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FROM THE EDITOR

Should Aging Be Treated?

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Aging has long been a source of fear and anxiety, driving many adults to go to great lengths—ranging from cosmetic interventions to fashion choices—to maintain a youthful appearance. The desire to defy time extends beyond aesthetics, reflecting a deeper reluctance to acknowledge the reality of our aging and eventual death. Capitalizing on mortal fear and anxieties has an equally long, and often disreputable, history; marketplaces are stocked with products dubiously claiming to restore youth. What is relatively new, however, is that "anti-aging" has become a legitimate focus of medical science and clinical effort. Indeed, geroscience is a specialty area of biological science that aims to understand and manipulate fundamental processes of aging. With heavy investment from the pharmaceutical industry, private enterprise, and public institutions, a key promise of the field is to develop blockbuster gerotherapies that slow, halt, or even reverse biological aging.[1,2]

Now, impressive advances appear poised to make good on this promise. Human trials of anti-aging interventions are under way, driven by recent discoveries about the basic biology of aging.[3] Yet, while both public and private funding for geroscience has ballooned,[2] little attention has been paid to the social, cultural, and ethical consequences of anti-aging interventions. With older adults projected to outnumber children by 2034 for the first time in US history,[4] the consequences of gerotherapies and their wide availability will only grow in importance for clinicians and patients.

Safe, effective interventions that robustly slow, halt, or reverse biological aging—and their wider ramifications—should be taken seriously by ethicists, clinicians, policymakers, and researchers. *Is it justifiable to devote resources to anti-aging initiatives when other pressing human needs (eg, food insecurity, homelessness, social injustice, and climate change) go unmet? Which principles should be developed and invoked to equitably guide gerotherapeutic innovation and capitalize on the "commodification of aging"? Which advisory and regulatory structures should be in place to check the interests of corporate entities looking to influence public policy?* One might even scrutinize the basis for viewing aging as a "problem" that needs solving by health care at all.

Such inquiry prompts still broader reflection on questions of value. For instance, *What should the inevitability of aging and death teach us about the meaning and value of life?* Other considerations are culturally specific: *Given prevailing narratives that pitch*

aging as bad, at least in the United States, how should we challenge ageism and foster a positive conception of aging as another kind of opportunity for growth? There are also questions of justice (eg, *What do younger generations owe older generations?)* and of identity (eg, *How does aging influence an individual's sense of self?)* While these questions have arguably been neglected in Western thinking, the renewed focus on the ethical complexities and significance of growing older has given impetus to the renaissance now underway in the ethics of aging.

This theme issue takes up these questions, examining the ethical valences of what geroscience suggests about socially, culturally, and historically entrenched patterns of pathologizing and medicalizing aging. Geroscientific advances suggest a need for critical evaluation of whether and to what extent we should think of anti-aging ventures as legitimate enterprises of health care. Perhaps central to this debate are views on the proper scope of medicine, as well as deeply held social and cultural understandings of aging. As the boundaries of biomedicine expand, medicalization of aging risks eroding its fundamental role in shaping how we understand ourselves and our relationships with others, while further stigmatizing aging and growing old.

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