

Episode: *Editorial Fellow Interview: “Should Aging Be Treated?”*

Guest: Nicolai Wohns, MD

Host: Tim Hoff

Transcript: Cheryl Green

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[bright theme music]

[00:00:03] HOFF: Welcome to another episode of the Editorial Fellow Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides insight into how our editorial fellows help to curate issues of the Journal and highlights important takeaways for listeners. Joining me on this episode is Dr Nicolai Wohns, a physician and doctoral candidate in philosophy at the University of Washington in Seattle. He’s here to discuss the December 2025 issue of the Journal, [Aging Is Bad for You?](#) Dr Wohns, thank you so much for being here. [music fades]

DR NICOLAI WOHNS: Thanks for having me. It’s great to be here.

[00:00:39] HOFF: So, what is the main ethics point of this issue?

WOHNS: Researchers have made incredible advances in understanding the fundamental mechanisms of biological aging. And so, there’s great excitement that they’ll be able to develop drugs that could slow biological aging or even stop and reverse it. So, as a physician, I’m really interested in thinking about how that will come to impact clinical medicine. And so, this issue is really about the questions that arise when we think about incorporating these advances and any potential drugs that are developed into clinical practice. So it touches on the medicalization of aging, for instance, treating aging as something akin to a disease; the use of epigenetic clocks in practice; and whether biological mechanisms of aging should be considered therapeutic indications for treatment at all or research. But I think the main ethics point is that advances in the biology of aging have the potential to dramatically affect not only clinical practice in relation to chronic diseases, aging-related diseases, but it also has the potential to affect how we see aging in our lives and aging individuals. I really think tools of geroscience might radically shift expectations about later periods of our lives, and that’ll potentially, at least, have profound impacts not only in medical practice but across society.

[00:02:24] HOFF: And so, what should health professions students and trainees in particular be taking from this issue?

WOHNS: Yeah, it’s a good question. I think if we’re really on the verge of a geroscience revolution in the next five, ten, 15 years, then those going into the health professions will certainly be on the front lines as these changes come into effect in the near future. And so, I think it’s especially important for trainees and students to really maintain a critical and cautious stance towards these sort of technological offerings. Keeping in mind that

they don't only slow aging, but they also represent a profound shift in the way we think about and treat aging-related issues. Profound kind of in the sense of revolutionary, but more importantly, profound in their transformational implications regarding aging, a part of life that's fundamental to how we live, expect to live. And also fundamental in that it'll affect wide swaths of our society: Social Security, familial structures, workplace expectations, the list goes on.

[00:03:52] HOFF: And finally, if you could add something to the discourse in this issue, what would that be?

WOHNS: Yeah, I would say that the issue does, I think, a good job of touching on a variety of different issues all brought together by the advances in geroscience. But I think if anything, I'd probably give further emphasis on the current sociopolitical environment that we find ourselves in and how that sort of intersects with the concerns we've been talking about. One thing, for instance, is the attack on public health infrastructure in research. And as this issue talks about, longevity is deeply social, so anything that jeopardizes public health also jeopardizes longevity. And as the rich get richer and the poor get poorer, I think we'll certainly see measures of population health and longevity likely worsen. And drugs that affect aging, gerotherapies as they're called, have the potential to worsen this gap, as there's good reason, I think, that they'll be more accessible to the wealthy and well connected. And so, although the issue touches on this, I think, it could certainly, given its importance, could certainly withstand further exploration and discussion. [theme music returns]

[00:05:16] HOFF: Dr Wohns, thank you so much for your time on the podcast and for all of your work in helping to curate this month's issue of the Journal.

WOHNS: It's been a real pleasure. Thanks.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, journalofethics.org.