

Lifespan vs. Healthspan

The morbidity gap, and why it changes clinical priorities

LIFESPAN

How long someone lives. A single number, measured in years, that says nothing about the condition those years are lived in.

HEALTHSPAN

The years lived with function preserved — independence, mobility, cognition and capability intact.

The morbidity gap

Global life expectancy has risen faster than healthy life expectancy. The difference — the years lived in poor health — is the morbidity gap.

HEALTHY LIFE EXPECTANCY — years lived with function intact

MORBIDITY GAP

Total lifespan = healthy years + years lived in poor health. Schematic proportions, not country-specific figures.

Compression of morbidity (Fries, 1980)

The hypothesis that the onset of chronic disability can be pushed later in life, compressing poor health into a shorter period near the end of life rather than extending it. Adding years to life is not the goal; adding life to years is.

Extending lifespan alone

More total years, a longer period of dependency and disease. The gap widens.

Compressing morbidity

Function preserved for longer, illness concentrated into a shorter final period. The gap narrows.

What this changes in practice

- Ask what a client wants to still be able to do at 80, not how long they want to live.
- Track function — strength, mobility, cognition, independence — alongside biomarkers.
- Treat population life-expectancy averages as close to meaningless for an individual's trajectory.
- Frame goals in capability terms; it is more concrete, more measurable and more motivating.