MEDICINE AGAINST THE CLOCK

Dr Choudhury and Dr Lu reject passive ageing, focusing instead on prevention, measurement, and the limits of how long capability can hold.

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"Telling someone their biological age is older than expected without offering a pathway to change it is like handing someone a weather forecast with no umbrella." This pragmatic philosophy anchors Dr Samuel Ravi Choudhury, a physician leader who approaches longevity not as a search for youth, but as a clinical engineering problem.

Amid a culture enamoured with biohacking and luxury wellness, Dr Choudhury and Dr Sarah Lu, managing director, Singapore Healthcare, are grounding the conversation in clinical reality at Raffles HealthyLongevity — a specialised centre within Raffles Medical Group focused on extending healthspan through evidence-based care.

THE LONGEVITY MISCONCEPTION

The term "Longevity Economy" circulates widely in policy and investment circles, yet remains misunderstood. It is often framed around ageing populations or affluent niches. Dr Lu reframes it clearly: longevity measures years lived, while healthy longevity examines how those years are experienced.

"Healthy longevity, however, reframes the conversation by shifting the focus," Dr Lu explains. "It focuses on extending health span: the years of life characterised by physical vitality, cognitive clarity, emotional resilience, and functional independence." With Singapore's life expectancy at 83.5 years, expectations have shifted.

Dr Choudhury challenges the idea that longevity begins in later life. Clinically, ageing trajectories take shape much earlier. "That is when preventive diagnostics, wearable health monitoring, and metabolic optimisation can have the most impact," he notes. "The foundations of the longevity economy, therefore, need to start much earlier in life than most people realise."

THE ARCHITECTURE OF PREVENTION

Dr Choudhury argues for a redefinition of success, "Right now, a successful healthcare encounter is often defined by whether a patient was treated and discharged. What we should be measuring is how many years of functional, independent, disease-free life we help add."

When insurers and governments adopt healthspan as a core metric, behaviour shifts. Dr Lu sees a need to challenge the assumption that ageing equals decline. "To shift this paradigm, longevity medicine must be embedded within medical education, primary care, and specialist practice as a legitimate, evidence-based discipline."

This thinking shapes the centre's 17-pillar assessment framework, which covers modifiable risks supported by clinical evidence. It includes overlooked factors such as gut health and social connectedness. "The evidence on social isolation as a mortality risk factor is substantial. It is not a soft metric."

DISCIPLINE VS. HYPE CYCLE

As longevity innovation accelerates, the line between medicine and wellness blurs. Dr Lu remains cautious. Overemphasis on supplements or extreme routines distracts from proven levers: sleep, metabolism, and cardiovascular fitness.

"Responsible longevity care demands scientific discipline, medical governance, transparency of outcomes, and a clear ethical framework grounded in patient safety," she says, emphasising that "meaningful outcomes are driven by consistency over extremity".

Dr Choudhury applies a strict threshold, "If the evidence is not yet sufficient, we wait. That is not a limitation — it is a discipline." Patients often arrive with ideas shaped online. "I understand the excitement, but I would rather offer you something in two years with robust data behind it than something today that might do nothing or worse."

To translate insight into action, the centre uses tools such as LinAge2, developed with researchers from the National University of Singapore. Unlike opaque tests, it identifies modifiable risks, allowing targeted intervention. Longevity care, he adds, must remain longitudinal, with wearable data offering a continuous view rather than annual snapshots.

To add, the centre's integration within a hospital ecosystem enables rapid intervention. Dr Choudhury recalls a patient in his 30s with no symptoms. A metabolic assessment raised suspicion, leading to a diagnosis of Graves' disease. "Without the metabolic rate data... the condition could have gone undetected for years." The patient moved from suspicion to specialist care within a single encounter.

A GLOBAL BLUEPRINT

Singapore stands at the forefront of the next phase of longevity. As one of the fastest-ageing societies, it combines urgency with strong regulatory oversight. "Singapore has the potential to serve as a living laboratory — and a blueprint — for integrating health span extension into mainstream healthcare systems," Dr Lu says.

The transition will test systems shaped by older assumptions, particularly insurance and employment structures. Dr Choudhury notes that insurers still operate without continuous health data, which is now available through wearables.

"It is a bit like paying for regular building maintenance and having the insurer only cover you after the roof collapses," he says. "The economics of prevention make sense — the reimbursement models just have not caught up yet."

Ultimately, the ambition remains straightforward. "When we designed this model, the benchmark we kept coming back to was simple: Would I be comfortable sending my own family here?" Dr Choudhury asks. "That is the standard we hold ourselves to."