The long-term care issue will be a real marker!

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The issue of long-term care is now on the agenda for the end of the President’s five-year term of office. There can be no doubt that this issue will be one its principal markers. Nobody disputes the fact that a “plan” needs be implemented in order to pay for the long-term care that is the emerging risk of an aging society. But how this issue is ultimately dealt with is fundamental in terms of knowing whether or not we are capable of inventing new ways in which to provide the individual and social protection of tomorrow.

The risk should be defined straight away, because in this field there are a great many qualifiers. The easiest way to do this is to consider that a dependent person is someone who is unable perform all or part of a series of everyday actions, such as washing or feeding himself, walking, and so on. Consequently, he depends on one or more third parties who assist him with these tasks. At the root of the need for long-term care there may be factors relating to the person in question’s state of health, but there may also be the classic effects of growing old. The dependent person may have to undergo medical treatment, but this is not the main feature of long-term care. Let’s say right now that it would be a serious error to medicalize long-term care by placing it in the same category as ill health.

This risk of having to depend on assistance for everyday life can vary sharply in terms of its seriousness. From a few hours each day to help somebody to wash or dress, the risk can extend to total support, at a very high cost. Moreover, the risk of long-term care ranges from a “low” risk to what can be categorised as a “personal catastrophe”, when somebody can no longer live without permanent help. The length of the risk also varies but it generally only lasts for a few years, three or four on average. It concerns mainly, but not only, women over eighty who find themselves all alone after their husbands, who used to help them to perform everyday tasks, have gone. A small fraction of a given generation will find themselves in a state of severe dependence, a significant proportion will find themselves in a situation where they are slightly dependent, and the majority will escape this unfortunate fate! This has nothing to do with the
“risk” of retirement: the vast majority of a generation will face this “risk” for a long period, given the drastic reduction in mortality rates.

Until now, the issue has been about reforming existing social systems, and everybody is aware of the significance and gravity of the systems that have been etched into the stonework of history. Let’s not go over the disastrous situation of existing social systems – whether for old age or health! Faced with the risk of long-term care, the choice is simple.

We could create the fifth branch of the social security system, multiplying all types of contributions to finance it and entrusting the management to joint employee-management bodies (who have absolutely no reason to get involved in managing a risk that has nothing to do with employment contracts!). We could relaunch the system of the “magic letter from the social security”, whereby current dependent generations would receive services without ever having saved for them, and this branch of the social security system, like others before it, would sag before finally collapsing under the weight of contributions and charges.

Or we could innovate, by asking current, non-dependent generations who may become dependent, to pre-finance the occurrence of this risk, thereby avoiding shifting the cost of current spending onto future generations. We could limit the risk to severe and medium-level dependence, we could trust the professionals who make it their mission to manage the assistance provided to dependent people. To avoid some people shifting the consequences of their incompetence onto others, we could extend cover to entire generations by means of incentives or obligations, with the public authorities only dealing with those people who are outside the system, so that they are not abandoned. In this way we will have succeeded in marrying individual provisions with social concern, intergenerational equity with coverage for those who need it most, and the pre-financing of an insurance risk with social redistribution.

The long-term care issue will absolutely be the political marker of this decade. Will we end up as prisoners of the dogma spouted by an economic and social system that is increasingly showing its limitations and inadequacies with each passing day, or will we be able to innovate and create in order to perfect new ways in which to protect against the risks of existence? The floor is open!