

The White House Conference on Aging in 2015: The Shape of Things to Come

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Here we offer three scenarios addressing issues that were not dealt with by delegates to the 2005 White House Conference on Aging: namely, end-of-life decisions, lifelong learning, and drawing on the wisdom of elders.

Washington, DC, Dec. 15, 2015:

The White House Conference on Aging concluded yesterday as delegates expressed satisfaction that, at last, they had dealt with several key issues that had been neglected at the previous White House Conference ten years ago in 2005: namely, issues likely to be of special importance to the aging Baby Boomers who already make up an important part of America's older population.

End-of-Life Decisions

Dateline: 2015. The last White House Conference on Aging (2005) was held during the same year that witnessed the culmination of a traumatic case, that of Terri Schiavo. The Schiavo case provoked a huge political debate at the time. But it was only in the years that followed that Americans began to draw real lessons from that divisive event. The most important lesson was recognizing the failure of the Advance Directives movement in bioethics that has long promoted Living Wills. In 2005, the President's Council on Bioethics issued its landmark report on *Caregiving*, and, like many others, called into question the whole prevailing idea of advance directives. But what would replace a legalistic approach? By 2008 a new consensus began to form in favor of local Ethics Boards, an outgrowth of successful practice of hospital ethics committees. Instead of relying on courts, the new approach favored mediation, family consultation and the use of skilled volunteer patient advocates. Before long a new "Evangelical Living Will" was widely endorsed by church groups and then in 2010 came passage of the "Family Values and Care Decisions

Act," replacing the old Patient Self-Determination Act of 1991. As we look back now in 2015, we can see that, despite stereotyped ideas of self-determination, aging Baby Boomers have turned out to be much more comfortable with an approach that is realistic and practical and keeps families out of court as much as possible.

Comment from 2006. The failure of the Living Will has now begun to be acknowledged by many bioethicists (Fagerlin and Schneider, 2004) and some have developed an alternative approach based on mediation (Dubler and Liebman, 2004). The fury around the Schiavo case was part of widespread polarization over social issues such as gay rights, abortion, and so on (Fiorina, 2005). In this spirit, liberals have tended to favor a secular, rights-based approach to self-determination, even extending to support physician-assisted suicide (Oregon). But there is no reason why end-of-life decision-making must be framed in terms of secular values like self-determination. On the contrary, a decision to forego life-sustaining treatment can be made on religious grounds and some groups have even produced a version of the Living Will written in religious language (e.g., accepting God's will), rather than relying on the language of individual autonomy. In fact, the Schiavo case would undoubtedly have turned out exactly the same if Terri Schiavo had made use of a durable power of attorney instrument: her husband would have made his best decision and her parents would have disagreed. The actual court case took years to resolve. Compulsory arbitration is a better alternative approach to dispute resolution in situations like this. In addition, for elders of advanced age, there remains a critical need for independent patient advocates, who can make decisions based on "substituted judgment" when no kin are available to speak on behalf of an incapacitated patient. Demonstration programs in New Mexico have demonstrated the feasibility of recruiting retired

teachers and social workers to serve as volunteer patient advocates in this fashion.

The whole range of end-of-life decision-making was overlooked by the 2005 White House Conference on Aging, perhaps because the Schiavo case was so recent and so polarizing. But experience with mediation, volunteer patient advocates, religiously-based directives, and ethics committees has shown that there are many viable alternatives to the legalistic approach enshrined in the 1991 Patient Self-Determination Act. Whether another Act of Congress is needed to resolve these issues is of course very much in doubt. But the growth of more “best practices” around end-of-life decisions in years to come could give us ways of responding to these critical matters in the future.

Lifelong Learning

Dateline: 2015. The last White House Conference on Aging in 2005 paid scant attention to lifelong learning, continuing education, or retraining of older workers. But there was growing recognition that the era of early retirement would probably be followed by work-life extension. Years later the critical role of training and education was recognized in 2010 with the creation of SeniorHostel, a joint venture of the University of Phoenix and Elderhostel, the world’s largest education-travel organization. Elderhostel eventually recognized that aging Boomers wanted not just travel but an opportunity to retool and learn skills for extended employment. Phoenix University recognized Boomers as a pool of new students. Their joint SeniorHostel program became a branded franchise, now offered in community colleges as well as in corporate settings where it has become closely linked to pre-retirement planning. After 2010, hundreds of major corporations signed up, especially those companies in the “Silver Industries” expanding to respond to an aging population: e.g., health care, travel and hospitality, and financial services. The employment group Monster.Com had earlier seen opportunities in this field, but now there was a chance to provide short-term retraining for 50-Plus workers. In due course, the Lifelong Learning Act of 2012 began providing tax credits for companies as well as individual education loans, drawn from Social Security accounts, for older workers eager to learn new skills.

“The whole range of end-of-life decision making was overlooked by the 2005 White House Conference on Aging.”

Comment from 2006. The White House Conference on Aging of 2005 did recognize that the “Golden Era” of early retirement probably belongs to the past, but, in keeping with an ideology favoring private markets, the Conference paid little attention to the need for public investment in human capital on a lifespan basis. The success of both the proprietary University of Phoenix (Sperling, 2000; Keller, 2003) and the nonprofit Elderhostel (Mills, 1993) shows that the private sector can play a prominent and constructive role in lifelong learning. But lifelong learning for older people has so far been treated exclusively as a consumer activity, not as part of the agenda for productive aging in society at large (Morrow-Howell et al., 2001). Nonetheless, Monster.Com is already showing interest in older workers. The time may soon be ripe for government leadership along the same lines that federal and state policy subsidizes student loans for young people. A serious approach to aging and lifelong learning

would treat retraining of older workers as an indispensable policy goal for an aging society (Yankelovich, 2005).

There is already evidence that “Silver Industries” (Moody, 2004) will be a key engine for change in the future. Another push could well come from the much-discussed labor

shortage arising from retirements of Baby Boomers (Cappelli, 2003). But a labor shortage already exists in fields like nursing. Despite the leadership of Hartford Foundation and Geriatric Education Centers, there remains a looming threat of a shortage in fields like the geriatric health professions. The marketplace by itself may not “self correct.” Indeed, these labor market imbalances are unlikely to be corrected by the private sector alone, though the private sector will have to play a crucial role in retraining to insure that skills are relevant for job opportunities in the future. The lesson is one of public-private partnership, with a variety of incentives and flexibility to encourage older workers to develop the skills they need to prosper in the future.

The Wisdom Corps

Dateline: 2015. Reporters gathered today on the White House lawn for a ceremony to hear the President proclaim the 5th anniversary of the U.S. Wisdom Corps. Both former President Bill Clinton and former President George W. Bush were on hand to receive an award for their parts in establishing the

U.S. Wisdom Corps, an enterprise designed to enlist the talents of retired people for guiding the country during the 21st century. In his remarks, former President Clinton noted that more than 50 years ago, President John Kennedy established the U.S. Peace Corps, which attracted idealistic young people. Former President Bush noted the role of his own father in charitable activities after leaving the presidency. The U.S. Wisdom Corps differs from traditional volunteer activities because it emphasizes high-skill volunteerism: career counseling, serving as trustee or board member, giving guest lectures at universities, providing dispute mediation, and so on. Volunteers have expenses covered and, significantly, the new “Elder Civic Engagement Act” (2014) also provides tax deduction for education or travel activities undertaken to improve volunteer skills and abilities. Wisdom Corp openings are now much sought after by retirees.

Comment from 2006.

Marc Freedman (Freedman, 2002) has long argued that Baby Boomers have the potential to revolutionize retirement and revitalize America. The 2005 White House Conference on Aging, along with many other groups, recognized that we need to find new ways to engage retiring Baby Boomers as volunteers. But few new ideas in this direction came out of the 2005 Conference and most nonprofits seem to be proceeding as if aging Boomers will become part of a larger recruitment pool in the future. As Robert Putnam has argued, that complacency needs to be challenged (Putnam, 2001). A more creative model has been provided by Experience Corps, founded in 1995 and now serving as a successful channel to recruit volunteers for inner-city schools. But these domestic volunteer programs, including Foster Grandparents, RSVP or similar programs, have rarely achieved the visibility and prominence of, say, the Peace Corps. The dimension of civic engagement remains a challenge for aging Boomers (Wilson and Simpson, 2006). The key to engaging significant numbers of aging Boomers will be whether contributive roles are actually high-value volunteer activities: i.e., those that draw upon rich life experience. By contrast, lower-skill roles, such as reading to young children or driving people to medical appointments, will always be necessary; but they rarely provide a channel for personal growth and development nor do they typically require continued

education and cultivation of new skills. We need instead to focus on a quality traditionally held to be a distinctive virtue of age, namely, wisdom (Walker, 2005).

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