LONGEVITY AND THE PLACE TO BE

From antiquity, we have observed that the lifespan of humankind appears to have had a set point. The Old Testament proclaimed it to be “three score and ten”, or 70 years, although this projection was inevitably curtailed by drought, famine, plague and warfare.

However, in modern advanced societies, longevity often comfortably exceeds 70 years, and regularly approaches or exceeds a century. There is now a widespread fixation on this parameter as a marker of the health of societies, and its inclusion in reports on the health status of countries is mandatory.

Not so long ago, a media release from the Victorian Minister for Health proudly proclaimed: “Life expectancy for Victorians is among the highest in Australia and higher than most other countries in the world … These new figures really do mean Victoria is the place to live, work and raise a family.”*

In short, there appears to be some truth in the state’s slogan: “Victoria — the place to be”.

But there is a new twist: longevity is now localised to various state municipalities and shires. Not only are we regaled with Victoria’s statewide figures, but also the life expectancy in all of its 79 local government areas, which are then compared with the state’s average.

For Victorian males, the place to be is in Boroondara, Nillumbik or Melbourne; and, for females, Melbourne, Surf Coast, Moonee Valley or Stonnington.

So who will capitalise on these data? Will local doctors and health facilities be given longevity bonuses for their excellent services? Will real estate agents exploit the relative longevity status of different metropolitan areas and use it to promote communities and house sales? Will politicians be judged on the longevity data of their electorates? Or perhaps signposts welcoming travellers into suburbs or shires will proudly proclaim: “You are now entering Blue Hills. Population: 3000. Local life expectancy: 85 years.”

The possibilities are boundless.