



## The burden of bad lifestyle choices should be shouldered by individuals, not taxpayers

**Many non-communicable diseases, including dementia, can largely be avoided through responsible living, but apathy, depression and greed are causing more people around the world to become more unhealthy by the day**

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In a provocative speech at the opening of the libertarian Cato Institute's new headquarters in Washington in 1993, contrarian author PJ O'Rourke delivered what he called his "Liberty Manifesto".

There was, he said, "only one basic human right, the right to do as you damn well please". With it, he added, came "the only basic human duty, the duty to take the consequences".

Few with any sense of social responsibility would knowingly subscribe to a dictum no less inane today than when it was first articulated by the eccentric British occultist, Aleister Crowley, a century earlier. And yet, as a major new medical research initiative makes startlingly clear, at heart, we are all Crowleys and O'Rourkes.

During a visit to Cairo in 1904, Crowley claimed he had been singled out by the ancient Egyptian deity, Horus, as the unlikely prophet of a new awakening, the central tenet of which was: "Do what thou wilt shall be the whole of the law".

There is, of course, a fundamental problem with this superficially appealing, but ultimately unsustainable approach, to the notion of human liberty.

More often than not, the price of reckless personal behaviour is paid for not only by its practitioners, but by the rest of us.

This is illustrated with scientific clarity by a groundbreaking initiative on dementia prevention, intervention and care launched last month under the auspices of the medical journal, *The Lancet*, which is setting out to confront one of the greatest healthcare challenges of our time.

In the words of the journal, it is "a timely, evidence-driven contribution to global efforts to improve the lives of people with dementia and their carers and to limit future impact on societies".

It is in the last six words of this statement that the seeds of a potential global revolution in attitudes to healthcare can be found.

We accept that dementia is an almost inevitable by-product of age, a tragic, randomly assigned last act of life in which any one of us might be cast, in the process condemning family members to supporting roles as bewildered carers coping with the awful spectacle of a loved one slowly disappearing before their eyes.

In an age in which life expectancy is increasing, we also assume that more and more of us will end our days in the grip of a condition that is placing ever greater financial strain on health and social care systems already creaking under the burden of ageing populations encumbered with multiple and expensive chronic healthcare issues.

But what if many cases of dementia were not unavoidable at all, but rather a product of lifestyle choices we make throughout our lives?

What bearing might that revelation have on the strategic thinking of governments around the world?

At the outset, *The Lancet* project's lead scientists say they have identified nine "potentially modifiable risk factors at different stages of life that, if eliminated, might prevent more than a third of cases of dementia".

With an estimated 50 million people with dementia worldwide, a figure that is predicted to rise to 75 million by 2030 and to more than 130 million by 2050, that is a big claim and one with tempting implications for everyone, from insurance companies to entire countries.

According to a 2015 report published by Alzheimer's Disease International, by 2030, the annual bill for coping with dementia will have more than doubled to US\$2 trillion (Dh7.4 trillion) – almost six times the GDP of the UAE. Admittedly, it is hard to see how an individual might go about altering two of the factors identified by *The Lancet* – inadequate education in early life (accountable for 8 per cent of cases of dementia) and hearing loss in midlife (9 per cent).

Both, in their own ways, are societal failings. But even stripping these two out, we are still left with seven factors said to be responsible for almost 20 per cent of all dementia cases – factors that each of us could, if we so choose, do something about.

In the not-too-distant past, the greatest threat to human existence was posed by communicable diseases.

Today, our greatest enemies are within: greed, self-indulgence and addiction.

It is fairly obvious how we can prevent high blood pressure and obesity in midlife, avoid smoking, address our lack of physical activity and prevent the onset of diabetes in later life. Perhaps it is less obvious how, as individuals, we might go about tackling social isolation and depression, but *The Lancet* project aims to give us some answers by producing "recommendations on how to best manage, or even prevent, the dementia epidemic".

Governments everywhere will be watching closely, not least because the UK, with its once-envied but now stumbling National Health Service, will serve as a bellwether for radical change around the world.

In the UK, as elsewhere, the NHS and social care systems are crumbling under the strain of an increasingly aged population. As the government grapples with possible solutions, state retirement ages are being pushed up, hospital treatment-time targets are being abandoned and family homes are having to be sold to meet the cost of care for elderly relatives. It seems increasingly likely that the world-envied model of the NHS – free healthcare for all at point of delivery – will soon have to be abandoned.

And yet, despite all the evidence that something has to give, in the UK and around the world, we continue to live as our own worst enemies, as the constantly rising tide of health statistics demonstrates.

In the UK, heart disease causes a quarter of all deaths every year, 10 per cent of the population have diabetes, a fifth of adults continue to defy common sense and smoke and one in five children are obese and heading for a lifetime of expensive health issues.

In the affluent UAE, the situation is even worse. Here, 30 per cent suffer from heart disease, rapidly rising diabetes now affects one in five, one in three of the population smokes and over 30 per cent of children are obese.

It seems highly likely that overcoming the psychological imperatives that drive so many of us to pursue such unhealthy lifestyles will prove beyond the majority.

That leaves only one course for hard-pressed governments – to impose the consequences of our lifestyle choice directly upon the individual rather than the taxpayer.

It won't be popular, of course, but it won't be hard to do. After all, smokers are already penalised by insurance companies and the increasing use of “driver telematics” will soon enable those who drive responsibly to be rewarded with reduced premiums – and the rest to be punished.

Whether in countries such as the UK, where healthcare is “free”, or in those such as the UAE, where company-funded insurance is the preferred model, it may not be long before the treatment of conditions related to modifiable lifestyle choices may come with a hefty lifestyle premium to be paid at the point of care by the patient.

In the end, it comes down to the long-neglected idea of personal responsibility, an unfashionable principal that good times and indulgent governments have allowed us to abandon in favour of the misunderstood and misapplied doctrines of personal liberty and freedom of choice.

In 1911, American satirical writer Ambrose Bierce defined personal responsibility as “a detachable burden, easily shifted to the shoulders of God, fate, fortune, luck or one's neighbour”.

But that will no longer be the case. If you are unwell because you are overweight, that could soon be a burden that you, and you alone, will have to bear.