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When age and infirmity matter in politics

Much is at stake for a nation when it is governed by ageing leaders with worsening physical and mental health.

Chong Siow Ann

Come 2024, United States President Joe Biden, who is now 80 years old, will be seeking a second term. As things stand, it's likely that it will be another face-off with former president Donald Trump (the latter's indictment notwithstanding), who is now 77.

A recent poll by NBC News found that 68 per cent of the respondents in the US are concerned that Mr Biden does not possess the "necessary" mental and physical health to serve as president, with 55 per cent saying they have "major" concerns versus 44 per cent having similar concerns about Trump.

Concerns about Mr Biden's ability to take on the rigours of the office have surfaced periodically, often when he is caught stumbling physically or verbally in public.

Mr Biden, who would be 86 at the end of a second term should he win, is not unaware of the concerns and has taken to making jokes about his age. "I know I don't look that old," he quipped at an event in June. "I'm a little under 103."

It goes without saying that ageing brings with it more infirmities and a host of chronic illnesses. An equally valid electoral issue, also related to age, is the mental health of two people contending for the world's most powerful job. Anyone who has the power to press the nuclear button needs to be mentally alert and capable at the very least.

And yet American presidential history seems replete with sickness.

The 30th US President Calvin Coolidge was, by most accounts, a hard-working and adept leader. But the unexpected death of his 16-year-old son upended his presidency. The once hard-driving president withdrew from his responsibilities and turned the reins of the government over to his wife (who reportedly carried "85 per cent of the burden of the office"). He severed himself from his Cabinet and Congress; and slept 15 hours a day.

Although Mr Coolidge was never formally diagnosed or treated, latter-day scholars have observed that he showed all the characteristics of a major depressive disorder. Mr Coolidge's depression left the country without an involved and incisive president at a time when tumultuous economic clouds that presaged the Great Depression of 1929 were gathering. Many believed that Mr Coolidge's disengagement was a big factor in the nation's economic collapse.

During the American Civil War, President Abraham Lincoln fell "into deep depression" after losing his 11-year-old son, and for most of his life, he continued to struggle with it. The 28th US President Woodrow Wilson had a stroke so severe that his wife took over many of his routine duties.

In total, nearly half of US presidents had suffered serious illnesses or injuries during their terms; eight died in office. (One study estimated that nearly a third of the nation's first 37 presidents suffered some form of mental illness while in office.)

And in almost all instances, these debilitating illnesses were not just shrouded in secrecy (one of John F. Kennedy's biographers wryly commented that "dealing with the Kennedy medical history is in some ways like trying to uncover aspects of vital national security operations"), but also covered with layers of deception.

In 1944, when President Franklin D. Roosevelt was running for re-election, several of his doctors claimed publicly that their patient was in good health. In fact, he was seriously ill with a number of ailments. One of the physicians confided that he doubted the president would live another four years – Mr Roosevelt died a few months later.

Even before he was elected, Trump had his then personal physician Dr Harold Bornstein proclaim in writing that his patient's medical test results were "astonishingly excellent", and he would be "the healthiest individual ever elected to the presidency".

Dr Bornstein had, either of his own volition or under duress, taken on the role of becoming his patient's advocate – something that physicians are not obligated to do so. Of course, physicians can choose to do this, but they must speak within the realm of permission granted by the patient and within the boundaries of medical fact. They also have the moral obligation of not lying – by omission or otherwise.

DISCLOSURE OF STATE OF HEALTH

There are compelling arguments for the public to know if its elected leader is able to carry out the duties of the office and meet the demands of a stressful 24/7 job that entails long hours at work, constant vigilance and high-stake decisions. (For the US President, it is also being in charge of a bristling nuclear arsenal.)

While the public may have that right to know about its political leader's health, there is no law anywhere that requires a politician or anyone seeking a public office through election to release his private medical records. These records are in safe keeping of their personal physicians who are beholden first and foremost to their patients and their right to privacy.

However, this duty of confidentiality to their patients is not absolute. It can be overridden by legislation, a court order, or other justifiable circumstances that may warrant disclosure from the physician. And in a situation where there is a real concern that a political leader's health may jeopardise his fitness for office, the attending physicians have to balance their duty to safeguard their patient's confidentiality vis-a-vis the nation's interest.

But complete disclosure often isn't that revelatory. Doctors are generally not very good at prognosticating – especially when it comes to predicting the survival chances of patients with terminal illnesses. Studies have shown that they tend to be overly optimistic. A study published in the British Medical Journal in 2000, which involved more than 500 patients in various hospices, got attending doctors to predict how long their terminally ill patients were expected to live.

Only 20 per cent of the prognoses were accurate. Most predictions (63 per cent) were overestimates, and doctors overall overestimated survival by a factor of about five – those who thought they knew their patients better were even farther off the mark.

And this, one must remember, was for patients who were terminally ill. The uncertainty of predicting how long relatively healthy adults (including a septuagenarian and an octogenarian running for president) will live is far greater, though the stakes for a nation are high if its leader does not keep good health.

Medical records can also be ammunition in the political arena and could be weaponised by partisan politicians to cast doubt on their opponents' fitness to lead. And they are fodder in the combat zone of the social media, so this is a topic that must be approached with care.

Another concern is whether an ageing political leader, once elected, can govern effectively should there be declining mental acuity over time – subtle cognitive changes due to nascent dementia or other neurological conditions are tricky to detect.

Five years after Mr Ronald Reagan left his presidency, he was diagnosed with Alzheimer's disease though it had long been rumoured that he showed signs of dementia even when he was still in the Oval Office.

During Trump's presidency, there were many who questioned his mental acuity. It was enough to needle him into asking his physician if there was "some kind of a cognitive test" that he could take in order to "shut these people up".

Trump subsequently took the Montreal Cognitive Assessment, which is a simple screening test to detect early signs of dementia, but which cannot rule out declines in reasoning or memory, or difficulties with planning or judgment. True to form, Trump contrived to make political hay from the test – boasting that he had aced it and claiming that the doctors were amazed by his ability.

There are, of course, better ways of detecting cognitive decline, including comprehensive assessments that involve in-depth interviews over time, laboratory investigations and brain imagings.

But it is unlikely that anyone running for high office or who is already safely ensconced in office would willingly subject themselves to this type of cognitive evaluations.

INTEGRITY AND CHARACTER

Any political candidate who is intent on winning an election would want to project an image of rude health, which is associated with capability, strength, and stamina.

Sometimes, there may be that element of self-deception where they would convince themselves that their serious health problems would not prevent them from handling the job. This, in a way, is a gamble. But by hiding or dissembling the severity of their aliments, they would be denying voters the chance to decide if they would want to be party to this gamble.

A proposal that has been surfacing time and again in medical conferences and academic journals is the setting up of an independent commission of doctors to examine presidential candidates' health and report their findings to the public.

But the devil is always in the details: It would be hard to exclude partisan influences from the process (doctors do have at least some partisan inclinations), and just as difficult would be what and how much to disclose.

In the final analysis, those whose personal ambition outweighs their sense of duty to the public are likely to resort to such subterfuge – a trap from which there is no easy escape and perhaps no desire for escape.

Health aside, what most would want and should demand of their leaders is character, integrity and honesty.

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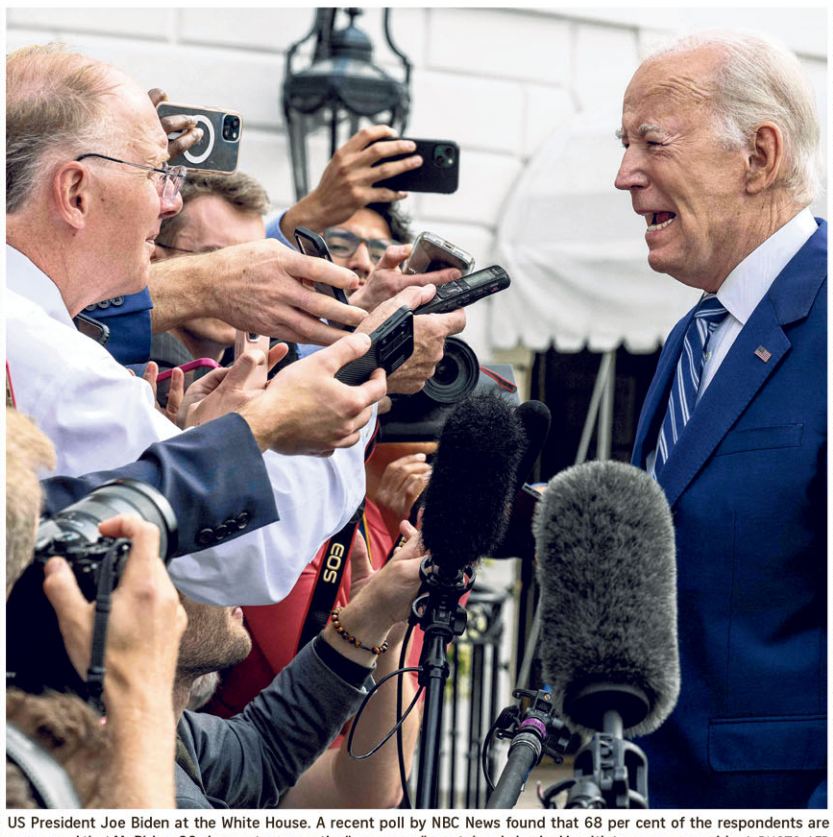

US President Joe Biden at the White House. A recent poll by NBC News found that 68 per cent of the respondents are concerned that Mr Biden, 80, does not possess the "necessary" mental and physical health to serve as president. PHOTO: AFP

Presidential hopeful Donald Trump, 77, at the Georgia Republican Party's 2023 State Convention in June. During Trump's presidency, there were many who questioned his mental acuity. PHOTO: AFP

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