

MORTALITY AT YOUNGER AGES

We have been looking at the ONS statistics for the UK in 2002 on death rates by age and cause. It really is quite interesting how important accident mortality is at the younger ages.

Among 25-34s 'external' causes (ie not from illness) account for 50% of all deaths in men, and 25% of all deaths in women. Among 15-24s the percentages are even higher: 59% for males and 39% for females. At ages 55-64 the figures are just 4% and 2.5% respectively.

Looking at what might be termed more 'lifestyle-related' causes, ie:

- Road accidents
- Falls
- Accidental poisoning by recreational drugs
- Intentional self-harm
- Assault, and
- 'Events of undetermined intent'...

... and excluding some causes like exposure to fire and smoke, other accidental poisoning and accidental drowning (these *could* be lifestyle-related, though the numbers are trivial), the figures look a bit better – but not much:

	<i>Overall death rate as proportion of total death rate</i>	
	<i>Males</i>	<i>Females</i>
Ages 15-24	53%	34%
Ages 25-34	44%	22%
Ages 55-64	1.1%	0.9%

Isn't it quite staggering how accident-prone young people are (and males especially, although it's well understood that young men are at best poor at hazard perception and at worst somewhat reckless, especially on the road)? But it's also instructive how attitude and exposure to risk diminish progressively with age, until the impact on overall mortality becomes negligible.

So given the impact of accident mortality (and for that matter morbidity) at younger ages, should underwriters not be more interested in lifestyle, for example driving record, motorcycle riding, alcohol, smoking and use of recreational drugs? It is well understood that smoking is a proxy for other lifestyle risk factors: a disproportionate number of smokers die from accident, suicide and homicide, for example. Binge drinking – along with a curry, a fight and some casual sex – is a popular weekend activity in the UK, especially among twenty-somethings. Recreational drugs, as well as alcohol, affect

judgment and increase the accident risk. And they can precipitate mental illness.

On the face of it, underwriters should take more notice. Application forms ask about smoking and drinking, but are conspicuously light on probing about drugs and other lifestyle issues. And mention hardly anything about car travel per year, use of motorcycles and scooters, and driving convictions. Furthermore, life companies have so far been reluctant to use lab tests to check for high alcohol intake and for cotinine among declared non-smokers.

Should practices change? Well maybe. But let us get things into perspective? Overall population mortality at ages 25-34 is about 1 per mil for males and just under 0.5 per mil for females. At ages 15-24 it is lower still. Will the extra information make a material difference to mortality results? Not much. But more information would result in more equitable risk pricing, if that is considered important enough. And in a proportion of applicants those lifestyle behaviours will be carried on into later life, when some of them will be responsible not only for accident mortality, but for medical mortality too.

In fact the whole issue of lifestyle is one that is largely ignored in life and health underwriting. But in the context of contemporary underwriting practice, what about lifestyle risk at young ages? Maybe it's more of a marketing decision than an actuarial or moral one.