

Longevity and Wellness

English Edition

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Chapter 1

The Framework: Longevity and Wellness

We start by laying out a framework for longevity and wellness.

Think of your life as a work of art. A masterpiece by Leonardo da Vinci is remembered not because somebody else dictated what every brushstroke should look like, but because the artist brought together experience, skill, imagination and perspective and created something uniquely his own.

Your life is much the same.

You are both the artist and the person choosing the frame.

Every experience—the successes, failures, relationships, travels, illnesses, recoveries, lessons, sacrifices and joys— adds another brushstroke. Some strokes will be beautiful. Some may initially appear misplaced. Yet when the entire work is viewed together, they become part of one picture.

And as the years advance, you do not hand the brush to society.

You continue painting.

When the work is finally complete, let it be something your family can admire, something younger generations can learn from, and something that quietly says:

This was my life. I framed it myself.

I lived it.

That becomes the masterpiece.

That becomes the legacy.

You Define the Frame

Expectations should never define your life.

People will always have ideas about what someone of your age should do, how you should dress, where you should go, how much you should travel, when you should slow down, and even what dreams are still reasonable.

Those are their expectations. They do not have to become your boundaries.

The framework of this book includes:

- Sleep — duration, regularity, sleep apnea, recovery
- Nutrition — real food, protein, fiber, hydration, avoiding excess processed food
- Preventive medicine — vaccines, screening, blood pressure, diabetes, lipids, cancer screening
- Know your numbers — weight/waist, BP, glucose, lipids, kidney/liver function; trends matter more than one result
- Muscle and strength — preserving muscle as an insurance policy for old age
- Cardiovascular fitness — walking, aerobic capacity, not merely gym exercise
- Flexibility and balance
- Bone health — osteoporosis and fracture prevention
- Brain health — learning, curiosity, memory, cognitive reserve
- Hearing, vision and dental health — often neglected but enormously important to independence
- Medication review — every drug should still have a reason to be there
- Avoiding harmful habits — tobacco, excess alcohol, recreational drugs, reckless behavior

- Purpose — a reason to get out of bed after career and children no longer define the day
- Relationships — maintaining the marriage/partnership, not merely maintaining a household
- Community and belonging — neighbours, friends, clubs, volunteering, service
- Loneliness — distinguish being alone from being lonely
- Learning to say no — protecting time, energy and peace
- Anger and emotional regulation — what unnecessary conflict costs the body and family
- Forgiveness / letting go — not carrying old battles for decades
- Humour and play — adulthood should not eliminate fun
- Travel and new experiences — continuing to stimulate the brain and create memories
- Financial independence — different from simply having a high income
- Debt management — lifestyle inflation can destroy security
- Emergency fund / liquidity — money that is actually accessible when life changes suddenly
- Estate planning — will, trusts where appropriate, beneficiaries, property documentation
- Digital legacy — passwords, accounts, photographs, documents, instructions for family
- Medical information file — diagnoses, medications, allergies, doctors, insurance and emergency contacts
- Caregiving plan — who helps you or your spouse if independence declines?

- Long-term care — home care versus assisted living versus family support
- Ageing in place — stairs, bathrooms, lighting, railings, bedroom accessibility
- Driving and transportation — planning for the day driving may no longer be sensible
- Independence versus stubbornness — knowing when accepting help preserves independence rather than removes it
- Technology in ageing — telemedicine, wearables, emergency alerts, communication and maintaining independence
- Scams and financial exploitation in older age
- End-of-life wishes — what treatment you want and, equally important, what you do not want
- Funeral / practical instructions — sparing the family unnecessary decisions during grief
- Giving while alive — money, knowledge, mentorship and time
- Teaching the next generation — legacy is transferred behaviour, not simply inherited assets
- Adaptability — the plan will change; successful ageing requires adjustment rather than rigid control
- Acceptance of ageing — fighting preventable decline while accepting that ageing itself is not a disease
- Quality versus quantity of life — the central question of the entire book

The real target of longevity is not simply reaching 90.

It is reaching old age able to walk, think, decide, communicate, manage your affairs, enjoy your family, and participate in your own life.

Longevity is not a supplement stack. It is not “take this vitamin, do this infusion, live to 100.” Those things can have a place, but they are only one small part of the picture.

The real objective is independence for as long as possible.

The goal is not merely to add years to life. The goal is to preserve the ability to live those years on your own terms.

That means planning decades before a crisis arrives: retirement savings, a financial safety net, life and disability insurance, appropriate medical coverage, a will, living will, power of attorney, emergency plans, safe housing, mobility, strength, balance and fall prevention.

Then there is the human side: family, friends, purpose, hobbies, grandchildren, faith or another source of grounding, emotional health, a satisfying home, and something meaningful to wake up for.

And finally medicine: nutrition, exercise, sleep, preventive care, medications, vitamins where appropriate, and therapies such as hyperbaric medicine or other complementary approaches when there is a sensible indication.

So the philosophy becomes almost a formula:

Longevity = Health + Independence + Preparation + Financial Security + Relationships + Purpose.

Someone may reach 95 yet spend the final twenty years financially dependent, isolated, unable to move safely, and with nobody authorized to make decisions when they cannot. That is longevity by a calendar, but it is not the kind of longevity this book is trying to achieve.

This book asks a much better question:

“How do I prepare today so that the older version of me can still live?”

That gives the entire book its spine. Everything else—weight, exercise, retirement, insurance, fall prevention, living will, power of attorney, family, legacy, even vitamins—becomes one part of preserving that independence.

My argument is not against faith, ambition, wealth, education, publishing, exercise, or achievement. It is against allowing one dimension of life to consume the whole life.

A person may devote everything to a guru or faith. Another may devote everything to work and publications. Another to money. Another to fitness. Each can be meaningful, and each is their choice. The problem begins when one pursuit crowds out family, health, financial security, relationships, rest, planning, or the ability to adapt when life changes.

A good life is not built by maximizing one thing. It is built by keeping the important things in proportion.

And that is why planning matters so much. If you have children or a family, your choices no longer affect only you. Retirement planning, insurance, emergency preparation, health, time with family, education, housing, friendships, and purpose all need a place.

You could even frame it as “the danger of the one-dimensional life.”

A person can be extraordinarily successful in one column and still have a life that collapses because the other columns were ignored.

So the longevity model becomes less about “How long can I live?” and more about:

How do I build a life strong enough that no single loss—health, job, money, status, faith community, or physical ability—destroys the whole structure?

This book aims to create a practical blueprint for longevity and wellness.

Chapter 2

Preparing for Disability, Dependence and the End of Life

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Legal and Financial Preparation

Power of attorney — who is legally authorised to make financial or other decisions if you cannot.

Healthcare power of attorney / healthcare proxy — who can make medical decisions when you are unable to communicate.

Living will / advance directive — your written instructions about the medical care you would or would not want if you cannot speak for yourself.

Trust and trust fund — how assets can be held, managed and ultimately distributed according to predetermined instructions.

Will and distribution of assets — who receives property, money, belongings and other assets after death.

Disability insurance — insurance intended to replace some income when illness or injury prevents you from working.

Long-term-care insurance — coverage intended to help pay for prolonged assistance with everyday activities or institutional care, depending on the policy.

Pre-existing condition — a health condition present before a new insurance policy or coverage begins. How insurers may treat it depends on the country, type of insurance and applicable law.

Burial or final-expense insurance — funds intended to help cover funeral, cremation, burial or related expenses.

Can You Continue Living Independently?

The first question is not simply, How old are you?

It is:

Can you function safely on your own?

Can you bathe?

Can you dress?

Can you use the toilet?

Can you prepare food?

Can you take your medicines correctly?

Can you manage money?

Can you shop?

Can you use transportation?

Can you communicate if something goes wrong?

Can you safely live alone?

Someone may need only a little help initially.

A home aide may assist with personal care, meals and daily activities.

Physical therapy can work on strength, balance, transfers, walking and mobility.

Occupational therapy can help a person perform everyday tasks and may recommend modifications to make the home safer.

A social worker or case manager can help coordinate services, equipment, community resources, family support, placement and discharge planning.

As needs increase, the next step might be assisted living, where a person retains considerable independence but receives help with daily activities.

A person requiring extensive nursing supervision, medical care, rehabilitation or assistance may eventually require a nursing facility.

The goal should not simply be to move someone from one institution to another.

The goal should be to preserve the greatest reasonable degree of safety, dignity, function and independence.

Making the Home Safe

A home that was perfectly safe at age forty may become dangerous after a stroke, injury, neurological disease, frailty or impaired vision.

Look at the home differently.

Are there loose rugs?

Poor lighting?

Slippery bathrooms?

Steps without rails?

Cluttered pathways?

A bathtub that is difficult to enter?

Does the person need grab bars, a shower chair, raised toilet seat, handrails, ramps or other modifications?

Fall Prevention

Falls can change someone's life in seconds.

Look at:

- strength and balance
- vision

- footwear
- medications
- blood pressure
- alcohol or sedating drugs
- walking aids
- stairs
- bathroom safety
- nighttime lighting
- obstacles in walking areas. A cane, walker or wheelchair is not a defeat.

If it allows someone to remain mobile and independent, it is a tool.

Memory Loss and Cognitive Safety

Memory loss introduces a different set of dangers.

A person may forget medication.

Leave a stove on.

Forget to turn off water.

Leave the house and become lost.

Forget where the car is.

Become confused while driving.

Open the door to strangers.

Fall victim to fraud.

This means families need a plan before a crisis occurs.

Important telephone numbers should be easily available.

Identification should be carried.

For someone at significant risk, an emergency alert pendant, bracelet or similar device may allow the person to call for help after a fall or emergency.

Depending on the circumstances, an alarm system, door sensors, appropriate monitoring technology or CCTV may add another layer of safety while still respecting privacy.

Fire Risk

Cognitive impairment, impaired mobility and sensory problems can make fire particularly dangerous.

Smoke alarms must work.

Escape routes should be possible.

Cooking safety should be considered.

Someone who cannot escape independently may require additional planning or supervision.

Driving and Mobility

Driving represents independence, so losing the ability to drive can be emotionally difficult.

But the relevant question is not age.

It is whether the person can drive safely.

Vision, reaction time, cognition, seizures, medication effects, weakness and judgement can all affect driving.

If driving is no longer safe, alternative transportation needs to be arranged so that stopping driving does not mean becoming socially isolated.

If someone becomes physically disabled, planning may include walkers, wheelchairs, vehicle modifications, ramps, accessible bathrooms and other adaptive equipment.

Emergency Planning

Everyone should have accessible emergency contact information.

Who should be contacted first?

Who has medical information?

Who has access to the house?

Who knows the medications?

Who has copies of important documents?

What happens if the person falls and cannot reach a telephone?

A wearable emergency call device or similar system can be extremely valuable, particularly for someone living alone.

What Medical Treatment Would You Want?

This becomes one of the most important discussions in the entire book.

Do you want cardiopulmonary resuscitation?

Would you want to be placed on a ventilator?

For how long?

Would you accept a tracheostomy if prolonged ventilation became necessary?

Would you want artificial feeding?

Would you accept intravenous hydration?

A nasogastric feeding tube?

A gastrostomy or other long-term feeding tube?

Under what circumstances?

Would your answer change if recovery were expected?

What if meaningful neurological recovery were extremely unlikely?

These decisions cannot be reduced to simply saying:

“Do everything.”

Everything has consequences.

The purpose of discussing these issues beforehand is not to predict every situation. It is to give your family and physicians some understanding of your values.

What Does Death Mean to You?

Modern medicine has made this question more complicated than it once appeared.

The heart can sometimes be supported.

Breathing can be mechanically maintained.

Nutrition can be provided artificially.

Circulation can sometimes continue even when severe and irreversible brain injury has occurred.

Medical and legal definitions of death are governed by specific standards and laws, but families should understand that cardiac activity, breathing, consciousness and brain function are not always lost at exactly the same moment.

Therefore, conversations about life support should take place before a crisis whenever possible.

Organ and Tissue Donation

Would you want to donate your organs or tissues?

Tell your family.

Register appropriately where you live.

Timing matters because organs and tissues remain suitable for transplantation for different periods and under different circumstances.

For example, corneal and other tissue donation may sometimes remain possible even when solid-organ donation is not.

The medical team and donation organisation ultimately determine suitability at the time.

The important thing is that your wishes should be known.

After Death

Planning does not necessarily end at death.

Would you prefer burial or cremation?

Where should you be buried?

If cremated, what should happen to your ashes?

Should they be kept by the family?

Placed somewhere meaningful?

Scattered?

Divided among family members?

These can sound like minor questions until several grieving relatives have different answers.

Make the decision yourself when possible.

Insurance Protects the Family

Health insurance.

Disability insurance.

Life insurance.

Long-term-care coverage.

Travel and accident coverage.

Final-expense planning.

They are not simply financial products.

They are mechanisms for transferring some of the financial consequences of catastrophe away from the family.

But the policy must be understood before it is needed.

The Central Question

Ultimately, the question is not:

How long can medicine keep me alive?

The more useful questions are:

How do I want to live?

What level of independence matters to me?

Who should speak for me when I cannot speak?

What treatments would I accept?

What would I refuse?

How do I protect my family from uncertainty, financial hardship and unnecessary conflict?

These are not merely questions for the elderly.

They apply to a healthy twenty-five- year-old, a fifty-year-old professional, someone raising a family, and someone approaching the end of life.

Planning for incapacity is part of planning for life.

Chapter 3

Living Longer, Living Well

The reason I chose to discuss longevity and wellness together is simple: the two go hand in hand.

It is one thing to chase a number and proudly say, “I lived to 102.” It is quite another to reach that age while remaining functional—able to walk, think, communicate, make decisions, care for yourself, participate in family life, and continue enjoying the world around you.

That distinction is at the heart of this book.

I have encountered people who, in middle age or even younger, are markedly unhealthy. They can barely move around or perform ordinary activities of daily living. At the same time, I have seen people in their eighties and nineties who remain remarkably active—walking, exercising, managing their homes, travelling, and participating fully in life.

So longevity alone is not enough.

The goal is not simply to add years to life. The goal is to preserve life within those years.

Japan and the Meaning of Longevity

Japan provides an interesting example.

The country has an extraordinary number of centenarians. But the important lesson is not simply that people are surviving longer. It is that Japan has had to think seriously about what it means for a society when large numbers of people live into advanced age.

Several factors contribute to longevity. Diet matters. Genetics matter. Medical care matters. Physical activity matters. Social structure

matters. And, perhaps more than we sometimes appreciate, attitude matters.

Across the world, women generally live longer than men, suggesting that biological and genetic factors certainly play a role. But biology cannot explain everything.

How people live their lives matters enormously.

In cultures where people continue walking, working, cooking, cleaning, socializing and participating in everyday activities as they age, physical activity is not necessarily something scheduled for an hour at the gym. It is woven into life itself.

That distinction matters.

The Danger of Becoming Inactive

One of the regrets of my own life is encouraging my father to retire early.

At the time, it seemed like the right thing to do. He had worked hard. Why shouldn't he rest?

Looking back, however, retirement also meant greater inactivity.

There is a cultural component to this as well. In many traditional households, particularly among older generations, reaching a certain age or status can mean doing less:

Someone else will bring the water.

Someone else will carry the clothes.

Someone else will cook.

Someone else will fetch what I need.

Ordinary physical tasks can even become viewed as somehow beneath one's dignity.

But the body does not understand dignity.

The body understands use and disuse.

Muscle is particularly unforgiving. When it is not used, disuse atrophy begins. Strength decreases. Balance deteriorates. Mobility becomes harder. As mobility becomes harder, we move less. Because we move less, we become weaker still.

A vicious cycle begins.

The reverse can also be true.

Every safe movement can become part of rehabilitation and maintenance: standing up, walking across a room, climbing stairs, dressing yourself, reaching for something, carrying something light, or folding your own clothes.

These activities may seem trivial when we are young. In old age, they can represent independence.

Adaptation Is Part of Wellness

Modern technology can help preserve that independence.

Japan and other ageing societies have invested in assistive technologies, mobility devices, home adaptations and even exoskeleton systems designed to provide additional support for movement.

This represents an important philosophy: when someone's body becomes weaker, the answer should not automatically be to take over everything for that person.

Sometimes the better question is:

What support would allow this person to continue doing it themselves?

That is an entirely different approach to ageing.

The same principle applies after illness or disability.

A person who has had a stroke may lose function on one side of the body. Rehabilitation is difficult. Progress may be frustratingly slow. But human beings are remarkably adaptable. We learn compensatory strategies. We use what remains. We develop new ways of performing familiar tasks.

I have seen people living with cerebral palsy and severe physical disabilities find ways of participating in life. I have seen people with profound paralysis retain an extraordinary desire to live.

The instinct for survival is deeply human.

But survival and wellness are still not identical.

The Battle Between the Ears

A major part of the battle is between the ears.

If retirement means:

“I have finished my work. I am old now. I don’t need to do anything anymore.”

then retirement can unintentionally become the beginning of decline.

A healthier attitude is:

“My life has changed, but I am still participating in it.”

Perhaps you cannot do everything you once did.

That is all right.

Do what you safely can.

Wash something. Fold something. Dress yourself if possible. Walk to the kitchen. Tend a plant. Cook. Exercise. Meet people. Learn something. Help somebody. Continue contributing.

After illness or disability, even climbing a few stairs may represent tremendous effort. Rehabilitation can be exhausting.

But every safe step forward is still a step forward.

The objective is not to pretend that ageing, disease or disability does not exist. The objective is to adapt intelligently rather than surrender unnecessarily.

No One Ages Alone

This brings us to something much larger.

Longevity is not merely a medical issue.

Imagine someone who reaches 100 years of age.

Who pays for that person's medical care?

Where does the person's income come from?

Who helps when transportation is needed?

What happens after a fall?

What happens during an emergency?

Who checks if that person has not answered the telephone?

Who brings food if the person temporarily cannot leave home?

Who manages medications?

Who speaks for the person if they temporarily or permanently lose the ability to make decisions?

Suddenly longevity becomes much more than cholesterol, blood pressure and exercise.

It becomes a question of family, community, economics, housing, transportation, technology, law, medicine and social policy.

That is why functioning societies develop support structures: emergency- response systems, personal alert devices, accessible transportation, home health services, community programmes, meal delivery, rehabilitation, elder care and mechanisms for checking on vulnerable people.

Family support remains tremendously important, but longevity cannot depend entirely upon having children or relatives who are willing and able to provide everything.

People need systems.

Preparing for a Long Life

This is also why a serious discussion about longevity must include subjects that may initially seem unrelated to medicine.

We must talk about exercise and nutrition.

But we must also talk about stress, relationships, purpose, family and friends.

We must discuss fall prevention and mobility.

We must discuss finances and retirement planning.

We must discuss health insurance, life insurance and disability insurance.

We must discuss powers of attorney, living wills and emergency plans.

We must discuss housing and whether a home that worked perfectly at age forty will remain safe at eighty-five.

We must discuss independence—and when accepting assistance actually protects independence rather than diminishes it.

Longevity and wellness are therefore biological, physiological, psychological, social, environmental and economic issues.

None exists in isolation.

The Measure of a Society

There is another dimension to longevity that goes beyond the individual.

A long and reasonably secure old age should not be a privilege available only to wealthy people.

A person does not need unlimited money or luxury to age with dignity. But people should have enough security to eat properly, obtain essential healthcare, have safe shelter, maintain basic independence and avoid having to beg others for the necessities of life.

How societies respond to children, people with disabilities, the sick and the elderly tells us something important about those societies.

As populations age and birth rates decline in many parts of the world, these questions will become increasingly important. Countries will have to rethink retirement, healthcare, housing, transportation, employment and the role older people continue to play within their communities.

Age should not automatically mean irrelevance.

An elderly person may have decades of experience, knowledge and wisdom. But respecting that wisdom should not mean putting the person in a chair and telling them to rest for the remainder of life.

Let them participate.

Let them contribute.

And whenever possible, let them continue doing things for themselves.

Longevity With Wellness

That is why I cannot separate longevity from wellness.

I am not interested merely in how many birthdays a person accumulates.

I am interested in whether, as the years accumulate, that person can still walk, think, decide, communicate, manage personal affairs, enjoy

family, maintain relationships, participate in society and retain as much independence as circumstances permit.

Some decline is inevitable. Disease can change everything. Accidents happen. Genetics cannot be negotiated with. No lifestyle guarantees a particular outcome.

But there is an enormous space between controlling everything and controlling nothing.

That space is where preparation, prevention, rehabilitation, adaptation, support and attitude matter.

And that is what the chapters that follow will explore—from exercise and nutrition to stress, family, finances, fall prevention, insurance, emergency planning, powers of attorney, living wills, mobility, purpose and independence.

Because ultimately, longevity should not simply mean:

How long did I live?

A better question is:

Chapter 4

Longevity Is a Lifestyle, Not an Intervention

Longevity Is a Lifestyle, Not an Intervention

Longevity is not something you do for three months. It is not a diet, a supplement, an injection, a retreat, or a New Year's resolution. It is a way of living.

Human health is multifactorial: nutrition, exercise, alcohol and other substances, sleep, stress, relationships, purpose, mental health, and for some people faith or spirituality.

Improving one dimension while allowing the others to deteriorate gives only limited benefit.

The central message becomes:

Temporary effort produces temporary results. Lasting health requires lasting habits.

A simple “in versus out” idea can be a useful teaching device - not literally for every biological system, but philosophically: what we repeatedly put into our body and mind has consequences.

Tools Are Not the Enemy

This is where Ozempic, AI, antibiotics and other powerful technologies fit.

Medicine should not be rejected merely because it has risks. A drug can be extraordinarily useful and still require surveillance, research and responsible prescribing.

Semaglutide and similar medications are tools. For appropriate patients they can be transformative, but they do not abolish the

importance of nutrition, physical activity, muscle preservation and long-term behavioral change.

The larger principle is:

Once humanity develops a powerful tool, wishing it away rarely works. The responsibility becomes learning how to use it safely.

That applies to medicines, artificial intelligence, energy technology and many other inventions.

Treatment, Cure and Eradication Are Different Things

Treatment manages a disease. Cure eliminates a particular disease from an individual.

Eradication means eliminating transmission of an infectious disease worldwide.

Smallpox is the extraordinary example: worldwide cooperation and vaccination led to global eradication.

Polio is another demonstration of what coordinated vaccination can accomplish, although eradication has not yet been completed globally.

And chickenpox gives you a useful contrast: the initial illness resolves, but varicella-zoster virus can remain latent and later reactivate as shingles.

This leads to a larger I-to-We lesson.

Herd Immunity: My Decision Can Affect Someone Else

Vaccination is not solely an individual calculation. High population immunity reduces transmission and helps protect people who are particularly vulnerable or cannot develop adequate immunity themselves.

So:

Health does not always stop at the boundary of our own body. Some choices affect the people around us.

Smallpox eradication demonstrated what becomes possible when countries that disagreed about almost everything else cooperated against one disease.

Doctors, nurses and public-health workers went from community to community because humanity temporarily behaved as one community.

Why Can Someone Have Everything and Still Be Unhappy?

This is a completely different dimension of longevity—and an important one.

First, an important distinction:

Depression is not ordinary sadness. Depression is a genuine medical disorder requiring appropriate evaluation and treatment.

Modern neuroscience is considerably more complex than a single-neurotransmitter explanation: depression cannot simply be reduced to low serotonin; Parkinson disease involves degeneration of dopaminergic pathways rather than “too much dopamine”; and myasthenia gravis is primarily an autoimmune disorder affecting neuromuscular transmission.

A broader psychological observation remains useful.

Outside clinical depression, people can suffer because of the distance between:

the life they actually have

and

the life they believe they were supposed to have.

Someone may possess a home, money, family, cars and security—and remain miserable because their internal scoreboard says:

I should have achieved more. My children should be more successful. Someone else has more. I should already be there.

Meanwhile another person with considerably less may feel content because reality has already met or exceeded his internal expectations.

That gives you a powerful line:

Sometimes suffering is not created by what we lack. It is created by the distance between our life and the picture of life we carry inside our head.

And then comparison continually moves the finish line.

Longevity is not merely adding years to life. It is building a way of living that can be sustained for those years.

Another pillar of this book is to separate what you can influence from what you cannot.

Talent matters. Timing matters. Opportunity matters. Luck matters. Circumstances matter. Sometimes being in exactly the right place at exactly the right moment changes an entire life. You can prepare for opportunity, but you cannot command it.

What you can control is the quality of the effort you bring to the life you actually have.

We all dream for ourselves and for our children. We imagine extraordinary futures and extraordinary achievements. There is nothing wrong with dreaming.

But life is not entirely under our control.

Talent, opportunity, timing, circumstance, luck and destiny all play a part. We can work hard and prepare ourselves, but we cannot order these variables to fall into place exactly as we wish.

What we can control is much simpler.

Be the best you can be with what you have.

Work hard. Learn. Prepare. Take opportunities when they appear.
Look after your health. Build relationships. Provide for your family.
Plan for tomorrow. And then learn to find happiness and contentment
in the life that actually unfolds.

Ambition gives us direction. It should not become the condition upon
which we permit ourselves to be happy.

There is a profound difference between saying, “I will do everything
reasonably within my control to succeed,” and saying, “I can only be
happy if this particular dream comes true.”

The first gives direction.

The second can imprison you.

Exceptional achievement may require imbalance for a period. An
exceptional life usually requires balance over a lifetime.

For most of us, success is therefore not becoming the richest, most
famous, most accomplished or most admired person in the room. It is
reaching the end of life knowing that we used our abilities well, cared
for the people who mattered, prepared responsibly for the future,
remained as independent as possible, and found contentment along
the way.

Do not build your happiness around “if.”

If I get the promotion. If I become rich. If my child becomes famous.
If I publish enough. If I reach that position. If someday everything
falls into place.

Life is happening while we are waiting for “if.”

Plan. Work. Aspire. Prepare.

But also live.

Chapter 5

Weight: Health Before Appearance

Whenever someone tells me that they want to lose weight, my first question is very simple:

Why?

Why do you want to lose weight?

Over the years, I have heard almost every answer.

“I have a wedding coming up.”

“I want to fit into my clothes.”

“I want to look good in photographs.”

“I have a graduation.”

“I am going on holiday.”

“I want to look better.”

What I hear much less often is the answer that, to me, should come almost automatically:

“I want to lose weight because I want to be healthier.”

That difference matters.

If your motivation is a wedding photograph, the wedding eventually ends. If your motivation is fitting into a particular dress, eventually the occasion passes. If your motivation is looking good on a beach, eventually the holiday is over.

But health does not have an end date.

That is why, before calories, diets, injections, exercise programmes, protein, carbohydrates or anything else,

I believe weight loss begins with motivation.

If the motivation is temporary, the result is often temporary.

If the motivation is health, it can become a way of life.

Weight Is a Health Issue

Obesity is not simply an issue of appearance.

Excess weight is associated with type 2 diabetes, hypertension, cardiovascular disease, osteoarthritis, sleep apnoea and several cancers. Even relatively modest weight loss can produce meaningful improvements in blood pressure, glucose control and other metabolic risk factors. A loss of around 5–10% of initial body weight is commonly enough to produce measurable health benefits.

That does not mean that everybody has to chase some perfect number on a chart.

I am not arguing that every person must reach an “ideal body weight.” For many people that may be unrealistic, unnecessary or unsustainable.

I am talking about direction.

If somebody is significantly overweight, moving towards a healthier and sustainable weight is generally better than continuing in the opposite direction.

And ideally we should not wait for diabetes or hypertension to provide the motivation.

Once somebody develops diabetes, suddenly weight loss becomes important because illness has arrived. Once blood pressure rises, people become frightened enough to change.

But prevention asks a different question:

Why wait for the disease?

The healthy person should be encouraged to protect health while it is still present.

We Have Changed the Problem

Humanity has spent much of its history fighting inadequate nutrition.

In many parts of the world that struggle still exists. I have seen people surviving on very little—a couple of rotis, an onion, whatever could be afforded. Hunger and undernutrition remain very real.

Yet at the same time another part of humanity is becoming sick from excess.

Too much food.

Too many calories.

Too much salt.

Too little movement.

We now live with this extraordinary contradiction: in one place people do not have enough to eat, while somewhere else people are becoming ill because they consume far more energy than they need.

I find that disparity difficult to ignore.

And it has become a public-health problem as much as a personal one.

Diabetes, hypertension and obesity-related disease consume enormous healthcare resources. We spend fortunes treating complications after they develop. Yet prevention often receives far less attention than the treatment of established disease.

Of course, treating sick people is necessary. I am a physician; I understand that better than most.

But if we spend everything repairing damage and too little preventing it, we will always be running behind the problem.

Health requires resources. Poor countries know this brutally well. Delivering good healthcare to an entire population costs money.

That is why budgets reveal priorities.

Education and health are investments in a country's people. Prevention may not produce the dramatic photographs of a new hospital or an expensive machine, but preventing diabetes, hypertension and cardiovascular disease can save suffering and expenditure decades later.

This again comes back to motivation— not only individual motivation, but social motivation.

If populations begin demanding health as something essential rather than something considered only after illness develops, priorities change.

Governments respond to what societies value, regardless of the precise political system under which those societies operate.

If people genuinely place health near the top of their priorities, the system eventually has to listen.

The Simplest Equation—and the Complicated Human Being

At its most basic level, body weight sounds extraordinarily simple.

Energy coming in has to be balanced against energy going out.

Persistently taking in more energy than the body uses promotes weight gain; creating an energy deficit promotes weight loss. WHO still identifies this imbalance between calories consumed and calories expended as fundamental to obesity.

Simple equation.

Very complicated human being.

That is where every diet book eventually runs into trouble.

Because “eat less and move more” may be biologically true, but telling somebody to do it does not mean that they can sustain it.

Hunger matters.

Satiety matters.

Habits matter.

Sleep matters.

Stress matters.

Culture matters.

Family matters.

Availability matters.

Money matters.

Genetics matter.

The environment matters.

And above all, the brain matters.

We do not simply eat because food is sitting in front of us. Signals from the gut and brain influence hunger, fullness, reward and the desire to continue eating.

For decades, physicians could give advice.

Reduce the portion.

Avoid excess calories.

Exercise.

Eat more sensibly.

Read the label.

Stop snacking.

We could repeat it ten thousand times.

But ultimately the control remained largely in the hands of the patient, and maintaining major weight loss through behavioural intervention alone is extremely difficult for many people.

Then Came the GLP-1 Era

This is why drugs such as semaglutide have been such an important development.

They did not repeal the laws of energy balance.

They changed one of the forces governing the intake side of the equation.

GLP-1–based medicines can reduce appetite and increase satiety, making it considerably easier for some people to consume less food.

Suddenly someone who had spent years fighting hunger could feel satisfied with less.

That is a major advance.

And these drugs are no longer simply producing lower numbers on a scale. In selected high-risk patients with overweight or obesity and established cardiovascular disease, semaglutide has also been shown to reduce major cardiovascular events.

I welcome that breakthrough.

But I would make one caution very clear:

A powerful tool is not the same thing as a complete solution.

Obesity is a chronic condition.

When semaglutide was stopped in one major trial extension, participants regained a substantial proportion of the weight they had lost. That should tell us something important: medication may control the biology, but the underlying tendency does not necessarily disappear when the injection stops.

So I would never want someone to think:

“I lost twenty kilos with an injection. Therefore I am healthy and the problem is finished.”

No.

Longevity is not an injection.

Health is not a number on a weighing scale.

These medicines should be viewed as tools within a larger approach that includes nutrition, physical activity, behaviour, appropriate medical supervision and long-term planning. That is also how major medical guidance approaches prescription weight-management therapy.

We have meaningful safety and outcomes data now, so these are not experimental drugs. But as with any relatively recent therapeutic era, our knowledge continues to grow, particularly regarding treatment over decades and across increasingly broad populations.

Use the tool.

Do not worship the tool.

What Should We Eat?

Nutrition has always moved through fashions.

At one time the conversation was carbohydrates.

Good carbohydrates.

Bad carbohydrates.

Glycaemic index.

Then Atkins arrived and much of the conversation swung towards protein and carbohydrate restriction.

Then another diet came.

Then another.

I keep returning to something much less exciting:

Balance.

The human diet can contain carbohydrates.

It can contain protein.

It can contain fat.

These are not enemies.

The quality of those foods matters enormously, of course. Whole grains are not nutritionally identical to refined sugar. Unsaturated fat is not identical to trans fat. Fish is not nutritionally identical to processed meat.

But when we are specifically talking about body weight, total energy intake still matters.

You cannot declare victory simply because something is “low carbohydrate.”

You can eat steak all day and then add large quantities of butter, cream cheese and a milkshake and easily consume more energy than you require.

The label on the diet does not abolish the calories.

Likewise, something marketed as “healthy” can still be extremely calorie dense.

This is why portion size matters.

Learn What You Are Eating

Food literacy is part of health literacy.

A nutrition label is useful only if somebody reads it.

And reading it is useful only if somebody understands it.

Serving size is particularly important. A person may look at a package and say, “Only 200 calories,” without realising that the package contains three servings.

Now it is 600.

The food did not change.

Understanding changed.

And the problem becomes even more complicated when we move across cultures.

A rice pudding made in one home may contain very different ingredients from something that looks almost identical somewhere else.

How much sugar?

How much condensed milk?

How much cream?

How much coconut milk?

How large is the portion?

The name of a food does not determine its calories.

The recipe does.

Culture therefore has to be part of nutrition counselling. The best eating plan is one that takes account of a person's health, preferences and cultural context and can actually be sustained.

One BMI Does Not Tell the Whole Story

Another mistake is assuming that somebody who looks slim is necessarily metabolically healthy.

BMI—body mass index—is useful as a screening measure, but it is not the entire story. Waist circumference, body composition and metabolic measures also matter.

Population background matters as well.

Research has shown that metabolic risk can appear at lower BMI levels in some Asian populations than would be expected using traditional Western thresholds. WHO has therefore identified additional Asian public-health action points beginning around BMI 23 kg/m² while retaining the conventional international categories.

That matters in Thailand and elsewhere in Asia.

Someone may appear petite compared with a larger European or North Indian body frame and still carry meaningful visceral fat or metabolic risk.

We should therefore stop judging health simply by looking at somebody.

Measure.

Assess.

Understand the individual in the context of the population.

The Food-Court Test

I sometimes conduct my own completely unscientific experiment.

I sit in a shopping mall and watch the food court.

You can learn a lot about society by watching what people choose to eat.

One group heads towards burgers, doughnuts, milkshakes and heavily processed foods.

Another chooses fruit, soups, som tam, vegetables, seafood or simpler local dishes.

I am not claiming that you can diagnose somebody by watching them walk towards a restaurant.

That would be absurd.

But the larger point is visible every day:

Repeated choices accumulate.

No single hamburger creates obesity.

No single bowl of som tam creates health.

It is what we do repeatedly that matters.

Thai cuisine is a good illustration. It can contain extraordinary amounts of fresh vegetables, herbs, fruit and seafood. Those are tremendous advantages.

But some Thai foods can also contain substantial sodium, sugar, cooking oil, fatty pork or calorie-dense sauces.

“Thai food” therefore cannot automatically be labelled healthy, any more than “Western food” can automatically be labelled unhealthy.

Choose intelligently within the cuisine you actually enjoy.

Personally, I am not becoming a vegetarian.

I know myself.

Sometimes I want something solid in my stomach. Give me some meat and I am quite happy.

And that is precisely the point.

A sustainable diet has to work for the person living it.

There is little value in prescribing a theoretically perfect diet that somebody hates so much that they abandon it in three weeks.

Not a Beauty Competition

This chapter is part of a book about longevity and wellness.

That is important.

The objective is not to prepare everyone for a glamour magazine.

The purpose of weight management is not humiliation, judgement or chasing some artificial ideal.

The objective is health.

To walk.

To remain independent.

To reduce preventable disease.

To protect the heart.

To protect the joints.

To reduce metabolic risk.

To be able to participate in life.

And hopefully to reach older age still capable of enjoying it.

That requires a long-term strategy.

Motivation.

Portion awareness.

Food literacy.

Reasonable nutrition.

Physical activity.

Understanding your own culture and biology.

Using medication when appropriate.

Using professional help when needed— physicians, dietitians, exercise professionals and others.

And recognizing that no single diet, injection or piece of advice is going to replace the whole picture.

Weight control is simple enough to describe in one sentence and complicated enough to occupy an entire medical specialty.

Perhaps the most important question therefore remains the one with which I began:

Why do you want to lose weight?

If the answer is merely, “I want to look good next month,” I would keep asking.

But if the answer becomes:

“Because I want to protect my health for the rest of my life,”

then we finally have something powerful enough to build upon

Chapter 6

Family and Home Are Paradise

In this world, we are not islands. We all live together. The first thing we have to realise is that during times of stress, during times of difficulty, family is there. Family is very important.

Not only are they there for you, but from when you were young, your parents brought you up, your brothers and sisters were there for you, and you shared the same cultural background, the same aspirations, the same lineage, and the same history.

So never, never neglect your roots. Never neglect your family.

My point is that we have to realise those roots are there. The lineage is there. At the time when you need a crutch in life, you should be able to turn to your family.

And when you bring up your children, they should not be ashamed of their family. They should be proud that they are a Gulati, proud of what Gulati stands for, proud of their religion, their upbringing, and their background. That is part of what portrays to the world who you are and what you are.

Never, ever turn your back on family, because family is what defines you, defines your lineage, and in many ways defines your children.

There is one thing I miss because I grew up abroad, in several countries. I missed having those childhood relationships.

“What is a childhood friend?”

“He is my nephew.”

“He is my brother.”

“We grew up together.”

Those people have a shared history and shared stories.

I missed that dramatically because I grew up abroad almost all my life, separate from everybody. Now, when I go back, I sometimes feel almost like an alien specimen walking among them. My take on life is different. My looks are different. My habits are different.

Sometimes I feel like a square peg trying to fit into a round hole.

Even though we are the same, there is a big difference among us because my take on life is different. Sometimes I simply cannot understand where they are coming from. I may think, “Why are they pinching corners? Why are they not being fair?” while they may look at me and think, “He is a foreigner. He is not like me.”

And sometimes that hurts.

I sometimes think, if only we had grown up together.

In many ways, all I have are my brother and my sister who can truly understand where I came from.

But all said and done, life moves on. When people get married, their priorities change.

Especially for a woman, her identity changes. My sister may always be a Gulati to me, but her family identity is now Lamba. That is her surname, that is the family she lives with, and naturally her first allegiance becomes to that family. We become secondary.

That is simply a fact of life.

In the same way, my brother and his immediate family become his priority, his nucleus.

And in the same way, my priority becomes my children, Teelake, and Sirikhan.

If you insult them, you insult me.

Whether we like it or not, that is a fact.

It is not enough simply to say, “We are one big family.” Yes, we are one family, but within that family there are individual people, individual households, and individual loyalties.

My spouse and my children are part of me. If you insult my spouse, if you insult my children, you insult me.

And that is how fractures begin inside families.

So we have to remember that even though we are family, boundaries still matter. We cannot allow those boundaries to be crossed carelessly, because those small cracks can eventually break a family apart.

I remember the old story: when we are separate, we break easily. But when we come together, like a fist, it becomes much harder for anyone to break us.

But even a fist is made up of individual parts.

Together we are strong, but we still remain individuals. We still have our differences, and we still have boundaries that must be respected.

Do not insult each other.

Respect each other.

Respect each other’s spouses and children.

Respect the individuality within the family.

And then grow together as a family.

Chapter 7

Sleep: The Non-Negotiable Part of Health

Sleep is something all of us want, all of us need, and at some point all of us probably take for granted.

When we are young, sleep seems almost automatic. A child can sleep for many hours because the developing body and brain require enormous amounts of recovery and restoration. As we grow older, however, sleep may become less automatic. We begin staying up late, working longer, travelling, worrying, looking at screens, drinking alcohol, or simply convincing ourselves that we can sleep later and somehow catch up.

That is where the problem begins.

Sleep should not be something we repeatedly borrow from today and promise to repay tomorrow.

It should be part of the structure of our lives.

Sleep Is Biological

We still do not understand every reason that living organisms need sleep, but one thing is obvious: sleep is deeply embedded in biology.

Look around nature. Dogs sleep. Cats sleep. Horses sleep. Birds sleep. Different species sleep in remarkably different ways, but some form of sleep or rest appears throughout the animal world.

Human beings are no exception.

Our sleep is influenced by our circadian rhythm—our internal biological clock— and by hormones and chemical signals, including

melatonin. Light is one of the strongest environmental signals helping synchronize that clock.

That is why jet lag exists.

Fly across several time zones and suddenly the clock on the wall says one thing while the clock inside your body says something completely different.

Your body eventually adjusts, but it reminds us of something important:

Sleep has a rhythm.

Respect that rhythm whenever possible.

How Much Sleep?

Sleep requirements change throughout life. Infants and children generally require much more sleep than adults.

For most healthy adults, somewhere around seven to nine hours each night is a reasonable general target, although individual needs vary.

But duration alone does not define good sleep.

Seven or eight hours spent repeatedly waking, struggling to breathe, tossing around, or waking exhausted is not equivalent to seven or eight hours of restorative sleep.

So ask yourself two questions:

How long am I sleeping?

And:

How well am I sleeping?

Routine Matters

Perhaps one of the simplest things we can do for sleep is establish a routine.

Try to go to bed at approximately the same time.

Try to wake at approximately the same time.

Allow the body to develop a rhythm.

We sometimes behave as though sleep were a bank account:

“I lost four hours this week. I will sleep twelve hours on Sunday and repay the debt.”

Some recovery sleep may certainly help after temporary sleep loss, but repeatedly depriving ourselves of sleep and expecting one enormous sleep to erase the pattern is not a sensible long-term strategy.

Sleep is not something to chase. It is something to build into your life.

Create an Environment for Sleep

This is where the term sleep hygiene becomes useful.

Your bedroom matters.

Your mattress matters.

Your pillow matters.

Temperature matters.

Noise matters.

Light matters.

Even what you wear can matter.

One person loves a firm mattress; another cannot tolerate it. One wants a soft feather pillow; another prefers latex or something much firmer. There is no universal pillow or mattress that suits everybody.

Find what allows you to sleep comfortably.

Keep bedding clean and address allergens or infestations such as dust mites or bedbugs when present. If you are itching, sneezing,

uncomfortable or struggling to breathe, you are unlikely to sleep particularly well.

And make the room dark.

An eye mask works beautifully for some people. I cannot tolerate one. Put something across my eyes and I feel claustrophobic rather than relaxed.

So I adapt.

That is the point.

You do not need to copy somebody else's sleep ritual. You need to create an environment in which you can sleep.

Darkness—But Do Not Create Another Danger

There is one practical contradiction worth mentioning.

Darkness helps sleep.

But complete darkness can become dangerous when someone wakes during the night and needs to walk to the bathroom.

Falls can change a life in seconds, particularly as we get older.

So use common sense.

Keep the sleeping area dark, but consider very low-level pathway or motion-activated lighting that allows safe movement when necessary without flooding the bedroom with bright light.

Wellness is not about following one rule so rigidly that you create another problem.

Give the Brain Permission to Stop

Many of us go directly from stimulation to bed.

Television.

Telephone.

Messages.

News.

Work.

Reading.

Problems.

Then we turn everything off and command the brain:

“Sleep.”

The brain does not always cooperate.

Create a wind-down period. Reduce bright light and stimulating screen use before bed. For some people, quiet reading is relaxing; for others it keeps the mind engaged. Again, understand yourself.

The principle is not that everybody must perform the same ritual.

The principle is to create a transition between activity and rest.

Food, Caffeine, Alcohol and Sleep

What we consume also affects sleep.

Caffeine late in the day can interfere with sleep in susceptible people.

A very heavy meal immediately before lying down may worsen reflux or discomfort.

Some people find warm milk comforting. Others use relaxation, meditation, magnesium or other approaches. Some interventions have better evidence than others, and not everything that works for one person works for another.

But alcohol deserves particular attention.

Alcohol may make someone sleepy, but sedation is not the same thing as healthy sleep. Alcohol can fragment sleep and worsen snoring and obstructive sleep apnoea. Intoxication can also increase risks associated with vomiting, impaired protective reflexes, falls and other injuries.

Do not use alcohol as your sleeping medicine.

Sleeping Pills Are Tools, Not Sleep

There is a legitimate place for medications in treating certain sleep problems.

But medication should not become a substitute for addressing why somebody cannot sleep.

The death of Michael Jackson provides an extreme reminder of the danger of attempting to manufacture sleep pharmacologically.

Propofol is an anaesthetic, not an ordinary treatment for insomnia, and his death involved acute propofol intoxication with other sedative medications contributing.

That is an extraordinary case, but the principle is ordinary:

Do not confuse unconsciousness or sedation with normal restorative sleep.

If medication is necessary, use it appropriately and under proper medical supervision.

REM and Non-REM Sleep

Sleep itself is not one uniform state.

We cycle through non-REM and REM— rapid eye movement—sleep throughout the night.

Deep non-REM sleep and REM sleep both contribute to normal sleep, but in different ways. REM is associated with vivid dreaming and important aspects of memory and emotional processing, while deeper stages of non-REM sleep are also important for physical and neurological restoration.

The important point for the ordinary reader is not to memorize a sleep textbook.

It is to understand that healthy sleep has architecture.

Hours in bed do not necessarily tell us everything about the quality of sleep occurring during those hours.

Waking During the Night

Brief awakenings during sleep can be normal, and they become more common with age.

The problem is when sleep becomes repeatedly fragmented, when you remain awake for prolonged periods, when you routinely cannot return to sleep, or when you supposedly sleep for many hours yet consistently wake exhausted.

That is when the question changes from:

“How can I improve my sleep habits?”

to:

“Is something medically interfering with my sleep?”

Sleep Disorders Are Real

Sleep medicine has become a specialty because sleep disorders are genuine medical conditions.

Obstructive sleep apnoea can repeatedly interrupt breathing during sleep.

Restless legs syndrome can create an uncomfortable urge to move the legs, particularly during periods of rest.

Parasomnias include conditions such as sleepwalking and other abnormal behaviours occurring during sleep.

Obesity hypoventilation syndrome—historically called Pickwickian syndrome—is another medical condition in which obesity is associated with inadequate ventilation and elevated carbon dioxide.

There are many others.

This book is not a textbook of sleep medicine, and I do not intend to turn it into one.

My message is simpler:

Recognize when an ordinary wellness issue has become a medical issue.

If you snore heavily, stop breathing during sleep, wake choking or gasping, have persistent insomnia, experience troublesome abnormal movements or behaviours during sleep, or remain excessively sleepy during the day despite apparently adequate sleep, seek medical evaluation.

Do not be embarrassed.

Get help.

The Sleep Laboratory

Modern sleep laboratories can measure far more than whether somebody appears to be asleep.

Depending on the type of study, clinicians can monitor brain activity, eye movements, muscle activity, heart rhythm, breathing, oxygen levels and other physiological signals.

That information can help determine what is actually happening during sleep.

Again, that belongs to sleep medicine.

For longevity and wellness, the lesson is simply to recognize when you have crossed that line and need professional help.

Dreams Are Dreams

Human beings have tried to interpret dreams for thousands of years.

A dream can certainly reflect emotions, memories, fears or experiences. Persistent nightmares can also accompany psychological

or medical problems and deserve attention when they cause significant distress.

But I would not make important decisions about my health or future because somebody claims to know what a particular dream predicts.

If nightmares or disturbing dreams are persistent and affecting your life, speak with an appropriate professional.

Do not be ashamed to speak to a physician, psychologist, psychiatrist or sleep specialist when needed.

Sometimes Two Bedrooms Are Healthier Than One Exhausted Marriage

There is another practical point people sometimes avoid discussing.

Partners do not always sleep well together.

One snores.

One moves.

One wants the room cold.

One wants it warm.

One sleeps early.

The other sleeps late.

If a partner's sleep disorder is disturbing both people, treat the underlying problem where possible. But practical adaptation may sometimes include sleeping separately.

That does not mean the relationship has failed.

Love is not measured by whether two unconscious people occupy the same mattress for eight hours.

Sometimes caring about somebody means allowing them to sleep.

And sometimes what helps us sleep is not medical at all.

Sometimes it is simply feeling safe, comfortable and loved.

For me, sometimes a warm hug from Sirikhan does more than any elaborate sleep ritual.

That is part of wellness too.

Sleep Is Non-Negotiable

Technology can help us measure sleep.

A wearable can estimate sleep duration.

A better mattress may improve comfort.

Blackout curtains can reduce light.

A CPAP machine can transform the life of somebody with obstructive sleep apnoea.

Medication may occasionally be appropriate.

These are tools.

But none changes the fundamental biological requirement.

You cannot eliminate sleep from human life.

You cannot continually sacrifice it for work, fame, money, entertainment or achievement and assume there will never be consequences.

When sleep is inadequate, we may wake groggy, irritable, lethargic and unable to concentrate. Performance deteriorates. Reaction time suffers. Health can suffer.

So my advice is remarkably simple:

Make sleep part of your life rather than something you try to squeeze into whatever time remains.

Develop a routine.

Create the right environment.

Protect the time.

Respect your body's rhythm.

Adapt when necessary.

And if something is preventing you from sleeping properly, get help.

Because longevity is not built only while we are awake.

Sometimes one of the healthiest things we can do is close our eyes and sleep.

Chapter 8

Nutrition: Balance, Not Extremes

Nutrition, just like sleep and exercise, is one part of longevity and wellness.

It cannot be separated from everything else, and it should not be reduced simply to counting calories, losing weight, or trying to look good.

Food has a much more basic purpose.

It feeds us.

Our bodies require energy, protein, fats, carbohydrates, vitamins, minerals, fiber and water. These nutrients perform different functions, and that is why I have never been particularly attracted to extreme diets that declare one entire category of food to be the enemy.

The body is more complicated than that.

Carbohydrates have a role. Protein has a role. Fat has a role. Fiber has a role. Water certainly has a role.

The proportions and individual requirements may differ, particularly when someone has a medical condition, but for most people my underlying message remains remarkably simple:

Balance.

Life is rarely completely black or completely white. Most of it is somewhere in between.

Nutrition is much the same.

Do Not Turn Food Into a Fashion

Nutrition repeatedly goes through fashions.

One year carbohydrates are the enemy.

Then fat is the enemy.

Then everybody needs more protein.

Then ketogenic diets become fashionable.

Then another diet arrives.

Some of these approaches have legitimate medical or practical uses. But a diet having a name does not automatically make it appropriate for every human being.

The brain normally relies heavily on glucose for energy. During prolonged fasting or significant carbohydrate restriction, the body can adapt and produce ketone bodies that the brain can also use for a substantial portion of its energy needs. That adaptation is real physiology.

But the fact that the human body can adapt does not mean that every healthy person needs to deliberately push themselves into nutritional extremes.

For ordinary wellness, I keep coming back to the same principle:

Give the body what it needs, in sensible proportions, and in a form you can sustain.

Real Food First

Whenever possible, build most of your diet around recognizable foods rather than making highly processed products the foundation of every meal.

Vegetables.

Fruit.

Whole grains where appropriate.

Beans and legumes.

Nuts and seeds.

Eggs, dairy, fish or meat according to your preferences and dietary choices.

Adequate protein becomes particularly important as we age because preserving muscle is part of preserving mobility and independence.

Fiber matters for bowel function and overall gastrointestinal health.

And water is not optional.

Hydration is one of the simplest parts of nutrition and one of the easiest to neglect.

There is nothing glamorous about any of this.

That may be exactly why it works.

Do Not Create Confusion for Children

I think we sometimes send children completely contradictory messages about food.

When they are very young:

“Eat. Eat. Eat. Finish everything.”

Food becomes love, reward and approval.

Then the child gains weight and suddenly the message changes:

“You’re getting fat.”

“Stop eating.”

“Go on a diet.”

What happened?

The child did not create that environment alone.

We did.

Children learn patterns very early. They know which parent or grandparent gives the treat. They know where the reward comes from. They learn what food means inside their family.

So establish sensible habits early.

Do not spend childhood encouraging excess and adolescence shaming the result.

And please do not make a child's body a source of ridicule.

The goal should be health, growth and a sensible relationship with food - not humiliation.

Consistency Beats Sudden Intervention

This principle extends far beyond nutrition.

We cannot ignore something for years and suddenly demand perfection.

We cannot wait until a teenager is seventeen and suddenly announce:

“Now become an outstanding student.”

In the same way, we should not establish unhealthy food habits for years and then suddenly announce:

“Now diet.”

Good habits require time.

Provide guidance.

Provide boundaries.

Watch what is happening.

Evaluate.

Adjust.

Reassess.

And when necessary, change course.

That is parenting, and in many ways it is also wellness.

Food Is Also Culture

Food is not merely chemistry.

It is memory.

It is family.

It is culture.

It is comfort.

People often remain deeply attached to the foods they grew up eating even after spending decades in another country.

That is perfectly understandable.

But cultural identity does not require cultural imprisonment.

A vegetarian travelling abroad does not need to start eating meat in order to experience another culture. There are extraordinary vegetarian foods across the world.

Likewise, someone who eats meat does not need to search for exactly the same meal they eat at home every time they travel.

Try the food of the place you are visiting within your own dietary boundaries.

Argentina may have a strong tradition of beef and other meats.

India offers an enormous range of vegetarian foods and dairy-based dishes.

Thailand offers another completely different culinary world.

No cuisine needs to be declared universally good or universally bad.

Explore it.

The SEE Diet

That brings me to what I jokingly call the Dr H SEE Diet.

It is not really another diet.

It is a way of approaching food—and perhaps life.

S — See it.

Do not reject something simply because it looks unfamiliar.

E — Experience it.

If it is safe and compatible with your dietary restrictions, try it.

E — Evaluate it.

Did you enjoy it?

Does it agree with you?

Does it fit your health needs?

Would you eat it again?

Then decide.

You may love it.

You may decide it was interesting but not for you.

Or you may take one bite and decide, “Never again.”



All three answers are perfectly acceptable.

Trying something does not create an obligation to like it.

It simply gives you enough experience to make your own decision.

Nutrition Is Not Punishment

Ultimately, nutrition should support life rather than dominate it.

Do not diet merely for next month’s photograph.

Do not make food a punishment.

Do not make food the only reward.

Do not shame yourself or your children over it.

Learn.

Adapt.

Evaluate.

Reassess.

And keep the important things in proportion.

Nutrition matters to the brain, muscles, bones, gastrointestinal system and virtually every part of the body.

But nutrition alone does not create wellness.

You can eat beautifully and never exercise.

You can exercise every day and never sleep.

You can do all three and live under relentless stress.

Human beings are systems, not collections of independent boxes.

That is why longevity and wellness require us eventually to bring all these pieces together.

Eat sensibly. Hydrate. Get adequate protein and fiber. Enjoy your food. Explore when you can. And build habits you can actually live with.

That is nutrition.

Chapter 9

Preventive Medicine: Know Your Numbers

Over the years, having travelled widely and having experienced healthcare in different parts of the world, I have become convinced that one of the most important differences between healthcare systems is how seriously they take preventive medicine.

We are very good at treating illness once it arrives.

Someone has a heart attack—we mobilize an extraordinary system.

Someone develops advanced cancer— we bring together surgeons, oncologists, radiologists, pathologists and increasingly sophisticated treatments.

Someone develops kidney failure—we have dialysis.

Someone becomes critically ill—we have intensive care.

All of these things are necessary. I have spent my professional life in medicine; I would never argue otherwise.

But there is another question that deserves equal attention:

What could we have done before the person became sick?

That is preventive medicine.

And in many ways, it is one of the foundations of longevity and wellness.

Where Should We Spend the Healthcare Dollar?

Every healthcare system operates with finite resources.

We may dislike the expression rationing healthcare, because it sounds cold and uncomfortable. But no country has unlimited physicians, nurses, hospitals, operating rooms, medicines, scanners or money.

Choices therefore have to be made.

Healthcare expenditure naturally goes towards children, pregnancy and childbirth, emergencies, established disease, disability and the increasingly complex needs of an ageing population.

Those needs are real.

My concern is not that we should take appropriate care away from the young or the elderly.

My concern is that somewhere between the two, we can neglect the enormous population of people who appear relatively healthy today.

These are people working, raising families, contributing to society and potentially having decades of life ahead of them.

If we wait until hypertension produces a stroke, diabetes damages the kidneys, or a detectable cancer becomes advanced disease, we have waited too long to become interested in health.

There is an old saying:

A stitch in time saves nine.

That may be one of the simplest descriptions of preventive medicine.

Prevention Is Not “Test Everybody for Everything”

There is an important distinction here.

Preventive medicine does not mean putting every healthy person through every test that modern medicine can provide.

We have extraordinary technology.

CT scans.

MRI.

Ultrasound.

Coronary calcium scoring.

Genetic testing.

Whole-body imaging.

Blood tests capable of measuring an ever-growing number of markers.

These are remarkable tools.

But the existence of a test does not automatically mean that screening everybody with it improves health.

Imagine scanning an apparently healthy population from head to toe.

We will find things.

A tiny nodule.

A small cyst.

An anatomical variation.

A shadow.

A lesion of uncertain significance.

Then what?

Another scan.

Another consultation.

Perhaps a biopsy.

Perhaps surgery.

Anxiety.

Cost.

And sometimes complications from investigating something that would never have harmed the person.

This is why screening must be based on evidence, not simply on our ability to look.

The real question is:

Does finding this abnormality earlier meaningfully improve outcomes enough to justify screening people who have no symptoms?

That is where epidemiology and population research become so important.

Finding the Zebra

In medicine we are taught a familiar idea:

When you hear hoofbeats, think of horses before zebras.

Common things are common.

But screening has a slightly different challenge. We have an apparently healthy population—the horses—and we are trying to identify the relatively small number of people carrying an important disease or risk factor before it announces itself.

We are trying to find the zebra early enough to make a difference.

But the screening test itself must be good enough to justify looking.

Medicine has investigated many possible screening approaches over the years. Some have proved useful. Others have not shown enough benefit for routine population-wide use.

That is why preventive medicine changes as evidence changes.

It should.

Screening Must Fit the Person

There is no single screening checklist appropriate for every human being.

Age matters.

Sex matters.

Family history matters.

Smoking history matters.

Previous illness matters.

Ethnicity and population risk can matter.

Medications matter.

And recommendations can change as evidence develops.

Cervical cancer screening has saved lives.

Mammography has an established role in breast-cancer screening for appropriate populations.

PSA can contribute to prostate-cancer detection, but it is not a simple “normal means safe, elevated means cancer” test. Its benefits and potential harms need to be considered in the context of age, risk and shared decision-making.

Similarly, selected people at sufficiently high risk from smoking may benefit from low-dose CT screening for lung cancer. That is very different from performing chest X-rays or CT scans on everybody.

The principle is:

Use the right test, for the right person, at the right time.

More testing is not automatically better medicine.

Prevention Goes Far Beyond Cancer

When people hear screening, they often immediately think about cancer.

Preventive medicine is much broader.

Blood pressure.

Blood glucose and HbA1c where appropriate.

Cholesterol and other lipids.

Weight and waist circumference.

Kidney function.

Liver function.

Vaccinations.

Vision.

Hearing.

Dental health.

Bone health and osteoporosis risk.

Sexual and reproductive health where appropriate.

Mental health.

Tobacco and alcohol use.

Physical activity.

Nutrition.

Sleep.

Fall risk as we age.

These may not sound as dramatic as a new surgical robot or an enormous MRI scanner.

But they can profoundly affect how people live and how they age.

The purpose is not to accumulate tests.

The purpose is to identify modifiable risk while there is still time to modify it.

Know Your Numbers—but Understand Them

This brings me to the second half of preventive medicine:

Know your numbers.

Know your blood pressure.

Know your weight and, where useful, your waist circumference.

Know your glucose status.

Know your lipids.

Know whether your kidney and liver function are appropriate.

But there is a danger here too.

Knowing a number is not the same as understanding it.

A creatinine value by itself does not tell the entire story.

Is the person dehydrated?

What was the previous creatinine?

What is the estimated glomerular filtration rate?

What medications are they taking?

What is their muscle mass?

Is this an acute change or a long-standing pattern?

What does the urine show?

What else is happening clinically?

The same principle applies elsewhere.

One blood-pressure measurement is information.

Repeated measurements and the pattern over time tell us considerably more.

A cholesterol result has meaning within the context of age, smoking, diabetes, blood pressure, established cardiovascular disease, family history and overall risk.

A number without context can mislead.

Trends Often Matter More Than One Result

This is why I am particularly interested in trends.

What was your blood pressure five years ago?

What is it now?

Is your fasting glucose gradually rising?

Is HbA1c moving in the wrong direction?

Has your waist circumference changed?

Has kidney function remained stable or deteriorated?

Has your weight been reasonably steady, or is there unexplained loss or gain?

A single photograph tells us something.

A series of photographs tells us the story.

Laboratory medicine can be viewed the same way.

Do not panic because one number is slightly outside a reference range.

And do not become falsely reassured because one number happens to fall inside it.

Look at the person. Look at the pattern. Look at the direction.

Anatomy Is Not the Whole Human Being

Modern medicine has become extraordinarily good at looking inside the body.

X-rays show anatomy.

CT gives remarkable anatomical detail.

MRI can characterize soft tissues with extraordinary precision.

Ultrasound allows us to see structures and movement in real time.

But anatomy is only one part of medicine.

The body also has physiology.

It has function.

It has metabolism.

It has circulation.

It changes with exercise, food, sleep, disease, medication and age.

Sometimes a structure can look relatively normal while function is already changing. At other times imaging finds an anatomical abnormality that has very little functional significance.

That is why no single scan can answer every health question.

Even coronary calcium scoring, which can be very useful for cardiovascular risk assessment in selected people, is still one piece of a much larger cardiovascular picture.

The human body is not merely an anatomical photograph.

Medicine Is Both Art and Science

Eventually all these numbers, images, symptoms and risk factors have to be brought together.

That is where clinical medicine begins.

Medicine is science.

We study anatomy.

Physiology.

Biochemistry.

Pathology.

Pharmacology.

Microbiology.

Epidemiology.

And much more.

Histopathology can provide definitive diagnoses for many diseases because sometimes we ultimately need to examine the tissue itself.

But medicine is also an art.

A laboratory result does not walk into the clinic by itself.

A person does.

The person has a family history.

A lifestyle.

A job.

Fears.

Symptoms.

Previous illnesses.

Medications.

Relationships.

Habits.

And a story.

The job of the clinician is not simply to collect individual facts.

It is to connect the dots.

The Pulse Is More Than a Number

There is something beautifully simple about the traditional medical examination.

The doctor walks into the room.

“Hello. How are you today?”

They listen.

They examine.

They may take the patient’s hand and feel the pulse.

Of course the pulse provides medical information—rate, rhythm and other clues.

But something else has happened at the same time.

Human contact has occurred.

Rapport has begun.

The patient is not merely “the creatinine in room six” or “the mammogram at ten o’clock.”

There is a human being sitting in front of us.

Technology can help enormously. Artificial intelligence can help. Algorithms can identify patterns. Nurses, nurse practitioners, physician assistants, therapists, pharmacists and many other professionals make indispensable contributions to healthcare.

But good medicine ultimately requires integration: knowing when the protocol fits, when it does not, what the numbers mean in this particular person, when another opinion is needed, and when simply listening changes what we understand.

That is why medicine remains both an art and a science.

Caring Is Also Part of Medicine

There is another kind of medicine that never appears on a laboratory report.

When somebody is very sick, frightened or dependent, sometimes an apparently tiny act becomes enormous.

Someone helps them wash.

Someone combs or washes their hair.

Someone sits beside them.

Someone explains what is happening.

Someone touches their shoulder and says:

“I am here.”

No CT scan measures that.

No blood test quantifies it.

But anyone who has ever been seriously ill—or cared for somebody who was— understands its value.

That human element does not replace science.

It completes it.

Prevention Is the Long Game

Preventive medicine therefore is not one blood test, one mammogram or one annual physical.

It is a way of thinking.

Vaccinate where appropriate.

Screen intelligently.

Know your numbers.

Understand your family history.

Watch trends.

Eat reasonably.

Move.

Sleep.

Avoid tobacco.

Limit harmful alcohol use.

Protect your hearing, vision, teeth, bones and brain.

Seek help when something changes.

And do not wait for disease to become dramatic before becoming interested in your health.

We cannot prevent everything.

Genetics matters.

Accidents happen.

Diseases occur despite excellent lifestyles.

No screening programme catches every illness, and no preventive strategy guarantees longevity.

But there is a very large space between preventing everything and preventing nothing.

That is where preventive medicine lives.

We can spend enormous resources repairing damage after it occurs.

We must do that when people become sick.

But wherever evidence allows us to prevent disease, reduce risk, detect important problems earlier or preserve function longer, we should take that opportunity seriously.

Because longevity and wellness are not simply about keeping somebody alive after disease arrives.

They are also about protecting health while health is still there.

And perhaps the simplest message of this entire chapter is this:

Know your numbers—but never forget the person behind them.

Chapter 10

Movement: Strength, Fitness, Balance and Bone Health

When we talk about longevity and wellness, we naturally talk about sleep, nutrition, preventive medicine and exercise.

But there is another word I want to separate from exercise:

Movement.

Exercise may be something we schedule.

Movement is something we live.

And I learned the importance of that distinction through someone I loved enormously—my father.

My Father

My father was a teacher.

He worked virtually all his life.

I still remember being a child in Ethiopia. We lived in Asmara and Addis Ababa, and I remember my father coming home from work in the cold, wearing his overcoat, his turban properly tied.

We children would rush out to meet him.

He would come inside, cuddle us, read to us and eventually put us to sleep.

Those memories remain with me.

Later, life changed. Our family moved. My father continued teaching and giving private tuition. He became a very popular teacher.

I have always described my parents this way:

My mother was action. My father was the brains of the family.

We were not extraordinarily wealthy, but as children we never felt deprived.

My parents would cut corners for themselves before allowing their children to go without.

My father worked.

My mother maintained the home.

Together they provided.

That lesson passed to us, and in many ways we have tried to pass it to our own children.

But there was another lesson that I understood only much later.

Work Was Giving Him More Than Money

Every morning my father had a reason to get up.

He had to shower.

Dress.

Tie his turban.

Get into the car.

Drive to school.

Meet students.

Meet other teachers.

Teach.

Talk.

Think.

Interact.

Come home.

Then perhaps teach private students.

We thought he was simply working.

Looking back, I realize something else was happening.

He was moving.
He had a routine.
He had social interaction.
He had responsibility.
He had people expecting him.
Most importantly, he had a reason to get out of bed.
Then, as children who loved him, we collectively decided that he had worked enough.
Why should Dad continue working?
We could support him now.
Let him retire.
Let him rest.
At the time, it felt like love.
Today, if I could turn the clock backwards, I would do it differently.

When Rest Becomes Inactivity

Retirement gradually changed my father's life.
The man who once dressed every morning and went out into the world increasingly sat in a chair.
In our culture, particularly in his generation, the older man of the house was not necessarily expected to go into the kitchen, fetch his own water or perform ordinary household tasks.
So we did everything for him.
“Dad, do you want water?”
Someone brought it.
“Dad, do you want something to eat?”
Someone brought it.
“My back hurts.”

“Okay, Dad. Don’t get up.”

He did not need to walk across the room because somebody would do it for him.

And because we loved him, we thought we were helping.

Looking back, I wonder whether sometimes we helped too much.

There is an important distinction between helping someone remain independent and doing so much for them that independence gradually disappears.

I learned that distinction painfully.

If I Could Speak to Him Again

If I could have those years again, perhaps I would say:

“Dad, get up.”

“Come on. Let’s walk.”

“I know it hurts. We’ll go slowly.”

“Come outside with me.”

“Let’s go to the park.”

“Come and do something.”

Not because I loved him less.

Because I loved him.

Sometimes love means helping.

Sometimes love means saying no.

And sometimes love means refusing to do something for somebody that they can still safely do for themselves.

That lesson came too late for me to use it with my father.

But it did not come too late for me to pass it on.

The Lesson I Cannot Change

My father eventually died suddenly.

For me, that loss will always carry questions.

Could we have encouraged him to remain more active?

Could we have preserved more function?

Could things have unfolded differently?

I cannot know the answer with certainty, and I cannot scientifically attribute one person's death to inactivity alone. Sudden death and thromboembolic disease have multiple potential causes and risk factors.

What I do know is what I witnessed before his death:

His world became smaller as his movement became smaller.

That is the lesson I carry.

I cannot turn the clock backwards.

Death is a one-way street.

What I can do is learn.

And what I can do is tell somebody else:

Do not confuse doing everything for someone with helping them live.

My Mother Taught Me the Other Side

My mother had significant medical problems during her life.

She faced cancer.

She faced pulmonary disease.

She faced cardiovascular disease.

But she continued doing things.

She got up.

She walked.

She fed people.

She participated.

She had something to do.

Her children remained part of her purpose.

I would never claim that determination alone defeats disease. It does not. Nor can we compare two people and conclude that one lived longer simply because one moved more. Biology is far more complicated than that.

But watching my parents taught me something that has remained with me:

Function needs to be used if we want to preserve it for as long as circumstances allow.

Movement Is Not the Same as Becoming an Athlete

This chapter is not asking a ninety-year- old to become Mr Universe.

If someone does that, wonderful.

That is an extraordinary accomplishment.

But that is not the standard.

The standard is much simpler.

Can you stand?

Can you walk?

Can you get out of a chair?

Can you reach for something?

Can you dress yourself?

Can you safely use the bathroom?

Can you climb a few stairs if your environment requires it?

Can you maintain enough balance to reduce your risk of falling?

Can you continue participating in your own life?

That is movement.

You do not need a medal.

You need function.

Use It or Lose It

The body responds to demand.

When a limb is immobilized in a cast, muscle mass and strength decline. Bone can also lose mineral density during prolonged unloading.

Extended bed rest produces similar problems throughout the body.

Strength declines.

Endurance declines.

Balance can deteriorate.

Walking becomes harder.

Then something dangerous happens.

Because walking becomes harder, we walk less.

Because we walk less, we become weaker.

Because we become weaker, walking becomes even harder.

A cycle begins.

This is why rehabilitation tries to interrupt that cycle.

Rehabilitation Is Movement With Purpose

I spent my professional life in rehabilitation medicine, so this principle is fundamental to how I see the body.

After illness or injury, we do not simply ask:

“What has this person lost?”

We ask:

“What can this person still do, and how can we build from there?”

Physical therapy works on strength, endurance, balance, transfers, walking and mobility.

Occupational therapy helps people regain or adapt the skills required for everyday life.

Rehabilitation teaches compensation when complete recovery is impossible.

If one hand no longer works properly, what can the other hand learn?

If walking has changed, what device or strategy makes movement safer?

If speech is impaired, what other methods of communication can be developed?

If the old method no longer works:

Adapt. Reassess. Rehabilitate. Adapt again.

Disability changes how someone moves through life.

It does not automatically remove the possibility of participating in life.

Movement After Illness

Even a relatively short period of significant illness and bed rest can produce substantial deconditioning, particularly in older or medically vulnerable people.

That is why getting somebody safely moving again matters.

Sitting up.

Transferring.

Standing.

Taking a few steps.

Walking farther.

Practising stairs where appropriate.

Doing ordinary activities again.

These can look insignificant to a healthy person.

In rehabilitation, they can represent enormous victories.

Movement does not have to be dramatic to matter.

Muscle Is Insurance for Independence

We naturally lose muscle mass and strength as we age, particularly when we become inactive.

That makes muscle more than an issue of appearance.

Muscle helps us stand.

Walk.

Climb.

Carry.

Recover our balance.

Get off the toilet.

Rise from a chair.

Protect joints.

And continue performing activities of daily living.

That is why I think of maintaining strength as a kind of insurance policy for old age.

You may never become a bodybuilder.

That is irrelevant.

The question is whether you have enough reserve when life challenges you.

Illness will take some.

A hospital admission may take some.

Age will take some.

An injury may take some.

The more useful reserve we preserve, the more we have available when we need it.

The Heart Needs Movement Too

Movement is not only about skeletal muscle.

The cardiovascular system also responds to physical activity.

Walking, cycling, swimming or whatever safe aerobic activity works for the individual can help maintain cardiovascular fitness and endurance.

Again, the objective is not necessarily athletic performance.

The objective may simply be:

Can I walk far enough to participate in my life without becoming exhausted?

Cardiovascular fitness is therefore not merely something measured on a treadmill.

It appears in ordinary life.

Can you walk through an airport?

Go shopping?

Visit a park?

Play with grandchildren?

Travel?

Continue doing the things that make the extra years worth having?

Balance Matters

Strength without balance is incomplete.

As we age, falls become increasingly consequential.

A young person may trip, swear, stand up and continue walking.

An older person may sustain a hip fracture, undergo surgery, spend time in hospital, become deconditioned and never completely regain their previous independence.

That is why balance deserves deliberate attention.

Standing exercises.

Walking.

Appropriate strengthening.

Tai chi or other balance activities for people who enjoy them.

Physical therapy when needed.

Safe footwear.

Vision correction.

Medication review.

Home safety.

These things may not look dramatic.

But preventing one serious fall can preserve years of independence.

Bone Health

Then there are the bones themselves.

Bone is living tissue.

It responds to age, hormones, nutrition, disease, medications and mechanical loading.

After menopause, declining estrogen contributes significantly to accelerated bone loss in women. Men also lose bone with ageing, and osteoporosis is certainly not exclusively a female disease.

Weight-bearing activity and appropriate resistance exercise can help support bone health, along with adequate nutrition and attention to calcium and vitamin D where appropriate.

Some people will require assessment for osteoporosis and, when indicated, medication.

The important point is that bone health should not first become interesting after the fracture.

Prevention matters here too.

Because sometimes the catastrophe is not simply osteoporosis.

It is:

Osteoporosis → fall → fracture → hospital → immobility → weakness → dependence.

Again, the body is a system.

Movement Includes the Brain —but the Brain Is Not a Muscle

We often casually say:

“Exercise your brain. The brain is a muscle.”

The first sentence is useful.

The second is anatomically incorrect.

The brain is not muscle.

But the underlying idea remains valuable.

The brain responds to stimulation and experience.

Read.

Learn.

Solve problems.

Have conversations.

Study another language.

Do puzzles if you enjoy them.

Travel.

Meet people.

Remain curious.

Do not allow retirement to become intellectual retirement as well.

Physical movement keeps the body engaged with the world.

Mental activity helps keep the mind engaged with it.

And social interaction gives both a reason to continue.

Purpose Makes Us Move

This brings me back to my father.

Perhaps the most important thing his job gave him was not his salary.

It gave him a reason to get up.

People were waiting for him.

Students needed him.

There was somewhere to go.

There was something to do.

Retirement should therefore not mean:

“My usefulness has ended.”

It should mean that one role has ended and another can begin.

Teach somebody.

Garden.

Walk.

Cook.

Volunteer.

Look after grandchildren.

Meet friends.

Travel.

Learn.

Help somebody.

Build something.

Write.

Whatever suits you.

Purpose is not measured by income.

Sometimes purpose is simply the reason you put your feet on the floor in the morning.

Keep Moving

That is ultimately my message.

Not ten thousand steps.

Not a six-pack.

Not a marathon.

Not Mr Universe at ninety.

Those can be wonderful goals for somebody who wants them.

But they are not the point of this chapter.

The point is:

Keep moving.

Move according to your abilities.

If you are healthy, preserve what you have.

If you are becoming weaker, strengthen what you safely can.

If disease changes your abilities, adapt.

If disability changes how you move, rehabilitate.

If you need a cane, use it.

If you need a walker, use it.

If you need another person's arm, take it.

The tool is not the defeat.

Stopping participation unnecessarily is the defeat.

And if you love an ageing parent, do not merely ask:

“What can I do for them?”

Sometimes ask:

“What can I safely help them continue doing for themselves?”

Because longevity without function is not the goal of this book.

The goal is not merely another birthday.

It is another year in which, as far as circumstances permit, you can still participate in your own life.

That is why longevity and wellness belong together.

And that is why, for as long as you reasonably can:

Keep moving.

Chapter 11

Maintaining Yourself: Hearing, Vision, Dental Health and Medication Review

Over the years, working in rehabilitation medicine, internal medicine and anti- ageing medicine, I have seen how apparently small things can make an enormous difference to someone's life.

We spend a great deal of time discussing major diseases.

Heart attacks.

Cancer.

Stroke.

Diabetes.

Kidney disease.

But sometimes independence is lost much more quietly.

A person cannot chew properly.

Another cannot see clearly.

Someone gradually stops hearing conversations.

Someone else takes eight medications but no longer remembers which tablet does what.

None of these may initially sound dramatic.

But longevity and wellness are not only about preventing catastrophic disease.

They are also about maintaining the equipment with which we live every ordinary day.

The Lesson Started Early for Me

As a young child, my parents took me to Ethiopia.

They loved me, and because it was cold they did what loving parents naturally do: they bundled me up and protected me from the cold.

During childhood I developed vitamin D deficiency and rickets.

Fortunately, treatment was relatively straightforward. But the experience left me with an appreciation I would understand much better later as a physician:

Something apparently small can have important consequences when it occurs at the wrong time.

That is another argument for prevention.

Do not wait for something to become severe before paying attention to it.

Teeth Are Not Decorations

Dentistry is a perfect example.

We often think about teeth cosmetically.

Straight teeth.

White teeth.

A beautiful smile.

Of course appearance matters to people. There is nothing wrong with wanting an attractive smile.

But nature did not give us teeth primarily for photographs.

Teeth have a job.

We have incisors for cutting.

Canines help tear food.

Premolars and molars crush and grind it.

That process—mastication—is the beginning of digestion.

Food is mechanically broken into smaller pieces, mixed with saliva and prepared for swallowing and further digestion.

I appreciate that function much more now because I have lost much of it.

When You Cannot Chew Properly

I have had significant dental problems during my lifetime. Loss of teeth and bone has complicated my ability to restore normal dentition, including the need to consider bone grafting before certain implant procedures.

And I have learned the practical consequences.

I tend to eat quickly.

When I cannot adequately chew solid food into manageable pieces, swallowing becomes more difficult, and I have experienced repeated choking episodes.

That is different from another problem I encountered frequently in rehabilitation medicine.

After neurological injury such as stroke, some patients develop dysphagia. Their swallowing mechanism itself may be impaired. Some aspirate material into the airway with little or no obvious coughing—so-called silent aspiration— which can contribute to aspiration pneumonia.

These are different mechanisms.

But both illustrate the same larger point:

Eating safely requires an entire system to work together.

Teeth matter.

Mastication matters.

Saliva matters.

The tongue matters.

Swallowing matters.

Neurological control matters.

We tend not to appreciate any of these until one stops working properly.

Preserve Your Teeth Before You Need to Replace Them

Dental health should therefore begin when we are young.

Brush.

Floss or clean between the teeth appropriately.

Have appropriate dental examinations.

Treat decay and gum disease.

Preserve natural teeth for as long as reasonably possible.

And when teeth cannot be preserved, modern dentistry gives us options previous generations could scarcely imagine.

Fillings.

Root-canal treatment.

Crowns.

Dentures.

Partial dentures.

Implants.

Bone grafting.

Different people will require different solutions.

The important question is not merely:

“How do my teeth look?”

It is:

“Can my mouth still perform its function?”

Vision Is Independence

Now imagine another ordinary function disappearing.

Close your eyes and imagine navigating your home permanently in darkness.

Suddenly reading, driving, recognizing faces, taking medication, cooking, walking safely and avoiding obstacles all become different tasks.

Vision profoundly affects independence.

And once again, some threats to vision can progress before the person recognizes how serious they are.

That is why appropriate eye examinations matter.

Glaucoma is an important example. Intraocular pressure is one part of assessing glaucoma risk, but proper eye evaluation may also involve examination of the optic nerve and other testing when appropriate.

Cataracts, retinal disease, diabetic eye disease, refractive errors and other conditions also become increasingly relevant as we age.

The principle is not that everybody needs every possible eye test.

The principle is:

Do not wait until vision is severely impaired before becoming interested in your eyes.

We Live in an Extraordinary Era for Vision

Consider something as ordinary as spectacles.

For most of us today, glasses are hardly remarkable.

But think about what they accomplish.

A relatively simple lens can transform a blurred world into a clear one.

As we age, many of us develop presbyopia and begin having difficulty focusing on nearby objects.

Put on the appropriate glasses and suddenly the page becomes readable again.

Modern ophthalmology offers even more—cataract surgery, retinal procedures, laser treatments and refractive surgery for appropriately selected patients.

Not everybody needs LASIK.

Not everybody is a candidate.

And wearing glasses is hardly a failure.

The point is that we have tools.

Use the appropriate tool rather than surrendering function unnecessarily.

Hearing Can Disappear Quietly

Hearing loss is another condition that people sometimes tolerate for years.

“What?”

“Say that again.”

“Speak louder.”

Eventually everybody around the person is repeating every sentence.

The person with hearing loss may begin withdrawing from conversations because following them has become exhausting.

I understand part of that experience personally.

After my traumatic brain injury, I lost hearing in my right ear.

Fortunately, my remaining hearing allows me to function well, but the experience taught me how easily we take hearing for granted until something changes.

Hearing should therefore be assessed when there is concern.

Audiologists and other appropriate professionals can measure hearing rather than simply guessing whether someone “seems to hear.”

And hearing technology has advanced enormously.

Modern hearing aids can be remarkably small and sophisticated.

Again:

Use the tool.

The objective is not to pretend that hearing has not changed.

The objective is to preserve communication and participation.

Hearing, Balance and Safety

The ear also reminds us that our sensory systems do not exist independently.

The vestibular apparatus of the inner ear contributes to balance, working together with vision, proprioception, the brain and the musculoskeletal system.

Balance problems can have many causes —neurological disease, vestibular disorders, vision problems, medications, weakness and many others.

This is why somebody who becomes unsteady deserves more than:

“You’re getting old.”

Ask why.

Assess.

Treat what can be treated.

Adapt to what cannot.

And if safety requires a cane, walker or wheeled walker, use it.

Physical therapy, occupational therapy, assistive devices and rehabilitation exist for a reason.

A mobility aid is not an admission of defeat.

If it keeps somebody upright, moving and independent, it is doing its job.

Medicine Is Also Maintenance

That brings me to medications.

Modern medicine gives us extraordinarily powerful drugs.

But a prescription should not become a tablet that simply appears in your hand every morning for the next twenty years without anybody asking why it is still there.

Know what you take.

Know why you take it.

Know the dose.

Know when you are supposed to take it.

Know the important adverse effects.

Know whether it interacts with your other medications.

And periodically ask:

“Do I still need this?”

That becomes increasingly important as we age and the medication list grows.

One doctor may prescribe one drug.

Another specialist adds another.

A third doctor changes something else.

Years later, somebody is taking ten tablets and no one has recently looked at the entire list together.

That is why medication review matters.

Understand the Practical Effects of Your Medication

Medication management is not only pharmacology.

It is everyday life.

Suppose you take a diuretic.

It may be doing exactly what it is intended to do, but it also increases urination.

If that means an older person repeatedly gets out of bed at night and walks through a dark house to reach the bathroom, medication has now intersected with fall risk.

The answer is not automatically to stop the medication.

The answer is to understand the whole situation.

Perhaps timing can be adjusted under medical guidance.

Perhaps safe nighttime lighting is needed.

Perhaps a bedside urinal or commode is appropriate.

Perhaps another medication is contributing to dizziness.

That is what I mean when I say the body is a system.

The prescription does not exist separately from the person taking it.

Make Medication Easier, Not Harder

As people age, vision may deteriorate.

Memory may change.

Hands may become weaker or less dexterous.

Opening bottles becomes harder.

Small labels become difficult to read.

Complicated schedules become confusing.

So adapt.

Keep an accurate medication list.

Label medicines clearly.

Use an appropriate pill organizer if helpful.

Keep instructions understandable.

Ask family or caregivers for assistance when needed.

Have a pharmacist, nurse or physician review the medication list when appropriate.

Know allergies.

Know important interactions.

And do not mix unidentified tablets together and hope that you remember which is which.

Independence is not refusing help. Sometimes accepting the right help is what preserves independence.

“Natural” Does Not Mean “No Side Effects”

This brings me to complementary and traditional medicine.

I have no philosophical objection to somebody exploring Ayurveda, herbal medicine, homeopathy or another tradition.

Human beings have searched for ways to relieve suffering for thousands of years.

And suffering is real.

Hope is real.

Modern medicine does not have every answer.

That matters.

But I have a problem with one particular sales pitch:

“It is natural, therefore it has no side effects.”

That does not follow.

Herbs contain biologically active substances.

Traditional preparations may interact with prescription medicines.

Dose matters.

Purity matters.

Contamination matters.

What else the patient is taking matters.

And sometimes the most important question is simply:

What exactly is in this?

Give Me the Recipe

I think of it like cooking.

Imagine one cook gives you a recipe:

25 grams of this.

10 grams of that.

Cook for five minutes.

Then bake at a particular temperature for a particular time.

Somebody else says:

“A handful of this, a spoonful of that, cook it until it feels right.”

The second cook may produce wonderful food.

But reproducing exactly what that person did becomes much more difficult.

That is what standardization gives science.

Ingredients.

Dose.

Method.

Outcome.

Adverse effects.

Other people can attempt to reproduce the result.

That does not mean traditional knowledge is worthless.

It means that when a traditional treatment appears valuable, I want to know more about it.

What is it? How much? For whom? Does it work? What are the risks? Can somebody else reproduce the result?

If the answers are good, wonderful.

Suffering Is Real. Hope Is Real.

This distinction becomes especially important when someone has a chronic or frightening disease.

Hypertension is usually managed or controlled rather than permanently cured.

Diabetes is treated and controlled; some people with type 2 diabetes may achieve remission, but that is not the same thing as promising a universal permanent cure.

Cancer is not one disease. Some cancers can be cured, some can be controlled for long periods, and others remain extraordinarily difficult to treat.

When someone is suffering and medicine says:

“We can treat this, but I cannot promise you a cure,”

of course that person searches.

I understand that completely.

There is nothing wrong with hope.

There is nothing wrong with exploring.

The danger begins when somebody promises a cure without adequate evidence and persuades the patient to abandon treatment that is protecting them from serious harm.

I have seen patients stop necessary treatment because somebody promised something better.

That is where hope can become dangerous.

Cure and Treatment Are Not the Same Thing

This distinction deserves to be understood.

Sometimes medicine can provide definitive treatment that resolves the problem.

In other situations we control disease.

We reduce symptoms.

Reduce complications.

Slow progression.

Preserve function.

Extend life.

Those achievements matter enormously, even when we cannot honestly use the word cure.

And if another form of medicine discovers something that genuinely cures a disease we currently can only control?

I welcome it.

Prove it.

Study it.

Show us.

Teach us.

Let us use it.

I became a doctor to help people heal, not to defend ownership of a treatment.

If you can safely do something for my patient that I cannot, my response should not be jealousy.

My response should be gratitude.
Because the reward is seeing the patient do well.

Medicine Does Not Have All the Answers

If medicine already knew everything, medical research would have ended long ago.

Instead, we are learning every day.

A treatment may look promising in a small study.

Then a much larger study may show that the benefit is smaller than expected—or absent.

A side effect may not become apparent until thousands of people have received the treatment.

Research itself can be flawed.

Bias exists.

Poor methodology exists.

Data can be misinterpreted.

And occasionally research can even be falsified.

That is why one study should not become scripture.

Research is published so that other people can examine it, challenge it, repeat it and build upon it.

Science advances partly because it allows itself to say:

“We were wrong.”

What Is True Today May Change Tomorrow

This is not a weakness of medicine.

It is one of its strengths.

What we know today is the best answer available to us today.

Tomorrow may teach us something different.

Age can matter.

Sex can matter.

Genetics and ancestry can matter.

Other diseases can matter.

Other medications can matter.

A treatment that benefits one population may not produce exactly the same result in another.

A result seen in ten people may disappear when tested in ten thousand.

Accept that.

Change.

Learn.

That is progress.

Tradition can provide an observation.

Experience can provide an idea.

A new treatment can come from anywhere.

Then test it.

Measure it.

Try to reproduce it.

If it survives that process, bring it into the toolbox.

The loyalty should be to the patient and the evidence - not to being right.

Maintain What You Have

That brings us back to where this chapter began.

Teeth.

Vision.

Hearing.

Balance.

Medication.

None sounds particularly glamorous.

Yet each can determine whether somebody continues eating safely, reading, communicating, walking, managing medication, leaving the house and participating in family life.

Maintain what you have.

When something begins to change, investigate it.

When function can be restored, restore it.

When it cannot be completely restored, adapt.

Use glasses.

Use dentures.

Use implants when appropriate.

Use hearing aids.

Use a cane.

Use a walker.

Use medication.

Use rehabilitation.

Use family.

Use professional help.

These things are not evidence that you have lost your independence.

Used intelligently, they may be precisely what allows you to keep it.

Because the objective of longevity is not simply to remain alive.

It is to preserve as much ability as possible to see, hear, eat, communicate, move, think, decide and participate in your own life.

Chapter 12

Stress, Habits and Emotional Health

What is a habit?

A habit is a behavior that has been repeated often enough that, eventually, we perform it almost automatically.

That is why parents, teachers and societies have emphasized good habits for generations.

Be punctual.

Keep yourself clean.

Tell the truth.

Do what you said you would do.

Work hard.

Treat people with respect.

None of these behaviors becomes part of us because somebody told us once.

They become part of us through repetition.

And that matters enormously when life becomes difficult.

Because when we are under stress, we often fall back on what has become automatic.

Build Your Habits Before You Need Them

What is stress?

At its simplest, stress is the body's and mind's response to challenge, threat, pressure or uncertainty. The sympathetic nervous system can activate the familiar fight-or-flight response: heart rate changes, alertness increases, muscles prepare for action, and the body gets ready to respond.

Stress itself is not necessarily the enemy.

Life without stress does not exist.

I like to compare life to an ECG.

It goes up.

It goes down.

Up.

Down.

If it becomes a completely flat line, you have a much bigger problem.

You are no longer alive.

That is life.

Rich people have problems.

Poor people have problems.

Children have problems.

Adults have problems.

Successful people have problems.

The nature and magnitude of the problems change, but nobody receives a lifetime exemption from difficulty.

The question therefore is not:

“How do I make sure nothing stressful ever happens to me?”

The better question is:

“What do I do when it happens?”

That is where habits become important.

What Catches You When You Fall?

When stress arrives, where do you automatically turn?

Some people smoke.

Some drink.

Some use drugs.

Some overeat.

Some become angry.

Some fight.

Some withdraw.

Some take their frustration out on the people closest to them.

The behavior may provide temporary relief, but temporary relief and solving the problem are not the same thing.

Alcohol does not pay the bill that is worrying you.

A cigarette does not repair the relationship that is hurting you.

Getting drunk does not make tomorrow's problem disappear.

When the effect wears off, the original problem is often still sitting there waiting.

That is why I think we should develop healthy coping habits before the crisis arrives.

When you are falling, what catches you?

A friend?

Your partner?

Family?

Humor?

Exercise?

Reading?

Writing?

Meditation?

A walk?

A therapist?

A support group?

A conversation?

For me, writing has often been one of those tools. Sometimes I talk something through. Sometimes I write it down. Sometimes I use technology—including conversations with ChatGPT—as a sounding board to organize thoughts.

The particular tool will differ from person to person.

The principle is the same:

Build habits that catch you when life knocks you down.

Falling Is Not Failure

There is another habit I value enormously:

Getting up.

People sometimes imagine successful people as individuals who somehow avoided failure.

I have never seen life work that way.

Athletes lose.

Students fail exams.

Businesses fail.

Relationships fail.

Plans fail.

People make bad decisions.

The difference is not necessarily between the person who failed and the person who never failed.

Often the difference is what happened after the failure.

Did you learn?

Did you reassess?

Did you change something?

Did you try again?

Nobody becomes a world-class athlete by arriving at the track one morning and discovering that they can suddenly perform at an elite level.

There is training.

Failure.

Correction.

Repetition.

More training.

Life is much the same.

Fall. Learn. Get up. Reassess. Try again.

Giving up converts one failure into a destination.

Learning converts it into information.

Good Habits Need Structure

We often speak about discipline as though it should simply appear from inside us.

Sometimes it does.

Often it needs structure.

Families create rules.

Schools create rules.

Workplaces create expectations.

Societies create laws.

Religions create moral frameworks.

Different cultures express these ideas differently, but the underlying purpose is often similar:

There are boundaries around behavior.

Do not steal.

Do not cheat.

Do not harm people.

Tell the truth.

Respect others.

Take responsibility.

Human societies have been trying to teach versions of these principles for thousands of years.

Whether somebody grounds those values in religion, philosophy, family, law or personal ethics is an individual matter.

The practical lesson for wellness is that good behavior becomes easier when good structure exists around it.

Consequences Matter

Habits are influenced by consequences.

If speeding never carried any consequence, many more people would simply press the accelerator.

A speed limit by itself is just a number on a sign.

Enforcement gives the boundary meaning.

Families work similarly.

Children need love, but love does not mean the absence of expectations or consequences.

A child who works hard deserves recognition.

Achievement can be celebrated.

Failure should not become humiliation.

But neither should every outcome be treated as though effort and responsibility do not matter.

There is an important behavioral distinction here. Punishment and negative reinforcement are not technically the same thing. A fine after

speeding is punishment; negative reinforcement means a behavior increases because it removes or avoids something unpleasant.

For everyday life, however, the larger message is simpler:

Actions have consequences.

Children should learn that while the consequences are still small.

Reward Has a Place Too

Consequences do not need to mean punishment alone.

Positive reinforcement matters.

“Well done” matters.

Praise matters.

Recognition matters.

And sometimes tangible rewards matter too.

A child may work toward a privilege, a telephone, a trip, a vehicle or something else that matters to them.

The particular reward is less important than the lesson:

Effort and responsibility can lead to opportunity.

But rewards should support the habit rather than become the only reason for the behavior.

Eventually the child has to become the adult who gets up even when nobody is standing there offering a prize.

That is when discipline has become internal.

Parenting Is Habit Building

This is one reason I think parenting is so much more than providing food, shelter and education.

Parents are helping children construct habits.

Punctuality.

Work ethic.

Manners.

Honesty.

Persistence.

Responsibility.

And perhaps one of the most important:

What do you do when something goes wrong?

If my child fails an exam, my message should not be:

“You are a failure.”

Nor should it be:

“It doesn’t matter. Forget it.”

My message is:

“Okay. You failed this one. What happened? What do we need to change? Do you need help? Tuition? More practice? A different method? I am here. Now get up and try again.”

Failure is information.

It is not identity.

Tobacco, Alcohol and Drugs

This is where smoking, excessive alcohol use and recreational drugs enter the discussion.

I do not think moral lectures are particularly useful here.

People use substances for many reasons.

Pleasure.

Socializing.

Curiosity.

Habit.

Peer pressure.

Pain.

Anxiety.

Trauma.

Loneliness.

Stress.

Addiction.

The important distinction is whether you control the habit or the habit controls you.

There is no health benefit to smoking tobacco, and tobacco use causes substantial preventable disease.

Alcohol is more complicated socially because many people drink occasionally without developing alcohol-use disorder. But using alcohol repeatedly as the answer to stress can gradually turn a choice into a coping mechanism and a coping mechanism into dependence.

Recreational drugs carry different risks depending on the substance, dose, frequency, route of administration and individual circumstances.

The point of this chapter is not to catalogue every drug.

It is to ask:

When life hurts, what do you reach for?

If the answer repeatedly becomes a substance, pay attention.

Escaping the Problem Is Not Solving the Problem

If you are drinking because your marriage is falling apart, the marriage is still there tomorrow.

If you are smoking because money is tight, the bank account has not improved after the cigarette.

If you take your anger out on your family because work is stressful,
you have now taken one problem and created another.

Eventually we have to face what can be faced.

Sometimes that means action.

Sometimes it means asking for help.

Sometimes it means accepting that something cannot be changed.

But avoidance is not resolution.

Catch the bull by the horns.

Look at the problem.

What can I control?

What can I change?

What must I accept?

What help do I need?

Then act.

Faith, Meaning and Comfort

Human beings have also turned to faith and spirituality during
suffering for thousands of years.

That is understandable.

When something is outside our control, we search for meaning and
comfort.

Some call it God.

Some call it destiny.

Some call it fate.

Some call it luck.

Some meditate.

Some pray.

Some go to a temple, church, mosque, gurdwara or another sacred place.

Others find the same quiet through nature, family, philosophy or reflection.

The particular belief is personal.

What matters for emotional health is whether that belief helps someone cope, reflect and continue living—or whether it becomes a substitute for addressing something that can actually be changed.

Comfort has value.

But when action is possible, comfort and action can coexist.

Stress Is Not an Excuse to Hurt Others

Stress explains behavior sometimes.

It does not automatically excuse it.

“I was stressed” does not repair words spoken in anger.

It does not undo violence.

It does not erase betrayal.

It does not make another person’s suffering irrelevant.

One of the signs of emotional maturity is learning to recognize what is happening inside ourselves before we unload it onto somebody else.

Walk away for a moment.

Talk later.

Call somebody.

Write.

Exercise.

Cool down.

Get professional help if needed.

But do not make the people who love you pay the bill for every problem happening elsewhere in your life.

Anger Can Become a Habit Too

We usually think of habits as physical actions.

But emotional responses can become habitual as well.

Some people become angry first.

Some become defensive first.

Some blame first.

Some withdraw first.

Repeat that pattern enough and it begins to feel automatic.

That means emotional habits can also be examined.

Ask:

Why is this my first response?

Is it helping?

Is it solving anything?

Can I respond differently?

This does not mean suppressing every emotion.

Anger can tell us that a boundary has been crossed.

Fear can tell us there may be danger.

Sadness is part of being human.

The objective is not to stop feeling.

It is to stop every feeling from automatically deciding what we do next.

Learn to Say No

One of the healthiest habits is also one of the simplest words:

No.

No to another drink when you have had enough.

No to the cigarette you were trying to quit.

No to an obligation you genuinely cannot carry.

No to somebody repeatedly crossing your boundaries.

No to spending money you do not have simply to impress somebody.

No to destroying your own health because another person expects you to say yes.

Saying no is not automatically selfish.

Sometimes it is how we preserve enough of ourselves to continue saying yes to the things that actually matter.

Forgiveness Does Not Mean Forgetting

Holding resentment indefinitely also consumes energy.

Forgiveness does not necessarily mean pretending nothing happened.

It does not mean allowing someone to continue harming you.

It does not mean abandoning boundaries.

Sometimes forgiveness simply means:

“I refuse to spend the rest of my life carrying this event every day.”

You may forgive and still walk away.

You may forgive and still remember.

You may forgive and still say no.

Emotional wellness is not about becoming passive.

It is about deciding what deserves continued space inside your life.

Build the Habits That Will Catch You

Eventually this chapter comes back to the first question.

What is a habit?

It is something repeated often enough that it begins to become automatic.

So choose carefully what you practice.

Practice getting up.

Practice telling the truth.

Practice punctuality.

Practice movement.

Practice asking for help.

Practice talking instead of exploding.

Practice saying no.

Practice laughing.

Practice learning from failure.

Practice facing problems rather than automatically escaping them.

Because stress will come.

Failure will come.

Loss will come.

Disappointment will come.

That is not pessimism.

That is life.

Remember the ECG.

Up. Down. Up. Down.

The objective is not to flatten the line.

The objective is to keep living through its movement.

And when you fall—as every human being eventually does—make sure you have built habits strong enough to help you stand again.

Fall. Learn. Reassess. Get up. Keep going.

Wellness and longevity are not independent ideas.

They are intertwined.

We do not simply want to live long. We want to live well. We want those years to be healthy, meaningful, functional and beautiful.

Throughout this book, we have looked at longevity from many different directions. Sleep. Nutrition. Preventive medicine. Knowing your numbers. Movement. Strength. Balance. Bone health. Vision. Hearing. Dental health. Medication. Stress. Relationships. Emotional health. Purpose.

Each is a different part of the same life.

And as we move toward the final chapters of this book, the picture becomes even larger. We will talk about financial independence, preparation, relationships, what happens when our independence changes, and eventually what remains after our life ends.

But before we leave this discussion of habits, there is one idea that connects almost everything we have talked about.

Knowledge gives us the dots. Wisdom connects them. Habits make them real.

Knowing that sleep matters is not enough.

Knowing your blood pressure is not enough.

Knowing you should exercise is not enough.

Knowing what you should eat is not enough.

Knowing that you should stop smoking, limit harmful alcohol use, save money, prepare a will, or talk openly with your family is not enough.

Knowledge only changes life when it becomes behavior.

That is where habit enters.

A habit is not simply something we know we should do. It is something we repeat until it becomes part of how we live.

Theory is not life.

Action is life.

It is easy to say:

“I am going to exercise.”

“I am going to eat better.”

“I am going to stop smoking.”

“I am going to look after my health.”

“I am going to prepare for the future.”

“I am going to leave something meaningful for my children.”

But saying it does not make it real.

Repetition does.

Eventually, the behavior should become almost automatic. Just as we recognize hunger and eat, or become thirsty and drink water, healthy behavior should gradually become woven into ordinary life.

You stop asking yourself every day whether you are going to look after yourself.

You simply do it.

You move.

You sleep.

You pay attention to your health.

You make sensible choices.

You prepare.

You protect the people you love.

You keep learning.

You get up when you fall.

And eventually, the sentence changes from:

“I want to live a healthy life.”

to:

“This is how I live.”

That is the real power of habit.

Knowledge gives us the ideas.

Wisdom helps us understand how they fit together.

Habit turns them into a life.

And that brings us to the final part of the picture.

If we have worked so hard to live longer and live well, have we also prepared ourselves to remain independent?

Have we planned for the people we love?

And when our life is eventually complete, what will remain because we were here?

Chapter 13

Financial Independence: Will You Be Ready?

We have spent much of this book talking about health.

Sleep.

Nutrition.

Exercise.

Preventive medicine.

Movement.

Stress.

Relationships.

Habits.

All of these things matter enormously if we want to live a long and healthy life.

But there is another reality that we cannot ignore.

Life requires resources.

We may not like reducing part of life to money, but money affects where we live, what healthcare we can obtain, whether we can travel, what help we can afford, how independently we can live, and how much choice we retain as we grow older.

That is why financial independence belongs in a book about longevity.

Financial independence does not necessarily mean being wealthy.

It means having planned sufficiently so that when employment ends, your ability to live does not suddenly end with it.

Most of our lives follow some variation of the same pattern.

We become adults.

We work.

Perhaps we marry.

Perhaps we buy a home.

Children arrive.

The home becomes larger.

Expenses increase.

School fees appear.

Cars appear.

Mortgages appear.

Responsibilities accumulate.

Then one day the children grow up and leave.

The large house may no longer make sense.

Work eventually ends.

And suddenly the money that came through the door every month may stop coming.

Retirement should not arrive as a surprise.

You knew it was coming.

Ageing should not arrive as a surprise either.

You knew that was coming too.

The earlier we prepare, the more time becomes our ally. Regular saving over many years allows compounding to work. A modest amount placed aside consistently when someone is young can become far more meaningful than trying to create an entire retirement fund shortly before retirement.

The principle is simple:

Do not wait until the rain begins before deciding you need a roof.

There should be money available for ordinary living.

There should be accessible emergency funds.

Debt should be understood and managed.

Insurance should be reviewed.

Retirement income should be considered.

And the possibility that healthcare, assistance or long-term care may become more expensive with age should be part of the picture.

There is an irony to life.

When we are young, we often have health and energy but little money.

Later, when many people finally have some financial freedom, the body may no longer cooperate as easily.

That is another reason to prepare.

Retirement should not simply be the period when you stop working.

It can be the period when you finally have time to travel.

Take the cruise.

Visit the country you always wanted to see.

Sit down for a meal without watching the clock.

Spend time with grandchildren.

Read.

Learn.

Rest.

Explore.

Enjoy the life you spent decades building.

But enjoyment becomes much harder when every decision begins with:

“Can I afford this?”

Financial preparation is therefore not merely about accumulating money.

It is about preserving choice.

And choice is part of independence.

Ask Yourself

- Have I seriously calculated what I may need when I stop working?
- Am I saving regularly rather than waiting until retirement is close?
- Do I have accessible emergency funds?
- Is my debt manageable?
- Have I considered healthcare and long-term-care costs?
- Have I discussed retirement planning with an appropriate financial professional when needed?
- If my salary stopped tomorrow, would I know what happens next?

Chapter 14

End-of-Life Wishes: Have You Said What You Want?

There are conversations we enjoy having.

This is usually not one of them.

Few people enjoy sitting around the dinner table discussing ventilators, resuscitation, feeding tubes and death.

So we postpone the conversation.

Then one day the conversation arrives without asking our permission.

Someone becomes seriously ill.

An ambulance arrives.

There is an intensive-care unit.

A physician speaks to the family.

And suddenly somebody asks:

“Would your father want to be resuscitated?”

“Would your mother want to be placed on a ventilator?”

“How long would she want treatment continued?”

“Would he want artificial feeding?”

And everybody looks at everybody else.

One child says:

“Dad wanted everything done.”

Another says:

“No. Dad told me he never wanted to live like that.”

A third says:

“I don’t know.”

That is exactly the situation planning is intended to prevent.

Earlier, we asked these questions directly: resuscitation, ventilation, artificial feeding, hydration, and the circumstances in which treatment might or might not be wanted. The purpose is not to predict every medical situation. It is to allow family and physicians to understand the person's values.

Nobody can write instructions for every conceivable illness.

Medicine is too complicated for that.

Circumstances change.

Prognosis matters.

The possibility of recovery matters.

But you can communicate what matters to you.

What level of independence would you consider acceptable?

What would you want if meaningful recovery were expected?

Would your wishes change if recovery were extremely unlikely?

Who should make decisions if you cannot communicate?

These questions are not about giving up.

They are about retaining your voice when you may no longer physically be able to use it.

That is another form of independence.

Ask Yourself

- Have I discussed what medical treatment I would or would not want?
- Does my family understand my general values?
- Who should speak for me if I cannot speak?
- Have I discussed these wishes with that person?

- Would my family be guessing in an emergency?

Chapter 15

Put It in Place: A Wish Is Not a Plan

Put It in Place: A Wish Is Not a Plan

Knowing what you want is the beginning.

It is not the end.

You may have told your spouse something ten years ago.

You may have mentioned your wishes to one child during a long car journey.

You may believe everybody knows what you want.

That is not the same thing as putting a plan in place.

A power of attorney, healthcare proxy, and living will or advance directive exist for different purposes, and the exact terminology and legal requirements vary by jurisdiction. Their basic roles have already been explained.

We do not need to turn this book into a legal manual.

That is not the purpose.

My question is much simpler:

Have you done it?

Do you actually have the documents appropriate for where you live?

Are they signed?

Are they current?

Do they still reflect what you want?

Does the person you appointed know that they were appointed?

Do they understand your wishes?

Can anybody find the documents?

A beautiful legal document locked inside a safe that nobody knows exists may become practically useless when a crisis occurs.

The same applies to your medical information.

Your diagnoses.

Your medications.

Your allergies.

Your doctors.

Your insurance.

Emergency contacts.

Important identification.

These things should not require a detective investigation while you are lying unconscious in a hospital.

Put them together.

Keep them updated.

Make them accessible to the appropriate people.

Planning does not remove uncertainty from life.

It removes avoidable uncertainty.

Ask Yourself

- Do I have the appropriate power-of- attorney documents?
- Have I appointed the right healthcare decision-maker where applicable?
- Do I have a living will or advance directive if appropriate where I live?
- Are the documents current and properly completed?
- Does the person I chose know what I want?
- Does somebody know where the documents are?

- Is my medical information organized and accessible?

Chapter 16

What Happens to What You Built?

Throughout a lifetime we accumulate things.

Some are valuable.

Some are financially valuable.

Others are valuable only to us.

A house.

Land.

Savings.

Investments.

Jewellery.

Photographs.

Documents.

Family possessions.

Digital accounts.

Perhaps a business.

Perhaps intellectual property.

Perhaps nothing particularly dramatic.

But whatever you have built or accumulated, eventually somebody will have to decide what happens to it.

Again, the question is not whether this book can teach you estate law.

It cannot, and it should not.

The laws differ dramatically from place to place.

The question is:

Have you made your intentions clear?

A will can establish how assets should be distributed.

A trust may be appropriate in some circumstances.

Beneficiary designations may matter.

Ownership arrangements may matter.

Taxes may matter.

That is where the appropriate legal and financial professionals become useful.

But before anybody can construct the mechanism, you have to answer the human question:

What do I actually want?

Who receives what?

Is there something of emotional importance that should go to a particular person?

Are there people who depend upon you?

Does somebody require additional protection?

Are your instructions consistent rather than contradictory?

Have circumstances changed since you last made the plan?

Marriage changes things.

Divorce changes things.

Birth changes things.

Death changes things.

Relationships change.

Assets change.

A plan written twenty years ago may no longer represent the life you have today.

So look at it again.

Planning is not a single event.

Like health, it sometimes requires reassessment.

Ask Yourself

- Do I have a valid and current will?
- Are beneficiaries and ownership arrangements current?
- Have major life changes occurred since I made the plan?
- Does my plan reflect what I genuinely want today?
- Are important property and financial documents organized?
- Have I obtained professional advice where my circumstances require it?
- Will my family understand what I intended?

Chapter 17

Let Your Values Continue Working

That is understandable.

We worked for them.

We sacrificed for them.

We want our spouse secure.

We want our children protected.

We want the next generation to have opportunities.

There is nothing wrong with that.

But legacy can sometimes travel farther.

Perhaps education mattered deeply to you.

Perhaps you remember what one scholarship, one teacher or one opportunity did for your own life.

Perhaps helping homeless people matters to you.

Perhaps healthcare matters.

Perhaps animals.

Perhaps a school.

A library.

A village.

A research programme.

A community.

Whatever it is, part of what you accumulated during life can sometimes continue serving that purpose after you are gone.

That is where trusts and other structured forms of giving can become more than financial arrangements.

They can become vehicles for values.

Imagine that because of something you established, a child you never met receives an education.

That child becomes a teacher.

That teacher educates hundreds of others.

Now ask yourself:

Where exactly did your legacy end?

Perhaps it did not.

Perhaps one action kept moving.

This is what I mean by an evergreen legacy.

Money by itself is only money.

What it does is what gives it meaning.

And giving does not have to wait until death.

If you are fortunate enough to have more than you need, there is something particularly satisfying about helping while you are alive and actually seeing what that help accomplishes.

Give money if you can.

Give knowledge.

Give mentorship.

Give opportunity.

Give time.

Then, where appropriate, create a structure that allows some part of that work to continue after you are gone.

Ask Yourself

- Beyond inheritance, is there something I deeply care about?
- Is there a person, community or cause I would like to continue helping?
- Could part of my estate continue something meaningful?

- Have I considered giving while I am alive?
- Could my knowledge or mentorship become part of my legacy?
- Have I discussed the appropriate mechanism with qualified professionals?

Chapter 18

Burial, Cremation and the Decisions After Death

Planning does not necessarily end when life ends.

There are practical questions afterward.

Burial or cremation?

Where?

If you choose cremation, what happens to the ashes?

Should they remain with the family?

Should they be scattered?

Placed somewhere meaningful?

Divided?

What kind of ceremony, if any, would you want?

Would you want organ or tissue donation where possible and appropriate?

We have already made the important point that these questions can appear minor until several grieving relatives have different answers.

So decide what matters to you.

You do not need to choreograph every flower and every chair unless you genuinely want to.

But if you have strong wishes, say them.

If religion or culture matters, explain what you want observed.

If religion does not matter to you, say that too.

If you want simplicity, say simplicity.

If you want a celebration of life, say celebration.

If you want burial, say burial.

If you want cremation, say cremation.

The important thing is that the people you love should not be standing in grief arguing over what you would have wanted when you could have told them yourself.

Ask Yourself

- Burial or cremation?
- Are there religious or cultural wishes that matter to me?
- What should happen to my ashes if I am cremated?

Chapter 19

No Secrets. No Surprises.

No Secrets. No Surprises.

This may be one of the simplest chapters in this book.

Have the conversation.

Do not secretly create one plan and allow everybody around you to believe something completely different.

Do not allow important instructions to appear after your death like a plot twist in a movie.

Your family is not an audience.

They are the people who will have to live with what happens next.

Sit down.

Talk.

You do not necessarily have to disclose every financial number to every person.

Different families have different circumstances.

But the important people should understand the plan sufficiently that the broad intentions are not a surprise.

Tell them:

This is what I want.

This is who will handle this.

This is where the paperwork is.

This is who my lawyer is.

This is who my financial adviser is.

This is where the medical information is.

These are my healthcare wishes.

This is what I want after death.

This is why I made these choices.

A conversation today can prevent an argument tomorrow.

And sometimes explaining why matters as much as explaining what.

People can accept a decision they may not personally have chosen if they understand that it genuinely reflects your wishes.

Planning secretly and leaving people to interpret it afterward invites misunderstanding.

Planning clearly and talking about it creates something much better:

A shared understanding.

Ask Yourself

- Have I actually spoken to my family?
- Will anything important come as a complete surprise?
- Do the people responsible for carrying out my wishes know their roles?
- Do they know where the documents are?

Chapter 20

Use the Right Professionals - But Keep the Family in the Room

Use the Right Professionals — But Keep the Family in the Room

There are mechanisms for doing all of this properly.

Use them.

A lawyer can help prepare documents appropriate to the law where you live.

A financial planner or other qualified financial professional can help with retirement, investments, insurance and long-term financial planning.

Physicians and appropriate healthcare professionals can help clarify medical choices and advance-care wishes.

Accountants and tax professionals may be necessary when financial affairs become complicated.

Use expertise.

That is what expertise is for.

But there is another mistake I would avoid.

Do not outsource the entire meaning of your life to professionals.

The lawyer can prepare the will.

The lawyer cannot decide what your relationship with your children means.

The financial planner can model retirement income.

The financial planner cannot decide what kind of life you want to live.

The physician can explain what a ventilator does.

The physician cannot decide what quality of life means to you.

Those answers belong to you.

And where appropriate, they should be understood by your family.

The professional builds the mechanism.

You provide the intention.

Then make sure the two match.

Review the paperwork.

Ask questions.

Understand what you are signing.

Do not nod politely because the terminology sounds complicated.

It is your life.

It is your money.

It is your healthcare.

It is your family.

Understand enough to know that the document actually says what you intended it to say.

Ask Yourself

- Do I need a lawyer?
- Do I need a financial planner or other financial professional?
- Have I discussed medical wishes with an appropriate clinician?
- Do I understand the documents I have signed?
- Do the professionals understand what I am trying to achieve?
- Does my family understand the broad plan?

- Are my intentions and my paperwork actually consistent?

Chapter 21

Do Not Let Your Legacy Divide Your Family

There is one reason behind much of this planning that matters enormously to me.

Family.

I have spent much of my life trying to keep my family together.

Protect them.

Support them.

Help them.

Teach them.

Remind them that whatever happens outside the walls of the home, family should remain family.

We may disagree.

Of course we will.

Families are made of individuals.

Different personalities.

Different spouses.

Different children.

Different ambitions.

Different lives.

But disagreement should not automatically mean disintegration.

And the last thing I want is for my death to become the event that divides the people I spent my life trying to keep together.

I do not want property to do it.

I do not want money to do it.

I do not want jewellery to do it.

I do not want secrecy to do it.

I do not want one child saying:

“Dad told me this.”

And another saying:

“No. Dad told me something completely different.”

I do not want misunderstandings about a will, trust or inheritance to destroy relationships that took a lifetime to build.

That would be the opposite of the legacy I want to leave.

This is why clarity matters.

This is why conversations matter.

This is why the appropriate documents matter.

This is why there should be no secrets and no unnecessary surprises.

I want my children to know what I wanted.

But even more importantly, I want them to understand why.

I want them to be able to look at each other after I am gone and say:

Dad wanted us together.

Dad wanted us to help one another.

Dad wanted us to remain a family.

Because ultimately the greatest inheritance is not necessarily the money that passes from one generation to another.

It is the behavior.

The values.

The habits.

The way people treat one another.

A parent teaches a child.

That child eventually becomes a parent.

Some of those lessons move forward.

The next generation passes them again.

And suddenly something that began with one person is still alive decades later.

This book began with a larger idea: when the work of a life is complete, let it become something the family can admire and younger generations can learn from.

That is legacy.

So yes, prepare the finances.

Prepare the will.

Consider the trust.

Make your healthcare wishes clear.

Decide what happens after death.

Use the right professionals.

Have the family meeting.

But remember why we are doing all of it.

We are not organizing paperwork for the sake of paperwork.

We are trying to leave clarity instead of confusion, security instead of fear, and unity instead of conflict.

I have spent my life trying to build that bond.

I do not want my death to break it.

If the family remains together, continues helping one another and carries forward the values we tried to live, then something much more important than property has survived.

The family survived.

And that, too, is legacy.

Ask Yourself

- Could anything in my current plan create unnecessary conflict?
- Have I made my wishes sufficiently clear?
- Have I explained important decisions?
- Am I leaving unanswered questions that could divide people?
- Have I protected the relationships as carefully as I protected the assets?
- When I am gone, will the people I love know that my final wish was not merely that they inherit—but that they remain a family?

Chapter 22

The Finish Line: My Memories Are My Legacy

Before the podium appears, one final checklist remains: Did you sleep, move, eat sensibly, know your numbers, preserve your independence, prepare financially, communicate your wishes, protect your family, and build something worth passing forward?

At the end of all of this, I want you to imagine yourself standing on a podium.

Not because life was a competition.

Not because you defeated everybody else.

But because you made it through your own race.

You worked.

You sacrificed.

You made mistakes.

You learned.

You loved.

You raised people.

You helped people.

You lost people.

You fell.

You got back up.

You carried responsibilities when they were heavy, and you kept going when life did not unfold exactly the way you had planned.

And now, at the end, you are standing there receiving your medal.

You look back and say:

“Yes.

I lived.

I did my best with the life I was given.

I cared for the people who mattered.

I prepared for tomorrow.

I tried to protect my health.

I tried to remain independent.

I planned for the people I love.

I left things in order.

And I left something of myself behind.”

That is legacy.

Legacy is not simply the money you leave.

It is not only the house, the property, the investments, the trust, or the will.

Those things matter because they can protect the people you love.

But the deeper legacy is what continues through them.

The lessons you taught.

The values you lived.

The habits your children watched.

The way you treated people.

The sacrifices somebody remembers years later.

The opportunities you created.

The people you helped.

The stories your grandchildren still tell.

A value taught to one generation can become a habit in the next.

That habit can influence another generation.

And long after you are gone, something you started may still be moving through the lives of people you never even meet.

That is why the way we finish matters too.

Do not spend your entire life sacrificing for some distant future and then forget to enjoy the future when it finally arrives.

Celebrate what you built.

Celebrate the work.

Celebrate the sacrifices.

Celebrate the people you loved.

Celebrate the places you travelled.

Celebrate the meals, the laughter, the failures, the victories, the lessons, the relationships and the memories.

Enjoy the years you worked so hard to reach.

None of us can guarantee that the final chapter will be free of illness, pain or difficulty.

Life does not give us that promise.

But we can prepare.

We can protect what independence we can.

We can make our wishes known.

We can leave our affairs in order.

We can reduce unnecessary confusion for the people we love.

And, while we are still able, we can live.

That is the point of longevity.

Not simply to remain alive for as many years as possible.

But to arrive at those years able to look back with gratitude rather than regret.

To know that the sacrifices meant something.

To know that the hard work built something.

To know that your life touched other lives.

And finally, to be able to stand on that imaginary podium, receive your medal, look back at the road behind you and say:

I planned. I lived. I achieved. I delivered. I loved. I passed something forward. I leave in peace.

My memories are my legacy.