

## Measuring what matters in ageing societies: integrating dying-well and living-well metrics for resilient health systems

We read with interest the Personal View by Rowan Harwood and colleagues in *Lancet Healthy Longevity*, in which they introduce a logic model outlining candidate variables for monitoring the quality of dying.<sup>1</sup> While rightly emphasising the contentious nature of a universal good death and the related data challenges, the authors offer practical recommendations towards a measurement framework aligned with the UN Decade of Healthy Ageing.<sup>2</sup> This article prompts a key question: how do we measure what matters most across the life course?

The quality of dying and living are intrinsically linked, and their integration is essential to building health-system resilience—the capacity to absorb shocks and sustain essential services. System strength, however, depends on the adaptive capacities of individuals and populations. Together, individual, population, and health-system resilience interact to generate mutually reinforcing economic effects as changes at one level reshape costs and capacities at others across the arc of longevity, yet end-of-life metrics alone provide only partial insight, despite growing recognition of healthy longevity as a strategic investment that reflects this interdependence.<sup>2,3</sup>

From a health-economics perspective, three arguments explain why healthy longevity yields multilevel resilience dividends. First, compression of morbidity—delaying chronic disease and disability—safeguards intrinsic capacity, reduces care duration and intensity, and frees system capacity (individual-to-system mechanisms). Second, macroeconomic buffers: sustained functional ability extends

participation in work, caregiving, or volunteering, prevents early labour-market exits, and reduces health-care spending (population-to-system mechanisms). Third, greater equity: earlier morbidity among disadvantaged groups concentrates catastrophic costs and undermines cohesion; acting on social determinants narrows these gaps and protects households and public finances (cross-level structural mechanisms).<sup>4</sup>

These arguments imply a clear policy corollary: measurement of dying and living needs to advance as complementary agendas for building resilience. Harwood and colleagues outline a logic for dying-well metrics; the next step is to place these alongside living-well indicators within a shared framework. Core metrics already exist—healthy life expectancy, disability-free life expectancy, intrinsic capacity and functional ability scales,<sup>2,5</sup> frailty incidence, and major risk factor prevalence—but remain disconnected from dying-well indicators and overlook multidimensional quality of life aspects. Tracked together, these metrics would offer policy makers a dashboard of upstream and downstream measures, aligning prevention with end-of-life demands.

Operationalising this dual agenda for resilient system redesign requires three steps. First, select a parsimonious indicator set pairing dying-quality with healthy-longevity metrics. Second, align financing and accountability mechanisms so that reimbursement and monitoring systems reward upstream prevention and primary care that demonstrably shift healthy-longevity curves.<sup>3</sup> This step reduces long-term cost pressures and strengthens capacity: stronger prevention without service collapse. Third, prioritise proven, high-return interventions—non-communicable disease prevention, primary-care strengthening, and community-based long-term care—while evaluating interventions with rigorous health technology assessment.

Finally, the measurement trade-offs that Harwood and colleagues describe—reporter, timeframe, cultural variance—are tractable when instruments are

co-designed with communities and embedded in existing surveys and health information systems. Combining dying-quality modules with ongoing healthy life expectancy, living quality, frailty, and functional data collection provides both immediacy and longitudinal insight, making the case for upstream investment visible to finance ministries.

Midway through the Decade of Healthy Ageing, integrating dying-well and living-well measurement agendas is both a conceptual advance and a policy lever for system redesign. Together, these agendas measure what matters—enabling health systems to move beyond end-of-life reactivity, towards resilience across the life course.

We declare no competing interests.

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