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Switzerland's getting older

Swiss people today are healthier and living longer than their forefathers. "Keep active as you grow older" is the maxim of the older generation. But there comes a time when they can no longer manage on their own. Care for the elderly then becomes an issue, and healthcare costs become a matter of political debate.

Delicate questions are raised about the distribution of the burden between the generations – are the contributions made by the young and old "fair"? By Rolf Ribi

Life expectancy in Switzerland has increased almost continually since 1880 – it was 40 years of age back then, whereas today it stands at over 80, in fact 79 for men and 84 for women. Average life expectancy increased by 4 to 5 months each year until the middle of the last century, and has since risen by around 3 months a year. The reasons for a longer life were initially falling mortality rates among infants and children, and later a decline in the mortality rate among older and elderly people.

Put another way, only a third of men born in Switzerland in 1880 lived to celebrate their 70th birthday, whereas this figure increased to two thirds among those born in 1930. And half the male offspring who came into the world in 1940 will live beyond the age of 80. In 1991, a 65-year-old woman had a remaining life expectancy of just over 20 years; by 2030 this will increase to more than 24 years. The corresponding figures for men are 15.5 years and almost 21 years. The Federal Council report entitled "Strategy for a Swiss policy on old age" states that "owing

to the greater life expectancy after 65 years of age, many people will reach a very old age and will therefore contribute to the ageing of the population". It concludes: "The population in Switzerland will age significantly and rapidly over the coming years."

The ageing of the population is also linked to the birth rate. The birth rate in Switzerland was still very high in the baby boom years between 1940 and 1960. However, it fell rapidly and considerably in the early seventies. It has since levelled out at the very low rate of 1.5 children per woman. 40 years ago, women in Switzerland had their first child at the age of 24, whereas today they are 31.

The baby boomers will reach retirement age between 2005 and 2035, and will still have a high remaining life expectancy. This will have an impact on the age structure of Switzerland's population. According to the Federal Statistical Office's moderate scenario, the proportion of over-64-year-olds as part of the total population will increase from around 16% at present to over 24% in

2030 (an increase of almost 800,000 people). The proportion of under-20s will fall at least to 18%. The age structure will therefore change dramatically in future.

Healthcare and its cost

The elderly in the Canton of Zurich were recently surveyed about their health and well-being. The conclusion of the report by the Institute for Social and Preventive Medicine at the University of Zurich is that three quarters of those aged over 65 in Zurich feel well both physically and psychologically. Today, they are "in significantly better health than previous generations". The situation in Switzerland's largest canton is in line with statements found in the Federal Council report on old age policy: 68% of people aged 75 and above living at home consider their health to be "usually good to very good".

If Swiss people are to keep on living for longer and make up a growing proportion of the population, this will also have an impact on healthcare costs. Even though "age is not a key factor in the most expensive cases of illness" (according to the biggest health insurance provider, Helsana), healthcare costs do increase in old age, particularly in respect of medicines and stays in hospital (cardiovascular problems). At Berne's Inselspital, patients aged between 60 and 79 generally cost 18% more than the average case (costs fall again for those aged over 80 as not all possible forms of medical intervention are used at this stage).

Higher healthcare costs and sharp rises in health insurance premiums have sparked a debate about appropriate treatment for very elderly people. For example, should a new heart valve be inserted into a 90-year-old patient at a cost of CHF 30,000? Bernhard Meier, head of cardiology at the Inselspital in



Three generations of a traditional large family, around 1930.

Berne, believes the operation should be performed as the elderly patient would otherwise become dependent on care. He makes reference to the National Health Service in the UK where a patient of this age would not even receive a pacemaker costing CHF 4,000.

Where should care for the elderly be provided?

Around 135,000 elderly people in Switzerland are unable to live at home independently. They require care, either at home, in a home for the elderly or in a nursing home. A person is deemed in need of care and assistance if he or she is no longer able to manage to carry out everyday tasks independently. Fewer than 10% of the elderly under the age of 79 require care in Switzerland. It is a fifth among those aged 80 to 84, while more than a third of 85-year-olds are dependent on care and assistance.

The most important institution for care duties in old age is the family. Care is provided by families in three out of four cases. A large proportion of dementia patients (more than 60,000 people) are looked after at home. However, the family support network is being stretched to the limit. The Federal Council believes day-care and respite services have a key role to play. Well-established services (with local differences) offering home-care support are provided by private non-profit organisations, such as Pro Senectute, the Swiss Red Cross and the Spitex organisations.

But what if the daily visits from care services are no longer enough and there are no family members available to help out? Then the care and home-help services provided by people from the Philippines or Poland may have to be relied on. It is estimated that there are as many as 20,000 illegal workers living in Switzerland without official papers providing services for elderly people, who are alone or suffering from dementia, assisting them as carers, cooks, clean-

ers and companions. These women, who are often well-educated, cost between CHF 4,000 and CHF 8,000 a month.

According to François Höpfinger, a researcher into old age, more people in Switzerland spend their twilight years in a nursing home or a home for the elderly than in other countries. He says: "More than half the over-80s die in a nursing home. Our tradition of family support is not as strong as in other countries." Around 77,000 men and women are looked after in Switzerland's 1,500 nursing homes and homes for the elderly. Offerings today range from the traditional nursing home for old people in the village to state-of-the-art residences for senior citizens in magnificent surroundings.

Two examples: the Villa Böcklin nursing home at the foot of the Zürichberg belongs to the private Tertianum Group and offers "a life in a dignified and private environment" in 26 care apartments, each with its own support service. A carer visits the home four times a week to accompany residents on walks, outings or trips to concerts. The cost of a stay there per person varies from CHF 229 to CHF 470 a day for one-room or two-room studios, in addition to the cost of care. The town of Wädenswil's Frohmatt home for the sick and elderly accommodates 135 people, and contains a residential group for dementia patients and an Alzheimer's unit. The offering ranges from single rooms to rooms with four beds. The management explains that they do more than in a hotel-style private residence to establish relation-

ships. Nursing home charges can amount to over CHF 300 per day.

François Höpfinger explains: "The trend today is clearly towards residential care with service." People want to live alone, but at the same time have access to social structures, support and the opportunity for social contact. He adds, however: "An outpatient solution cannot be provided right up to the end. If patients are no longer mobile and dementia takes hold, this is no longer feasible."

Who pays for care for the elderly? Mandatory health insurance covers the costs of medical care irrespective of the type of care or where it is provided (in a nursing home or at home). The cost of staying in a nursing home must be paid for by those requiring care (if necessary through supplementary benefits). The law on the financing of care is now set to be revised – the Federal Council, cantons, health insurance schemes and Spitex care organisations are all fighting their corner.

Residence in old age

A time comparison clearly shows that more and more elderly people want to stay in their own homes for longer. Over 90% of people today still live in their own homes up to the age of 80 to 84. And it is still almost 40% among the 90 to 94-year-olds. The extension of outpatient care and home care make it possible for people to stay inside their own four walls for longer.

Few elderly people live in small accommodation with just one or two rooms. The

vast majority consider their quality of accommodation to be good or very good. This is important because their own home plays a pivotal role in the emotional lives of the elderly. Even though some of these homes are not designed with the elderly in mind (doorsteps, stairs, bath, kitchen), moving into nursing homes and homes for the elderly is being delayed for



A modern "grandmother" today.

longer. Only a quarter of people aged 80 to 84 living at home have provisionally registered for a home.

In the past, almost every village and town in Switzerland had a "municipal home" for the elderly. Later came non-profit centres with public support offering accommodation for the elderly, which was much sought-after at the time. More recently, private operators have identified the elderly as an attractive market segment. Exclusive residences for senior citizens and attractive options for those on average incomes are being made available. The Age Foundation is a private institution that has appeared on the scene providing financial support for innovative projects for accommodation for the elderly.

The Solinsieme project in St.Gallen received the Age Foundation's Age Award in 2007. It represents a new form of co-existence for elderly people, living on their own yet together. 17 homes of various sizes, each with its own character offering residents individuality and the option to retreat, were created in former factory buildings. Spacious communal rooms, such as large-scale kitchens, work rooms and studios, underline the social aspect of the residential project. It is aimed at people "seeking quality for a new chapter in their lives, who are open to alternative forms of social co-existence".

The elderly – rich and poor

Most pensioners in Switzerland are financially secure and safe from poverty. This is the conclusion of a substantial study carried out by the Federal Social Insurance Office, which examined data from 1.5 million people aged between 25 and 99 on income and assets. A comparison of the various demographic groups shows that pensioners are the best off financially. Only 6% of the elderly are classed as poor, while almost one in five retired couples has assets of at least CHF 1 million.

Pensioners' income comes from four sources – around 40% comes from the AHV (old-age) pension, around 20% from pension funds, around 30% from income on assets and around 10% from earned income. However, 14% of those in retirement only have income from their old-age pension (and any AHV supplementary benefits). The average assets of the generation in retirement stand at more than CHF 300,000.

Younger generations under 45 have on average fewer assets than those in retirement, and even their income is often lower than that of the older generation.

However, a study by Pro Senectute shows that there is still a risk of poverty among older people. It estimates that no fewer than 30% of pensioners live off their AHV pension alone, with not all married couples receiving the maximum pension. 12% of AHV recipients are dependent on supplementary benefits, but a third are poor all the same. "Poverty in old age is not a thing of the past", confirms the sociologist Ueli Mäder. The differences in terms of income and assets are not as great in any other age group as they are among the over-60s.

The distribution of the burden between the generations

What is the distribution between the generations like in terms of contributions made by young and old? Is the relationship between the generations fair? A study by the Swiss National Science Foundation concludes that the "co-existence of the generations is largely based on solidarity". Relationships between generations of families have "improved rather than deteriorated" in recent years. The report nevertheless calls for a specific generational policy with the aim of fostering solidarity between the generations.

There can be no doubt that the generation in employment makes a great contribution to social insurance to the benefit of pensioners. With regard to AHV, there are now four people in employment to every pensioner. The contribution of the under-60s to care for the elderly is estimated at CHF 10 billion. Pensioners assist the younger generation with private help in return for their contributions. This includes providing care for grandchildren and financial support for their education. Help from grandparents often allows daughters and daughters-in-law to go out to work. Inheritances are also significant: these private financial transfers from the old to the young are estimated at CHF 30 billion. The disadvantage is the highly unequal distribution among recipients. In addition, a greater life expectancy means that inheritances are being received later and later.

Researchers into old age believe there is little chance of conflict between the generations. Social security payments and sup-

port from family members create solidarity between them. Social differences within the individual age groups are more significant than the differences between the generations (according to François Höpflinger).

The dignity and burden of old age

"We are close to achieving mankind's great dream – many more people living much longer in much better health, irrespective of social status", writes the economics professor, Thomas Straubhaar. It is in everyone's interests that people can remain in employment for as long as possible. He adds: "Work provides personal satisfaction, fosters social contact and makes people feel that they are still useful." Old-age researcher Höpflinger explains: "Many elderly people today engage in further education, spend a lot of time travelling, work for longer, use the Internet and have more money than before." Journalist Beat Bühlmann believes that old age offers "new freedom: as traditional social roles disappear and societal connotations fade away, alternative, often creative perspectives open up".

Social ethics expert, Hans Ruh, calls for a new outlook for an increasingly older society, including for the very elderly. He says: "We have to learn that there is dignity in dependence. We must accept that fragility is part of life." The former ailing Pope Woytila showed that "fragility is also an aspect of humanity". 75-year-old popular American author, Philip Roth, sees things radically differently. For the main character in his novel "Everyman", who is suffering from prostate cancer, "eluding death seemed to have become the central business of his life and bodily decay his entire story". Roth writes: "Old age isn't a battle, old age is a massacre."

The actor and singer, Maurice Chevalier, saw things in a more philosophical and ironic way: "Getting old isn't so bad when you think about the alternative."

DOCUMENTATION

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