The changing face of dying in America

Aetna white paper
Death may be inevitable, but we can sometimes run the table for a while

You’ve no doubt heard the old saying: “There are only two things in life that are certain, death and taxes.” Well, we do know that there are tax cheats out there, so that leaves death as the only real certainty. You can’t really cheat death. As with casinos, the house ultimately always wins. But as with casinos, you can run the table for a while. You may be able to postpone death or make it less painful. Medicine can help. So can your insurance company, although that might perhaps surprise you.

We sometimes forget how far we’ve come. If you had been born during the time of the Roman Empire around year zero, you would have had a life expectancy of about 20 – 30 years. These meager numbers, in part, reflect the impact of a very high rate of infant mortality on average life expectancy statistics, so if you had managed to survive your early years, say to age 10, your life expectancy would have improved to about age 47.1

Things did not improve much for quite a while. For example, had you been born as a nobleman in medieval England (remember the black plague?), your life expectancy would have been about 30. But if you had managed to survive the plague and all the other health hazards, including your enemies’ swords, and made it to age 21, your life expectancy would have climbed to about age 45. Not much of an improvement over 1300 years. Even kings did not fare much better: Life expectancy for the kingly rulers of England and Scotland between the years 1000 and 1600 averaged 48 and 51 years, respectively. If you’re now in your fifties, you’ve bested the Henrys of old England!

Things bumped along for a while, with variations, of course, as a function of gender, race, economic status and geography. But the big increase in life expectancy came in the 20th century, with the advent of public health measures (chlorinated water, sewers, etc.), and then real advances in medicine (notably penicillin and the other antibiotics; and the polio and other vaccines for childhood diseases). Infant mortality dropped precipitously, so that if you had been born in the United States, say in 1950, your life expectancy would have risen to 65.6 years if you were male and 71.1 years if you were female. By 2010, those numbers had improved by yet another 10 years, to 76.2 years for men and 81.1 for women. The major causes of death have also changed over the years. In Roman times, childbirth was one of the major causes of death for women; other significant causes included periodic plagues, syphilis, malaria, and other diseases which are now easily treatable. Thirteen hundred years later, not much had changed, with childbirth and plagues still ranking at the top of the list in terms of causes of death, and with those other horses of the Apocalypse, war and famine, not far behind.

What kills us nowadays?

We should be grateful for living where we live, and for living now. We can now run the table for a while longer. Even with all the wonders of modern medicine, however, we still cannot expect to live forever (at least, not yet!). What can we expect? What do contemporary statistics tell us about who is dying and what they’re dying from? And how can we make death more comfortable?

In 2013, U.S. Government statistics reported that the 15 leading causes of death were, by rank:

1. Diseases of heart (heart disease)
2. Malignant neoplasms (cancer)
3. Chronic lower respiratory diseases
4. Accidents (unintentional injuries)
5. Cerebrovascular diseases (stroke)
6. Alzheimer’s disease
7. Diabetes mellitus (diabetes)
8. Influenza and pneumonia
9. Nephritis, nephrotic syndrome and nephrosis (kidney disease)
10. Intentional self-harm (suicide)
11. Septicemia (blood infections)
12. Chronic liver disease and cirrhosis
13. Essential hypertension and hypertensive renal disease
14. Parkinson’s disease
15. Pneumonitis (lung infections)

This is quite a change from earlier times. The horses of the Apocalypse seem to have receded in the background (at least in the United States), and this despite the fact that our perceptions of certain dangers (terrorism, the ebola and zika viruses) are probably at an all-time high. We are still much, much more likely to die from heart disease and cancer than from terrorist attacks. The 15 causes on the list account for 79.3 percent of all deaths in the U.S.

How can I live longer?

These overall statistics do mask some interesting significant differences, notably between income levels, and also as a function of location. For example, American men who fall in the top 1 percent in terms of income average 15 years longer on this planet than those who fall in the bottom 1 percent; the difference is 10 years for women. One might think that this is because having more money means that you can buy better medical care — and while that’s probably true, the research suggests that the more critical difference may be that the rich also lead healthier lives: they exercise more, smoke less, experience less stress, and have lower levels of obesity. This has led to some fascinating statistics. Recent research shows that in cities which have worked to establish a “culture of health,” the poor actually can expect to live almost as long as their middle-class comrades. For example, at the top of the list for longevity among the poor is New York City. While New York is in some ways the poster child for income inequality, the high-tax base and high levels of spending on social services for the poor, coupled with very aggressive legislation and taxes — intended to limit smoking and trans fats, and the fact that it is very much a “walking” city, means that poor people tend to lead healthier lives and live longer. Other large cities at the top of the list include San Francisco, Newark, Miami, and Boston. The take-away: if you want to live longer, take a hard look at your lifestyle — a healthy lifestyle seems to be a major key.

For those of us who lead healthy lives (and who are lucky enough to have the right genes), living past 100 is now more likely than ever. A recent analysis by the Centers for Disease Control and Prevention (CDC) observed that the number of Americans living past 100 increased almost 44 percent from 2000 to 2014 — from 50,281 to 72,197. The overwhelming majority (80+ percent) of centenarians are women. When death finally comes to centenarians, it usually comes from:

- Heart disease
- Stroke
- Influenza/pneumonia
- Cancer
- Alzheimer’s disease

Of those, the largest increase in death from this population between 2000 and 2014 was attributable to Alzheimer’s disease (a 119 percent increase). Overall, though, what kills centenarians are the same diseases that kill the rest of us; they just die later.

Can we learn anything from those folks that might help the rest of us live longer? There have been a number of studies of centenarians, and particularly of populations where centenarians are found in greater numbers. One of those studies, which has been ongoing since 1975, is “The Okinawa Centenarian Study.” Okinawans seem to be blessed with long lives. How do we account for that? Not surprisingly, the data indicate that genetics is important. But there is more to it than that. Bottom line yet again: lifestyle! The centenarians’ lifestyles are characterized by:

- Diet: low-caloric intake, high-fiber diet, higher intake of good fats (omega-3, mono-unsaturated fat), high-calcium intake, high-vitamin D levels from exposure to sunlight, and high intake of dietary flavonoids (contained in most fruits and vegetables)
- Regular exercise
- Moderate alcohol use
- Avoidance of smoking
- Blood pressure control
- Stress-minimizing “psycho-spiritual” outlook

You may not be able to control your genes, but there are an awful lot of lifestyle factors that you can control.

Start looking after yourself early: accidental deaths

Lifestyle factors may help get you to a ripe old age — provided you survive past the avoidable mistakes that are more prevalent among the younger age groups. We took a look at the internal Aetna life insurance data comparing cause of death for different age groups. Almost half of all deaths among people ages 25 to 35 are not medically-based, and in many cases involve personal choices: Accidents, suicides, homicides, and alcohol and/or drug-related motor vehicle and motorcycle accidents have accounted for over 40 percent of deaths in this age group for at least the last 10 years, and if anything that proportion seems to be increasing (see Table 1).

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Table 1. Cause of death (percent of cases) — ages 25 – 35

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>2006</th>
<th>2011</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident (other)</td>
<td>24.7%</td>
<td>22.9%</td>
<td>21.0%</td>
</tr>
<tr>
<td>Suicide</td>
<td>12.7%</td>
<td>16.5%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Homicide</td>
<td>5.3%</td>
<td>4.5%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Motor vehicle accident/motor vehicle accident with alcohol/drugs</td>
<td>1.9%</td>
<td>2.7%</td>
<td>3.6%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>44.6%</strong></td>
<td><strong>46.6%</strong></td>
<td><strong>48.0%</strong></td>
</tr>
</tbody>
</table>

Contrast these numbers with those from people ages 55 to 65, which are presented in Table 2, and you get a sense of how many deaths may be avoidable.

Table 2. Cause of death (percent of cases) — ages 55 – 65

<table>
<thead>
<tr>
<th>Cause of death</th>
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<td>Accident (other)</td>
<td>2.5%</td>
<td>2.5%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Suicide</td>
<td>2.3%</td>
<td>2.3%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Homicide</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Motor vehicle accident/motor vehicle accident with alcohol/drugs</td>
<td>1.2%</td>
<td>0.9%</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>6.1%</strong></td>
<td><strong>5.8%</strong></td>
<td><strong>6.1%</strong></td>
</tr>
</tbody>
</table>

The changing mission of insurance

For many years, centuries even, insurance was very simply about quantifying risk. Actuaries would guesstimate the odds of your dying at different ages based on mortality and probability tables, and the insurance company would insure your life based on that information. If you outlived the statistical expectation, the insurer got more money from you than they paid out. If you died early, at least your family benefited. The same applied to health insurance. The insurance company actuaries would estimate the probability of medical events and charge you a premium to insure you against those events. If you stayed healthy, the insurer made more money from you than was paid out but if you got really sick, then you benefited from a monetary perspective.

Things have changed, and are changing still. Your medical insurer is now bending over backwards to keep you healthy, engaging with hospitals, doctors and yourself through wellness programs. Mark Bertolini, the CEO of Aetna, has gone on record that in the very near future Aetna will no longer be an insurance company; it will be a health IT company with a focus on consumer-oriented care. And things have been changing in the world of life insurance also — although there’s always a delay between implementing a change and everyone becoming aware of the change.

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12Internal Aetna data.
It’s not your grandfather’s life insurance policy

When it comes to life insurance, the general public probably still carries images of a fast-talking salesman scaring the daylights out of the prospect by frightening him about what would happen to his poor wife and children if he died suddenly, and does the prospect really want to be so inconsiderate as to leave his family destitute? Of course, most life insurance now is sold as group insurance to employers. But the prejudices persist. New England Patriot quarterback Tom Brady famously reflected that mindset when he commented that he was so relieved to be drafted by the Patriots because, “I don’t have to be an insurance salesman!”

Contrast this outlook with the experience of one of our social work interns. She spent a summer fielding calls from our insureds who had been diagnosed with terminal conditions and who had no idea what came next. To quote her:

Through my internship, I learned that people who are terminally ill may react in a lot of different ways. Some may be calm and interested in taking care of things for their families, while others may be sad or even angry at their prognosis. I saw evidence of all of these reactions. I also saw the ways in which the social workers handled these emotions as they talked to the members on the phone. They often spent time listening to the people vent, and provided emotional support. From my first day of training, I remember one of the social workers telling me that they did everything possible to allow the member to feel a sense of control over the insurance process, because they often felt like they had so little control over their disease and other aspects of their lives.

My favorite part of the internship was when one of the social workers would ask me to find community resources for a member, such as how to apply for Medicaid, low-income housing, having meals delivered or area support groups. This helped me feel like I was truly making a difference. This internship met and exceeded my learning expectations. Upon reflecting on my internship, a quote by Bill Wilson comes to mind: “To the world you may be one person, but to one person you may be the world.” This summer I learned the difference social workers can make to individual lives every day.

Social workers in life insurance? It sure looks like life insurance isn’t what it used to be!

Accelerated benefits: bucket list, a better exit, or experimental treatment?

One of the big changes in life insurance in recent years is called accelerated death benefits (ADB). ADB is why social workers are now involved in helping our members make decisions about their policy options. ADB is a provision in many contracts whereby members who have been diagnosed with certain terminal conditions may cash in their policy early and get 75 or 80 percent of the face value of the policy while they are still alive, instead of having the full amount paid to their heirs after they have passed. Some, like Morgan Freeman and Jack Nicholson in the movie “The Bucket List,” decide that they want to end their lives on a high note and have experiences that they have been meaning to have all their lives but could never afford.

Others, however, choose to spend their pot of gold either to make their last few days that much more comfortable, or to get the family properly set up for the next step of the journey. Here is a testimonial from one of our members.

Several months elapsed between my husband’s diagnosis with stage 4 brain cancer and the day I finally recognized that his cognitive deterioration/impairment did require drastic life and lifestyle changes for my family. My husband’s rapidly deteriorating condition had a heavy impact on all of us, and between trying to manage the three children (ages 4 – 10) and my career — the time to dedicate to everything else was very limited. It took many “events” for me to finally succumb to the reality of our situation — that my husband would be unable to manage any part-time work, or manage any aspect of personal finances, or even his personal care. It took electricity being turned off, land line phone service getting disconnected and a missed mortgage payment for me to finally REALLY realize the magnitude of my husband’s cognitive deterioration and swing into action. But WHAT action to take? Figuring out what to do was more difficult than I could ever imagine. I was so LOST, CONFUSED, and uncertain of what the future would bring.

When I first spoke with your social worker, Darlene, I didn’t know what to expect, but I was thrilled to talk to someone whose first words were: “I’m here to help you.” She was knowledgeable, showed compassion and kindness, and became a much needed voice of reason and a sounding board. She stressed the importance of being ready for next steps and she gently introduced the concept of (and helped me prepare for) the worst.

Thanks to her, I had a plan for identifying and addressing immediate needs so that I could place my focus and energy on the family — in retrospect, no one at that time knew that my husband would only be with us for a couple of more months. One of the benefits that Darlene made me aware of and encouraged me to take advantage of, was the funeral planning services. I’m very grateful for her help and guidance in selecting a local funeral home and customized services that met our needs.

From there, Darlene took care of all details and ensured that we timely collected life insurance. She also sent Healing Books for every family member to use. My children are using the books in their grief therapy as workbooks — they are recalling interesting Daddy-facts, sharing their memories and archiving those healing experiences.

ADB has become a preferred option for many of our life insurance claimants. The chart below depicts the amount of money paid out in ADB over the past seven years, and it is clear that as more people become aware of this option, it is becoming increasingly popular.

**ADB paid out ($millions)**

<table>
<thead>
<tr>
<th>Year</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Paid Out ($millions)</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
</tr>
</tbody>
</table>

Another option for some of our insureds has been to “invest” in experimental treatments that have the potential to keep them alive a lot longer, albeit at some risk. But an interesting thing has happened in the process. Some of them, an increasing number, appear to have been able to run the table with the money from their ADB. In fact, 31 percent of the people who received accelerated payments through Aetna since 2009 are still alive today, including 19.3 percent of those who cashed in their policies in 2012 and 2013 (this article is being written in April 2016)! Those were all folks given only six months to live.
In conclusion,
Babies born today can expect to be the longest living generation in the history of humanity, thanks to public health and medical advances. Barring an apocalyptic event, this trend to longer lives appears irreversible. With longer lives come more opportunities. And life insurance these days is bringing us more options still.