



THE LONGEVITY SHIFT

A New Era of Physician
Engagement in Longevity
Medicine

Pelin Tozan



Executive summary

- Wellness-driven patients are changing physician-patient dynamics by bringing new data, expectations, and longevity-focused questions into the consultation.
- Many physicians are interested in longevity medicine but face barriers around evidence, reimbursement, and education, especially when treating “healthy” individuals preventively.
- Companies entering the space will need education-led, multi-stakeholder engagement strategies – grounded in robust science and tailored to different health-system realities.

A meaningful shift is taking place in clinical settings across the healthcare landscape, and it’s worth paying attention to.

In our previous piece, “[The Longevity Shift: Strategic Implications of the Longevity Medicine Revolution](#)”, we explored how longevity is reshaping pipelines, portfolios, and value creation for life sciences companies. This paper builds on that foundation by focusing on a critical question: how physicians are engaging with longevity medicine – and what that means for companies entering the space?

Consider this potential scenario: A wellness-driven patient arrives for her annual check-up. Before her physician even pulls up her chart, she presents months of continuous glucose data from her wearable device, sleep architecture trends from her smart ring, and heart rate variability patterns she’s been monitoring consistently. She isn’t there because something is wrong. She’s there to optimize her health trajectory. She’s asking informed questions about supplements she

researched online, inquiring about what her “biological age” actually indicates, and exploring how she can maximize her healthy years.

This scenario, once relatively rare, is becoming increasingly commonplace. The wellness-driven patient population appears to be evolving, with many proactively seeking information beyond traditional clinical channels.

We’re witnessing the emergence of what we might call the “wellness-driven patient”: individuals who are no longer content to engage with medicine only when something goes wrong. These patients may arrive with questions that fall outside typical clinical conversations, data from consumer devices, results from wellness or risk assessment tests, and expectations that could extend beyond the traditional annual physical. They’re thinking about healthspan – how long they stay healthy, active, and independent, rather than just lifespan – how long they live.

For physicians, this creates a real challenge. Many find themselves in unfamiliar territory, trying to answer questions about various “health maximizing” methods, while still managing their regular patient load. The traditional dynamic of the doctor-patient relationship may be shifting in ways that create new complexity for both parties.

But here’s the thing: the playbooks that worked in traditional therapeutic areas are unlikely to work here without significant adaptation. Standard commercial and medical models were largely designed around treating existing conditions – a paradigm that may not fully align with longevity medicine’s focus. Longevity medicine flips that script entirely. It demands engagement strategies aligned with the

educational and scientific requirements of a fundamentally preventive discipline. It’s about prevention, optimization, and helping healthy people stay healthy longer. That requires a different kind of engagement strategy – one built on education, scientific credibility, and long-term relationship-building.

Longevity medicine is gaining momentum, but many companies are still unsure how to engage physicians in ways that truly resonate. Those who get it right will shape the future of the space. In this paper, we explore where physicians stand today, what’s holding them back, and how companies can build trusted, lasting partnerships that drive value for providers, businesses, and ultimately, patients.



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Understanding the physician's perspective

Before we can build effective partnerships with the physician community, we must first develop a nuanced appreciation for where they stand today. The reality is that many clinicians approach longevity medicine with a complex mixture of intellectual curiosity, professional caution, and practical constraints that are entirely rational given their current circumstances.

The challenge of treating healthy people

Longevity medicine presents a unique clinical challenge: it asks physicians to consider prescribing interventions to patients who aren't sick. Consider the traditional framework: a patient presents with a condition, the risks of that condition are known, and those risks are weighed against the risks of treatment. The decision-making calculus is relatively straightforward.

With longevity, we're asking physicians to prescribe therapies, potentially for years, to individuals who feel fine today, with the aim of preventing problems that may emerge down the road. The benefit is theoretical and distant; the risks are present and real. The clinical and legal threshold for this kind of prescribing is appropriately high. Physicians operate in an environment where their decisions can be scrutinized and questioned. The standard of care in longevity medicine remains largely undefined, which means clinicians who move into this space do so without the protective framework of widely established guidelines. For many, this represents significant professional exposure.

Structural misalignments in healthcare systems

Even physicians who are intellectually engaged with longevity medicine face practical barriers rooted in how healthcare is structured and paid for. In many markets, current reimbursement models are built almost entirely around treating diagnosed diseases. Fee-for-service structures compensate physicians for procedures, interventions, and the management of established conditions. What they don't adequately support is the kind of time-intensive, consultative work that preventive care demands.

A meaningful conversation about a wellness-driven patient's aging trajectory might require 45 minutes to an hour, covering novel biomarkers, lifestyle interventions, evaluating potential therapies, and addressing the patient's questions. But in fee-for-service systems, if that patient doesn't carry a billable diagnosis, the current system often doesn't compensate for that time. This results in a structural disincentive for exactly the kind of care longevity medicine requires. Physicians who want to practice in this space often find themselves pushed toward cash-pay or concierge models, particularly in the United States and similar markets, which can limit access and keep longevity medicine on the margins of mainstream practice.

The evidence gap

For physicians considering engagement with longevity medicine, the current state of evidence poses a practical challenge worth understanding.

Clinicians are trained to make decisions based on robust evidence – ideally from well-designed trials with meaningful endpoints, adequate follow-up, and clear risk-benefit profiles. This isn't arbitrary; it's how physicians protect their patients and themselves. When a wellness-driven patient asks about a longevity intervention, the physician's instinct is to ask: What does the evidence actually show? Is this safe for long-term use? What outcomes can I reasonably expect?

In many cases, those questions don't yet have satisfying answers.

In practice, when physicians evaluate this landscape, they see something different. They see research conducted primarily in laboratory settings, early-stage human trials with limited populations, and findings that, while intriguing, don't yet meet the evidentiary standards they were trained to require before making prescribing decisions. The large-scale, long-term clinical trials that physicians typically rely on for prescribing confidence may still be in progress or on the horizon for many longevity-related interventions.

Physicians who want to engage with longevity medicine may find themselves in an uncomfortable middle ground: wellness-driven patients are asking questions, the science is intriguing, but the evidence isn't yet sufficient to support confident clinical decision-making. For many clinicians, this uncertainty translates into caution – which is an entirely reasonable response given how they've been trained.



The medical education context

Longevity medicine may currently occupy an uncertain space for many practicing physicians: wellness-driven patient interest appears to be growing, but the infrastructure to support clinical engagement lags behind.

Although the study of aging - gerontology - has existed for over a century, longevity medicine as an interventional field is relatively new, emerging only in the past one to two decades. As a result, most practicing clinicians received little formal training in the biology of aging or how to meaningfully intervene in it. Unlike established specialties, longevity medicine lacks standardized curricula, widely recognized credentials, and clear clinical pathways. Science may be advancing rapidly, but formal education and infrastructure have not yet caught up. For many physicians, longevity medicine therefore feels less like a defined discipline and more like an emerging patient-driven trend.

This potential gap between wellness-driven patient enthusiasm and clinical support structures could create some friction in practice. When patients increasingly bring questions about biological age, healthspan optimization, or interventions they've encountered through consumer channels, physicians may sometimes find themselves in an uncertain position, wanting to be responsive, but perhaps lacking the resources, training, or peer community to engage as confidently as they'd like.

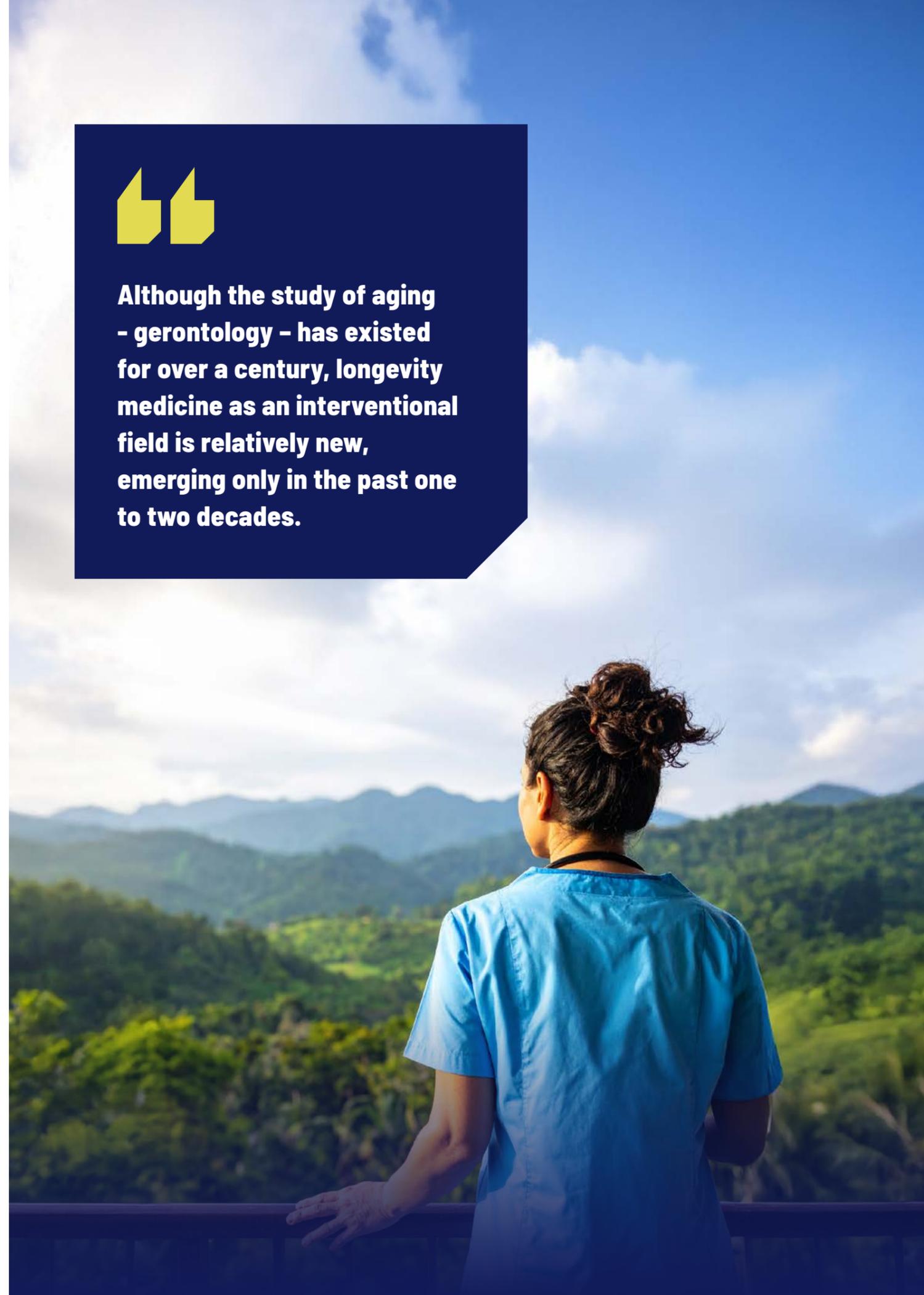
Without clear pathways to learn, discuss, and collaborate on these topics, longevity medicine might feel more like an add-on

than a recognized area of clinical focus. For physicians already managing demanding practices, this ambiguity could potentially feel more challenging than energizing, particularly when patient questions touch on areas outside their core training.

This may present an opportunity to help build the educational and collaborative infrastructure that seems to be needed, supporting physicians in engaging with longevity medicine as a credible clinical area, rather than something that exists primarily in the consumer space.



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What other health systems suggest about physician adoption

If the wellness-driven patient represents a behavioral shift, international healthcare systems offer an early look at what happens next:

- physician behavior tends to change only after healthy aging and longevity conversations acquire clinical structure - for example, when translated into formal assessments, referral pathways, or funded programs.
- Across multiple regions, physicians did not gradually expand preventive counseling out of interest alone.
- Engagement appeared to follow when systems translated healthy aging into workflows, codes, or formal referral pathways, turning an abstract concept into a manageable clinical task.

South Korea's Long-Term Care Insurance (LTCI) program established standardized eligibility assessments, physician certification steps, and defined care pathways for functional decline and cognitive deterioration. Physicians became gatekeepers who initiate access to services such as home visits, cognitive programs, and daily living support rather than occasional advisors on aging.

Community-based aging care models in countries such as Denmark and Finland have been associated with meaningful reductions in hospital utilization after expanding coordinated home-based services delivered by multidisciplinary teams. In these settings,

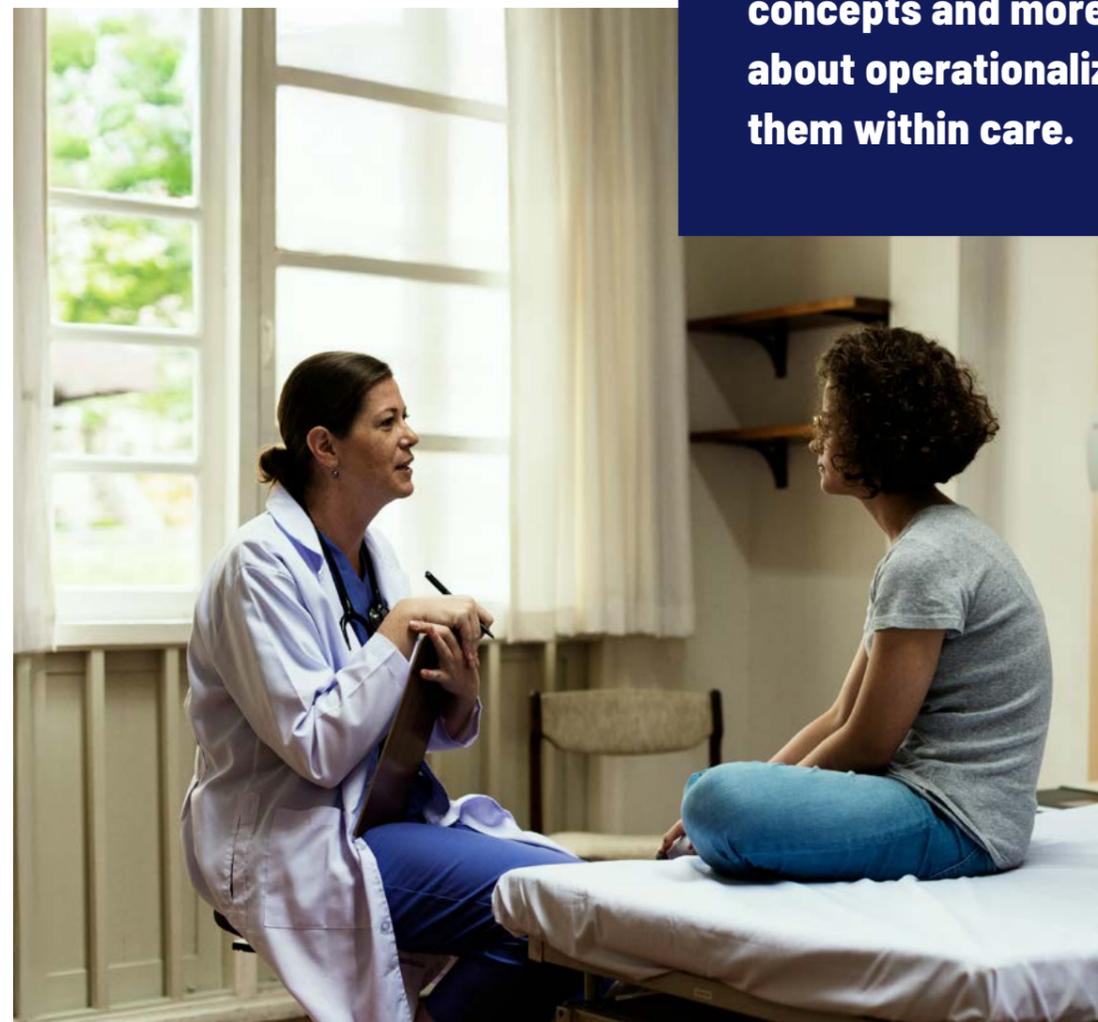
physicians tend to function less as continuous managers of day-to-day prevention and more as risk-stratifiers and referral authorities, while nurses, therapists, and care coordinators carry out most functional and behavioral interventions; Organization for Economic Co-operation and Development (OECD) policy frameworks similarly emphasize maintaining function and recovery capacity rather than episodic treatment. Interpreted through a longevity lens, the notable shift may not be in the specific services themselves but in the redistribution of responsibility; physicians appear more willing to engage once proactive health management can be delegated rather than personally executed within already-constrained visit time.

While these examples draw primarily on OECD and high-income settings, the underlying principle - that physician behavior shifts when healthy aging is embedded into structured pathways - can inform adaptation in a range of health system contexts, with appropriate local tailoring. Taken together, these patterns suggest physician engagement in longevity medicine tends not to follow awareness or education alone, but emerges once longevity can be translated into clinical mechanics, defined patients, clear actions, and downstream handoffs.

When framed as a new topic physicians must master, it competes with limited bandwidth; when structured as an extension of routine practice supported by tools and multidisciplinary ownership, participation becomes more practical. For organizations entering the space, the implication may be less about teaching longevity concepts and more about operationalizing them within care, often requiring engagement beyond traditional therapeutic-area stakeholders.



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A framework for building effective physician partnerships

Engaging the physician community in longevity medicine may require moving beyond conventional engagement models. The following framework offers strategic considerations to help address the barriers outlined above while positioning pharmaceutical organizations as credible partners in this emerging field.

The longevity medicine ecosystem may not map neatly onto traditional therapeutic area structures. Success could require identifying and engaging a broader network of scientific stakeholders.

Consider mapping the evolving ecosystem of scientific influencers

In longevity medicine, key opinion leaders may not always follow traditional patterns. The landscape includes not only academic researchers and practicing clinicians but also

a new category of science communicators who have built substantial audiences through digital platforms. Consider how physician-led health content now moves seamlessly from deep, long-form education to mass reach on platforms like Instagram, YouTube, and TikTok.

These individuals shape patient expectations, drive consumer interest in specific interventions, and often introduce concepts that wellness-driven patients then bring to their physicians. The influencer landscape in longevity may also include foundational researchers, data scientists, bioinformaticians, and pioneering clinicians building early practices. Companies may benefit from investing in understanding this full ecosystem, identifying who appears to be driving scientific conversation, who may be shaping clinical adoption, and who is influencing patient behavior and expectations.



Recognize the role of social media in shaping physician-patient dynamics

Unlike many therapeutic areas, longevity medicine has developed a uniquely established presence on social media and digital platforms, and this has direct implications for physician engagement.

Physicians are increasingly encountering wellness-driven patients whose expectations and questions have been shaped by content from prominent science communicators in the longevity space. These science communicators reach millions of listeners and viewers, introducing concepts such as biological age, healthspan optimization, and specific interventions that patients then bring into clinical conversations.

This creates a new dynamic that companies should consider when engaging with physicians:

- **Physicians need context for these conversations.** Clinicians may benefit from understanding what information their wellness-driven patients are consuming, not to dismiss it, but to engage with it meaningfully. Educational resources that help physicians navigate wellness-driven patient questions stemming from popular longevity content could be valuable.
- **Social media and YouTube are shaping what “credible” looks like.** Some physicians are building their own digital presence to meet patients where they are.
- **Digital platforms offer new channels for peer engagement.** Beyond patient-facing content, there are growing physician communities discussing longevity medicine

on platforms like LinkedIn, X (formerly Twitter), and specialized forums. These spaces may present opportunities for Medical Affairs to observe emerging clinical perspectives and identify physicians actively engaged with the field.

- **Content preferences are shifting.** Physicians – particularly those interested in longevity – may increasingly consume information through podcasts, video, and social content rather than traditional formats. Companies might consider how their educational and scientific content can meet these evolving preferences.

The opportunity here isn’t to “do social media” for its own sake, but to recognize how these platforms are shaping the conversations physicians are having with patients – and to provide resources that help clinicians engage confidently.



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Leveraging conferences and professional forums for continuous healthcare professional (HCP) engagement

The pace of development in longevity medicine presents a challenge: how do physicians stay current in a field where the science is evolving rapidly? Conferences, symposia, and professional forums, both in-person and virtual, may offer particularly valuable opportunities for engagement in this space. The conference landscape for longevity medicine is still taking shape, with events ranging from established scientific meetings that now include aging-focused tracks to newer conferences dedicated specifically to longevity and healthspan.

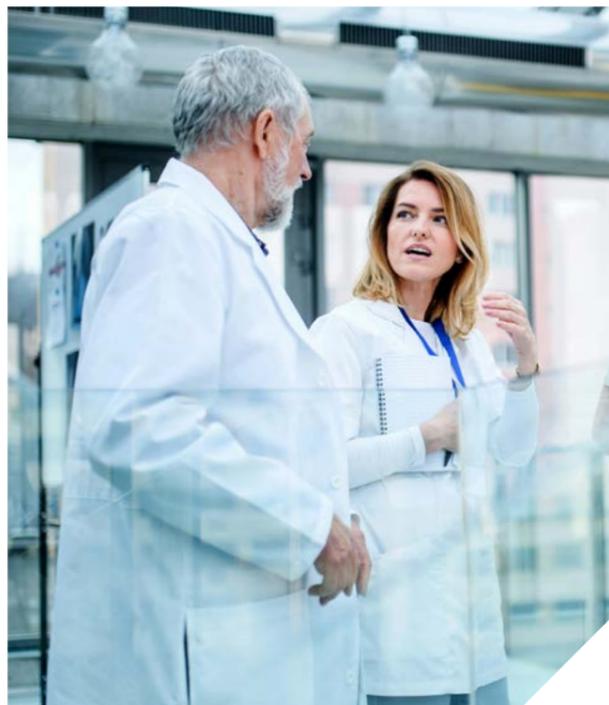
Companies may want to consider:

- **Identifying the conferences that matter:** Which events are attracting the researchers, clinicians, and thought leaders who are shaping this field? The landscape may include traditional medical society meetings, aging-focused scientific conferences, and newer events that blend clinical and consumer audiences.
- **Moving beyond the booth:** In a field built on scientific credibility, presence at conferences might be most valuable when it's substantive; sponsoring educational sessions, facilitating expert panels, or supporting satellite symposia that address genuine knowledge gaps.
- **Supporting physician attendance:** For clinicians interested in longevity medicine but uncertain where to start, access to the right conferences could be valuable. Companies might consider how to facilitate participation in meaningful educational events.

Consider facilitating peer-to-peer exchange at professional forums

Physicians often cite peer interaction as one of the most valuable aspects of conference attendance. Companies may be able to add value by:

- Sponsoring or hosting roundtable discussions that bring together clinicians at various stages of engagement with longevity medicine, from the curious to the pioneering.
- Creating forums for case-based discussion where physicians can learn from each other's clinical experiences in a collegial setting.
- Facilitating connections between researchers and clinicians, helping to bridge the gap between those generating evidence and those looking to apply it.



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Conclusion: the future of medicine, built on partnership

The emergence of longevity medicine may represent more than a new therapeutic category; it could signal a broader shift in how we think about healthcare itself. The potential movement from reactive treatment of disease toward proactive optimization of health appears to be gaining momentum, and it's already influencing the conversations happening between wellness-driven patients and their physicians.

For companies, this moment may present an opportunity to engage with the medical community differently than in traditional therapeutic areas. The organizations best positioned for success in this space are likely those that approach physician engagement as a long-term investment in building a field, not simply as a means of promoting a product.

What this may require is a strategic evolution: moving from traditional promotional models toward more sophisticated, education-led engagement strategies. This could involve rethinking how different functions, including Medical Affairs, commercial, and market access, coordinate to support physician engagement in ways that prioritize scientific credibility and long-term relationship-building.

The barriers to physician adoption we've outlined – the evolving evidence base, the complexity of treating healthy individuals, structural misalignments in healthcare

systems, and the absence of established educational pathways – are real, but they're not insurmountable. They represent areas where thoughtful partnership could make a meaningful difference.

Looking ahead, market leadership in longevity medicine may ultimately be defined less by product portfolios and more by relationships, specifically the ability to earn the trust of the physician community as a credible scientific partner. The companies that invest in that trust now, while the field is still taking shape, could find themselves well-positioned as longevity medicine matures into mainstream clinical practice.

The future of this field will likely be built on partnership. The question for companies is whether they're prepared to be the kind of partner this moment requires.

Navigating this evolving landscape requires more than good intentions – it requires strategic expertise. Understanding where physicians stand, what they need, and how to engage authentically in a field without established playbooks is complex work. At Ipsos, we help healthcare organizations navigate emerging therapeutic landscapes such as longevity medicine.

Longevity medicine presents unique challenges and unique opportunities for companies looking to establish themselves as credible partners to the physician community. We bring deep expertise in:



Stakeholder landscape mapping

Identifying and understanding the evolving ecosystem of researchers, clinicians, and influencers shaping this space.



Physician engagement strategy

Developing tailored approaches that prioritize education, scientific credibility, and authentic relationship-building.



Medical Affairs optimization

Positioning MSL teams and Medical Affairs functions to lead in emerging therapeutic areas.



Conference and content strategy

Helping organizations show up meaningfully at the events and in the channels where longevity conversations are happening.

Endnotes:

1. Ga, H. (2020). Long-Term Care System in Korea. *Annals of Geriatric Medicine and Research*, [online] 24(3), pp.181-186. doi: <https://doi.org/10.4235/agmr.20.0036>
2. Chon, Y., Lee, S.-H. and Kim, Y.-Y. (2024). Long-Term Care Insurance for Older Adults in Terms of Community Care in South Korea: Using the Framework Method. *Healthcare*, [online] 12(13), p.1238. doi: <https://doi.org/10.3390/healthcare12131238>
3. OECD. (2025). Promoting healthy ageing from the outset: The Economic Benefit of Promoting Healthy Ageing and Community Care. [online] Available at: https://www.oecd.org/en/publications/the-economic-benefit-of-promoting-healthy-ageing-and-community-care_0f7bc62b-en/full-report/promoting-healthy-ageing-from-the-outset_ffc3b60b.html

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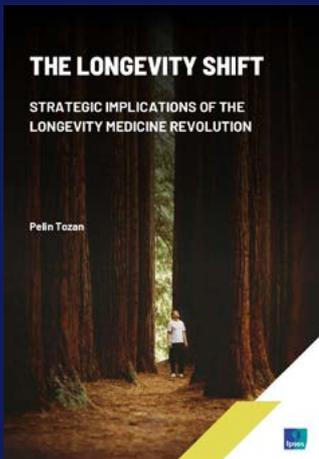
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Pelin Tozan

Consultant, Healthcare (US)

Pelin.Tozan@Ipsos.com



FURTHER READING

**The Longevity Shift: Strategic Implications of
the Longevity Medicine Revolution**

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