

BOOK REVIEW:

Bryan S. Turner, *Can We Live Forever? A Social and Moral Inquiry*

(London: Anthem Press, 2009)

In *Can We Live Forever?* Bryan Turner examines and assesses the contemporary medical and scientific project of life extension, with particular attention to its implications for social justice and the sociology of ageing. In essence, Turner wants to know if a significantly longer life can also be a good one, both for individuals and for society. He thinks it unlikely but not impossible; the burden of his book is to demonstrate why. Turner assumes that biomedical and technological changes in the next fifty years will make some version of life extension routine. This movement, he believes, is unstoppable given the opportunities for corporate profit, the ageing of the baby boom generation, and the virtually universal aspiration to prolong life. His book offers a critique of the life extension project, along with a search for political-legal and aesthetic conditions that would make longer life morally and spiritually justifiable.

Turner is a sociologist born and educated in the U.K., who has taught in England, the U.S., Australia, the Netherlands and Singapore and written widely about human rights and religion, the human body, medical change, and religious cosmologies. He writes self-consciously as a sixty-four-year old British citizen who has enjoyed the benefits of a “relatively successful welfare state”. (144) Turner is troubled by the less promising prospects of his children in a world characterized by diminished economic opportunity, political instability, and a deteriorating environment. He worries that future generations may have longer but materially and spiritually impoverished lives. And he believes that the life extension project will exacerbate inequities within and between generations as well as between the developed and developing parts of the world.

Turner takes readers on an ambitious and somewhat rambling tour of the vast territory of what has been called “prolongevity” or “life extension”—that is, efforts to lengthen human life beyond what appears to be the maximum span of 125 years. We are familiar with the fact that life expectancy or longevity—average age at death—has been steadily rising in the West and elsewhere, especially since the 18th century. The average age at death in the U.K, for example, rose from 45.5 in 1901 to 75.4 in 2001—a trend which continues at a reduced rate in recent years. (Turner doesn’t mention this, but in the United States, the currently increasing income gap between rich and poor has opened up what might be called a longevity gap, which will almost certainly be exacerbated by any future changes.) Maximum life span, on the other hand, has not been affected by advances in longevity. And it is here that life extension scientists, physicians, and advocates are focusing their efforts.

Turner summarizes the work of scientists such as Thomas Kirkwood and Aubrey deGrey, who believe that there is no genetically determined maximum life span and that human ageing can be dramatically slowed or reversed. Kirkwood and deGrey exemplify a minority of contemporary biogerontologists who reject the traditional focus on age-specific diseases and aim their research at understanding how somatic cells carry out effective repair of cellular damage. The new journal of *Rejuvenation Research*, for example, is devoted entirely to anti-ageing science, which assumes that longevity will eventually be engineered by stem cell technology or by some nanotechnological mechanism that will enter the body and microscopically repair damaged cells. While Turner fails to note that most biogerontologists remain highly skeptical of rejuvenation research and doubtful about its prospects, the very possibility that some form of life extension will succeed in the next fifty years merits critical exploration. Various chapters of his book are devoted to: the utopian dream of perfection; the political economy of prolongevity; the moral and spiritual character of old age in a demographic regime of life extension; vulnerability and the ethic of care; and the need for a new paradigm of ageing.

In an important move, Turner contextualizes the movement for life extension by linking it to the 18th century debate between Condorcet's and Godwin's Enlightenment vision of progress, prolongevity, and the perfection of 'man' and Malthus's pessimistic view that scarce resources constituted a permanent check on human improvement. Turner notes that Enlightenment views of individual improvement were closely tied to social reform—in particular abolition of aristocracy and monarchy, extension of the franchise to women, improvement of agriculture and reform of education. “In our day,” he writes, “the extension of life must also take place alongside a revival of active citizenship, the rebuilding of public institutions, the improvement in pensions and a more equitable system of taxation. We need a global strategy to deal with ageing populations, declining natural resources and global warming.” (144) Turner rightly criticizes the life extension movement for its failure to engage these issues of political economy.

In addition to linking individual improvement to social reform, Turner insists on a distinction between mere survival and meaningful life. Mere survival runs the risks both of physical debility and of narcissism, boredom or spiritual indifference. In *Gulliver's Travels* (1726), Jonathan Swift satirizes the Immortals in the Kingdom of Luggnagg, condemned to live forever in a state of envy and moroseness. Turner takes Swift to mean that old age should be accompanied by an increase in wisdom and virtue, and he attacks contemporary Immortalists for severing the relationship between longevity and morality. Turner proposes an aesthetic ideal in which individual live life as a work of art, continuously recreating themselves in ways that contribute to the health of society. In addition to this aesthetic justification of prolongevity, Turner uses the language of rights and duties. If, as De Grey contends, people have a right to live as long as they can, Turner contends that they also have a corresponding duty to cultivate civic virtue and a sense of social responsibility.

Turner refers to the existing body of critical literature on anti-ageing and life extension (Callahan, 1987; Olshansky, Hayflick and Perls, 2004; Post and Binstock, 2004) but he does not

place his book within it, which reduces the book's scholarly value. In addition, his text is often rambling and repetitious. And his reach sometimes exceeds his grasp, particularly in areas of medical decision-making, and bioethics. (The notion, for example, that a "doctor must allocate scarce resources fairly between his or her patients" confuses decisions at the bedside with policy decisions.) Nevertheless Turner's primary contribution derives from his perspective as a sociologist of the body, which criticizes "all mechanical methods of studying the human body and therefore . . . of the notion that ageing [is] . . . simply an engineering problem." (145) Because the self is embodied, rather than simply housed in a disposable body, viable solutions to the problems of ageing must address the unique bodies of unique selves. And because individuals are inspired bodies, the spiritual condition of prolonged lives is also a criterion for any successful regime of life extension. In the end Turner is not optimistic. But his ideas about social reform and moral/spiritual development are important and lay the groundwork for resisting the degeneration of a medical utopia into a medical nightmare.

-----Thomas R. Cole, Ph.D.

McGovern Center for Health, Humanities, and the Human Spirit

University of Texas-Houston School of Medicine

(revised Sept. 21, 2009)

REFERENCES

Callahan, D. (1987) *Setting Limits: Medical Goals in an Aging Society* (New York: Simon and Schuster).

Olshansky, S., Hayflick, L. and Perls, T. (eds.) 2004, "Anti-Aging Medicine: The Hype and the Reality" Special Issue, *Journal of Gerontology: Biological Sciences*, 59A (6).

Post, S. and Binstock, R. (eds.) *The Fountain of Youth: Cultural, Scientific, and Ethical Perspectives on a Biomedical Goal* (New York: Oxford University Press, 2004).