

News and Perspectives

The Ethics of Extending Life: Longevity Medicine and Health Inequity

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Abstract

The longevity industry is rapidly expanding, driven by advances in biotechnology and consumer demand. In this *News and Perspectives* article, JMIR Correspondent Jenna Congdon reports on recent developments in longevity medicine alongside potential risks and ethical concerns.

Key Takeaways:

- Longevity medicine aims to extend health span through personalized, preventive care using tools like genomics, biomarker tracking, and AI-driven interventions rather than reactive disease treatment.
- High costs, unequal access, and health literacy disparities risk making longevity medicine a privilege largely reserved for wealthy, well-educated populations, potentially widening existing health inequities.
- Ethical integration of longevity medicine requires equitable pricing, diverse research, stronger regulation, and incorporation into public health systems to make healthier aging accessible beyond affluent groups.

In [one survey](#), nearly 80% of 1000 US respondents said they'd like to live to be 120 years old, but *only* if they remained mentally and physically healthy. Without that hypothetical guarantee, far fewer people wished to live such a long life. We not only want to live longer, we want to live longer *and better*.

From stem cell therapy to biomarker tracking, from genomics to AI algorithms that support early disease detection, medicine has entered a new era in which some view aging as a condition that can be managed and mitigated, provided the right tools are used. This emerging field is known as [longevity medicine](#)—a prevention-focused approach to personalized, precision medicine that emphasizes early detection and treatment of age-related decline with the goal of extending not only one's lifespan, but also one's healthy years.

Due to limited accessibility and high costs, those in economically and socially privileged positions have been the [first to benefit from these advancements](#). As life-lengthening medical interventions continue to develop, health span extension may become stratified along socioeconomic lines, concentrating its benefits among the already privileged. Without intentional policy and ethical frameworks, these innovations may deepen population health inequities.

What Is Longevity Medicine?

Longevity medicine has one tenet at its core: don't just react, [prevent](#). Whereas standard medical care waits until blood work demonstrates high cholesterol and then offers treatment, longevity medicine takes a more proactive path. It may involve, for example, analyzing one's genetic code

in search of inherited predisposition to hypercholesterolemia and then developing a plan to help the patient maintain a healthy lipid profile for life, using tools that range from standard nutrition and exercise advice to AI-driven models that recommend hyperpersonalized interventions.

This in-depth medical care is often offered through concierge clinics accepting out-of-pocket payments. Many of these approaches are still emerging and unstandardized, but their popularity reflects the growing commercialization of aging science.

Financial and Socioeconomic Access Barriers

When [Jordan Weiss, PhD](#), gives talks about the health inequities surrounding aging, he often asks the audience to raise their hands if they'd like to live to be 150 years old. When he goes on to ask if they'd like to be 150 years old, but in poor health and without the financial resources to cover basic bills, most hands drop, echoing the response to the aforementioned survey.

As Assistant Professor at the Optimal Aging Institute of NYU Grossman School of Medicine and Scientific Writer at Assisted Living Magazine, Weiss focuses on health equity from the lens of how long we live and how many of those years are spent in good health. In his view, living longer isn't the whole answer: "The question is, what's the upside of living or extending how long you live if you still can't afford to pay your rent or feed yourself?"

Longevity medicine is largely inaccessible to lower-income populations, due to both cost and socioeconomic barriers.

Income is a major driver of mortality; Weiss cites a [2016 paper](#) demonstrating a staggering 14.6-year life expectancy gap between the top and bottom 1% of male earners, and a 10-year difference between the top and bottom 1% of female earners.

Weiss illuminates another, more subtle accessibility challenge facing longevity medicine: “Even if you made every [longevity medicine] intervention free, you still need to... interpret all that information.” That requires the consumer to possess a high degree of health literacy, which is [typically higher in well-educated, high-income individuals](#).

“Wealthy patients walking into longevity clinics aren’t just buying the intervention, they’re buying someone to do that cognitive work and navigation for them, to be the quarterback of their health, or the CEO of their health, which is a service that’s almost completely absent from primary care for most other people.” Without someone to provide context and guidance, the large amount of data that longevity medicine testing reveals may simply be disregarded, or worse, widen disparities.

Ethical and Public Health Implications: Widening the Gap

When discussing the ethical implications of longevity medicine access, questions abound: might longevity increasingly become a form of privilege, and is it acceptable for life-extending technologies to be unequally distributed?

Weiss asks, “Who benefits, who gets left behind, and does the innovation unintentionally widen healthspan inequality? Many longevity interventions are preventive, and they accumulate over time, so unequal adoption can create widening divergence over decades.” These questions must be weighed and addressed by policymakers, clinicians, and even laypeople as health innovation continues to progress.



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Jordan Weiss, PhD

Furthermore, the level of precision health relied upon by longevity medicine assumes a level of health engagement and empowerment that is not equally distributed. Chronic disease

burden is already [higher in socioeconomically disadvantaged populations](#).

Weiss points out that “feeling fine may mean something different to someone who’s grown up in a world where chronic disease is more prevalent.” They’re then less likely to seek medical care early, potentially altering the course of their health span for decades to come. Focusing on the highly individualized interventions offered by longevity medicine risks shifting focus away from population-level interventions that improve the health of millions, rather than only a few.

Are There Ethical Pathways Forward?

There are tangible steps toward more ethical integration of longevity medicine interventions that companies, clinicians, and policymakers must consider.

Study design on new innovations must center equity by including diverse sample groups and planning interventions that work within the context of lower socioeconomic communities. Companies must price products with equity in mind and market honest claims regarding the safety and efficacy of their products. Policymakers must create legal mechanisms that ensure pricing and access for all, as well as transparent marketing practices. Finally, leaders, medical professionals, and community members must focus on integrating longevity medicine principles into the [greater public health system](#).



...The future of longevity medicine will be defined by not just how long we can live, but by who gets the opportunity to do so.

The clinician’s role is that of the interpreter: with more and more data on their hands, consumers are unsure which to act on and which they can safely ignore. Weiss points out that more data isn’t necessarily better: “If you take a test and it turns out you have a genetic predisposition to Alzheimer’s disease, which doesn’t really have a cure, what do you do with that information? How does that leave people feeling? How do we package and present these results in a way that’s actually helpful?”

Longevity at a Crossroads

Longevity medicine offers fantastic potential for increasing health span—a hope that many of us dream of—but the future of longevity medicine will be defined by not just how long we can live, but by who gets the opportunity to do so.

By integrating these advancements into the broader public health system and carefully balancing access so that not only the wealthy benefit, we can harness the power of medicine's next big frontier: our futures.

Keywords: longevity medicine; aging; preventive medicine; precision medicine; genomics; artificial intelligence; health equity; health literacy; socioeconomic factors

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