the idealist in me speaking, not the practical person.

Ulrich Körtner

Let me return once more to loneliness. What I am missing is a definition of loneliness, it is not a clear-cut term. In German, we distinguish between 'allein sein' and 'einsam sein', as in English 'being alone' and 'being lonely'. In my opinion, it's too simple to talk about loneliness without differentiating. Additionally, there are so many images in advertisements, on social media, in movies of how life should be – happy with your loved ones, for example. I think these images are normative. But we see, people across generations suffer from loneliness. The question is, is it driven by public values, is it an individual psychological issue, or is it an ontological and existential condition? Perhaps all of them?

Christoph Bock

Just a brief comment on suffering: over the last two centuries we shifted from a society deeply rooted in religion, which gave transcendental meaning to suffering, to a world where suffering is considered a flaw and something that a smart person would avoid. It is not surprising that such a dramatic change comes with certain problems, and a lot of people do suffer from loneliness.

Tenzin Wangmo

When we think about technology acceptance, there are different levels of technology and many factors

1 https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/age-friendly-environments/national-programmes-afcc

shaping whether people accept it. And here we are talking about older people although all the other panellists have been saying that they are a very heterogeneous group. Acceptance depends on who you ask. I have to admit, I am sceptical about technology as a solution to loneliness. Technology connects us, yes, but it isn't what we imagine having a relationship with. If I think about the relationship with my students, it really changed after the pandemic. We have a Zoom culture now, we teach via Zoom, we talk via Zoom and this had a huge impact on relationships – they were not getting better, that's for sure. With older people across generations, expectations differ widely. I'm not sure technology meets them all. Can it really provide a fulfilling relationship? I don't think connecting via Zoom is the same as in person. So, I would argue that there is something missing, and we haven't solved it yet.

Christoph Bock

When thinking about relationships in a digitalized world, let's look at the history of dating apps. Early on, they were frowned upon; it wasn't something a normal, non-desperate person would use. Next, they became acceptable but lacked critical mass. At some point, it really took off. And now, in many countries, the majority of people who marry met their partner online. Does this provide a blueprint for a larger role of digital interactions among the elderly? Right now, we still debate whether it is even fitting for someone 80+ to use a computer or other digital device to connect broadly with the world outside. Is it normal for an 80+ person to sit in the common room of an elderly care home digitally connecting with friends and peers elsewhere – beyond the occasional video call with children and grandchildren? Probably not yet, but perhaps that could radically change in a few years.

Delphine Roulet Schwab

There are currently many apps and ideas to connect older and younger people. One of the problems I observe is that many of these technical solutions are developed without consulting end users. They are built on the developer's image of an older person, not on actual needs and habits. It's not that older people don't want these tools, it's that they aren't designed with or for them. That's why I think developers should cooperate with end users – older people of all kinds, not only the highly educated or wealthy. That's the only way to identify the different needs and habits and to create solutions that meet them.

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