

Our Aging Disconnect: Billions for Longevity, Pennies for Dignity

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Abstract

Venture capitalists invested \$21.3 billion in longevity start-ups in 2024, yet frail elderly Canadians face lengthy waits for basic homecare services. This disconnect reveals troubling societal priorities: we fund theoretical life extension, while neglecting the dignity of those aging today. Private markets naturally target wealthy consumers, while public healthcare struggles to provide fundamental care. The inverse care law applies – the wealthy gain additional healthy years, while disparities widen for vulnerable populations. Canadian health leaders must rebalance investment priorities, establishing evidence-based standards and ethical frameworks that ensure innovation enhances rather than replaces human dignity in aging care.

Introduction

Venture capitalists invested \$21.3 billion into longevity start-ups across the world in 2024, aiming to extend human lifespans by decades (Market Research Future 2025). Meanwhile, frail elderly Canadians across the country sometimes face lengthy waits for homecare assessments for grooming and toileting needs. This contrast captures the disconnect plaguing society's lens on aging: we chase billion-dollar moonshots, while forsaking the basic dignity of those growing old today.

The numbers tell a sobering story. The global longevity market is projected to grow from \$21.3 billion in 2024 to \$63 billion by 2035 (Market Research Future 2025). The “age-tech” industry now thriving in all start-up hubs, such as Toronto and San Francisco, attributes this growth to breakthroughs in age-related disease therapies, wellness technologies and increased consumer demand for life-extension solutions. Meanwhile, across Canada, provinces struggle to fund adequate homecare services, leaving families burdened by long waits (CIHI 2022).

The Investment Paradox

We live in a society that invests heavily in the theoretical possibility of living to 150 years, while failing to ensure that today's frail and elderly can live with basic dignity. This raises fundamental questions about our priorities.

This paradox reveals itself through the outcomes of our current approach. While life expectancy has increased, healthy life expectancy has not kept pace. Canadians are indeed living longer but spending more years in poor health. The average Canadian, as of 2019, lived 12.1 years with significant health limitations, up from 10.8 years two decades prior. We have succeeded in extending the quantity of life while failing to preserve its quality, yet our investment priorities continue to chase additional years rather than better years (Statistics Canada 2019).

This misalignment of priorities reveals something troubling about our values. We fund what excites us rather than what serves us. Anti-aging start-ups, the vast majority of which will fail to find “product-market fit,” capture headlines and early-stage venture capital because they promise to solve the “problem” of aging entirely. Homecare workers, by contrast, simply help people age with grace – a less glamorous but more immediate need for vastly more Canadians and their caregivers.

The misalignment reflects a fundamental tension between private market incentives and public health needs. Private enterprise naturally flows toward profitable markets – wealthy individuals willing to spend millions on longevity treatments and lifestyle optimization. The investment capital flooding into anti-aging start-ups disproportionately targets consumers who can afford \$50,000 annual supplements or \$200,000 experimental therapies. Public sector healthcare, by contrast, must make investment decisions for demonstrably effective interventions based on known population health needs; this is the opposite of start-ups guesstimating market size for unproven longevity treatments. The disconnect between where private money flows and what the general public actually needs exacerbates a two-tiered eldercare system: innovation for the wealthy and basic care shortages for everyone else.

The Commercialization of Aging: Lessons From 23andMe's Struggles

The recent financial chaos of 23andMe offers a cautionary tale

about the commercialization of aging and health data. Once valued at \$6 billion, the genetic testing company faced heavy scrutiny about data privacy and the lack of therapeutic benefit from its services (Enright 2024). Canadian healthcare institutions have partnered with similar companies, raising questions about how we protect vulnerable populations from commercial exploitation disguised as health innovation.

The 23andMe debacle highlights a broader pattern that exemplifies an inverse care law in aging: those who need the least help receive the most resources. Wealthy individuals spend millions on longevity treatments, concierge medicine and preventive interventions while already enjoying better baseline health. Meanwhile, low-income seniors – who face the greatest health challenges – struggle to access basic homecare services. This creates a vicious cycle where health disparities widen with age, as the wealthy purchase additional healthy years, while the poor endure longer periods of illness and disability. Seniors, even if previously well-off during their younger years – particularly seniors facing cognitive decline – can become highly vulnerable to these commercial interests. They receive promises of personalized health insights, while their dominant care needs – dignity, help with medications, assistance with mobility or social connection – remain unmet.

This commodification of aging extends beyond genetic testing. The longevity industry increasingly treats aging as a hype-driven market opportunity rather than a natural life stage requiring compassionate support. Start-ups might promote expensive supplements, unproven therapies and lifestyle interventions to those who can afford them, while basic care services remain underfunded and understaffed.

The Ozempic Phenomenon: Enhancement vs. Treatment

The transformation of GLP-1 receptor agonists such as Ozempic from diabetes medications to anti-aging “wonder drugs” exemplifies our confused priorities. Originally fashioned to manage blood sugar, these drugs now appear in longevity clinics promising extreme and sustained weight loss, cardiovascular benefits and extended lifespan. The monthly cost – often exceeding \$1,000 – places them beyond reach for most Canadians, another example of an intensifying two-tiered eldercare system where the wealthy access enhancement, while others struggle to afford basic medications.

Provincial drug formularies face bioethical choices. Should publicly funded healthcare cover expensive medications for life extension when palliative care programs remain inadequately resourced? The question turns even more complex when we consider that these same drugs do provide legitimate medical benefits for diabetes and obesity. We risk creating a societal norm where access to longevity interventions depends on the ability to pay rather than medical needs.

The Ozempic phenomenon also reveals how quickly medical treatments may become lifestyle enhancements in a market- and hype-driven healthcare environment. What begins as evidence-based medicine metamorphoses into a consumer product, often long before we fully understand the long-term consequences. Meanwhile, proven interventions – social support, physical therapy, early access to mental health services – receive a fraction of the media attention and investment.

What This Says About Us: A Society's Values Revealed

Our fascination with longevity technology may reflect cultural anxieties about aging and death. We prefer technological solutions to human problems because they promise control over the uncontrollable. Investors fund anti-aging research because it offers the possibility of massive returns. Politicians support longevity initiatives because they sound forward-thinking and innovative.

But aging is not primarily a technological problem requiring a technological solution. It is a natural, divine, unstoppable human experience requiring human responses: compassion, dignity, connection and care. The 92-year-old who needs help getting dressed or with toileting does not need cellular reprogramming; she needs a caring person who treats her with respect and gentleness.

This growing preference for high-tech solutions over human care creates what is called a “technological fallacy” – the belief that because we can develop a technology, we must, regardless of whether it addresses real needs or improves human welfare. We chase the glamour of life extension while neglecting the mundane, essential work of caring for those who are aging now.

The Canadian Context: Unique Challenges and Opportunities

Canada faces particular challenges in addressing this disconnect. By 2030, over 7 million Canadians will be 65 years or older, straining public healthcare systems already struggling with physician shortages and underfunded home care (Statistics Canada 2019). Rural communities face additional challenges, with limited access to both high-tech interventions and basic care services.

There are further disparities for Indigenous Canadians, with lower life expectancy and limited access to culturally appropriate aging services. The longevity industry's focus on extending lifespan seems particularly removed from the reality of Indigenous Canadians who face barriers to basic healthcare access.

Provincial variations in eldercare funding create inequities. Quebec's more accessible homecare system contrasts sharply with Ontario's fragmented approach, while smaller provinces

struggle to provide adequate services across vast geographic areas. The federal government's limited role in setting standards means that a Canadian's access to dignified aging depends largely on their postal code (CIHI 2022).

Beyond the Hype: What Canadian Health Leaders Can Do

Canadian health system leaders should resist, or at least challenge, the seductive appeal of longevity industry promises and focus on immediate, achievable improvements to aging care. This means strengthening primary care for elderly populations, investing in homecare infrastructure and workforce development and creating robust ethical frameworks for evaluating anti-aging technologies.

We need Canadian, evidence-based standards for the longevity industry's claims that protect vulnerable seniors from, at times, predatory commercial interests. This includes requiring rigorous evidence of therapeutic benefits before allowing marketing to older adults and ensuring that privacy protections extend to genetic and health data collected by commercial companies.

One report hailing the longevity industry even sounded an alarm about a bubble of techno-optimism that may burst, pointing to the more than 95% failure rate of "age tech" – an umbrella term for start-up innovations in longevity: "We recommend a much greater level of involvement of the geroscience community in the evaluation of these emerging biotechnologies and pharmaceuticals industry start-ups, in order to avoid the rapid growth of a Longevity Industry bubble..." (Aging Analytics Agency 2025).

Most importantly, we must develop "dignity-first" aging policies that prioritize the quality of life alongside the quantity of years. This means ensuring that every Canadian can age in their preferred place, with appropriate support, regardless of their ability to pay for expensive longevity interventions.

A Call for Balanced Innovation

Mine is not an argument against longevity research or medical innovation. Legitimate scientific advances that extend a healthy lifespan deserve support and development. The problem lies in the gross imbalance – the billions flowing

toward speculative life extension, while basic care needs go unmet.

We can embrace beneficial longevity research while also protecting fundamental care. We can support innovation while maintaining a laser focus on human dignity. We can support Canadian leadership in ethical aging innovation that serves human flourishing rather than profit alone.

The immediate questions for health system leaders are clear: How do we evaluate anti-aging claims in a publicly funded system? What safeguards protect vulnerable seniors from commercial exploitation? How do we maintain focus on the quality of life alongside the quantity of years?

Most critically, how do we prevent longevity innovations from becoming another driver of health inequality? Without deliberate policy intervention, the longevity industry risks creating a society where the wealthy purchase decades of additional healthy life, while the poor struggle with basic dignity in their existing years.

Choosing Our Aging Future

The longevity industry's promises win headlines and investment dollars, but Canada's aging population needs more than Silicon Valley solutions. Our challenge is ensuring that innovation enhances rather than replaces the fundamental human dignity that quality aging care provides.

The choices we make today about funding priorities, regulatory frameworks and societal values will determine whether we nurture a society that ages with grace or one that commodifies our final years. We can choose to invest billions in the theoretical possibility of living forever, or we can choose to ensure that everyone can live their actual years with dignity, support and compassion.

The disconnect between longevity investment and dignity funding is not inevitable – it is a choice. Canadian health system leaders have the opportunity to choose differently, to create a balanced approach that honours both innovation and humanity. Will we have the wisdom and courage to make that choice? After a sober evaluation of what the elderly want and need, I am confident that we will. **HQ**

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