

## Body Hacking and the Quest to Cure Death

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**Key words:** biohacking mortality longevity underwriting wearables wellness risk diabetes cholesterol

**Purpose of your paper:** This will update actuaries on the odd hobby of biohacking, and the medical discoveries we're making as a result, some of which contradict what life insurers currently believe. What should individuals do for their health, and how should the industry change?

#### Synopsis:

In recent years, we have witnessed the rise of "**biohackers**" – a group of individuals prepared to experiment with their own bodies, who are open to try things that conventional wisdom says is bad, and to see what really works. Their goal is to get healthier, live longer, feel better, think more clearly, memorise more easily, sleep more deeply, perform better – and more. I consider myself a biohacker, and have obtained encouraging results from my own experiments.

Insurance companies are also interested in **wellness** – but rather than the old world of 'Insurance v1' (sell them insurance, wait for them to die, pay claim), we're moving into a new world of 'Insurance v2' (offer a wellness program, attract healthier lives, sell them insurance, encourage them & support them to get & remain healthy, everyone's a winner). Part of the problem is most at while 'motivated' individuals are happy to track really detailed information about themselves, even to the point it becomes invasive, an insurance company's wellness program is reliant on information which they can reasonably get from policyholders, not necessarily that which is most effective.

More & more evidence is emerging that (a) **medical underwriting** is in some aspects erroneous; (b) **mortality is going to improve** a lot faster than we thought; (c) more people are going to be **taking more 'substances'** which have the potential to backfire on insured lives. Examples the session will cover include the follow:

- What are the implications of the recent NY Times article that shows the sugar industry paid scientists in the 1960s to soften the link between sugar & heart disease, and to incorrectly implicate saturated fat as the culprit instead?
- If cholesterol really is such a poor predictor of heart disease as more recent studies are showing – what should life insurers be using instead?
- What is the most successful life-prolonging drug science has discovered (noting that it is already in common use, and only costs less than \$1 a day)?
- Smart drugs actually exist, and are rife even in places like Wall Street & universities around the world – but what can it do to our physical health?
- Major health insurance companies around the world are watching this "low carb, high fat" diet trend carefully to see if it's something they should support or reject – what is the evidence actually showing?
- Given technological advances in the last couple of years, how out-of-date is the insurance industry's stance on genetic testing, and how much is it currently being used for anti-selection?

**Aside to program committee:** *This is a very broad topic, and I've presented on a variety of sub-topics at actuarial conferences across Asia in the last couple of years. At the Institute & Faculty of Actuaries Asia conference in KL earlier this year, my break-out session was the most popular and had to be hosted in the main ballroom. Engagement in the debate is high, with a number of people have attended many of my sessions in different countries. Given how health & wellness is a topic of interest in Australia – both personally & professionally – I expect there to be a strong interest in this topic for everyone at the summit.*