

新成發肉食公司
SUN SING FAT MEAT COMPANY

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LCHF – who benefits financially?

John Schoonbee, Chief Medical Officer, Swiss Re

Preface

- Tim Noakes
- Thanks to organisers, and attendees
- LC Superstars

- Drinking the same Kool Aid – limited difference and challenge

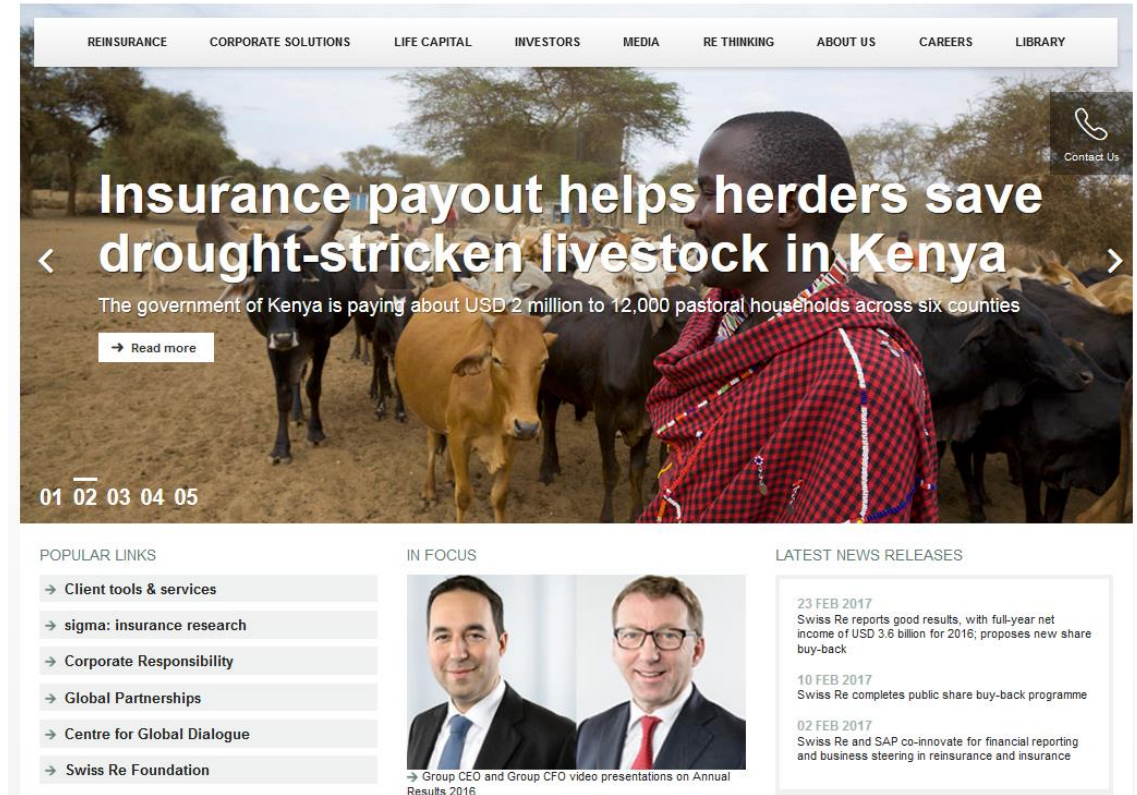
- Choice

Swiss Re

- 153 yr old company
- No. 1/2 reinsurer in the world
- P&C and Life&Health
- Truly global
 - 10,000 employees
 - Over 70 offices globally
- Awesome vision

OUR VISION

We make the world more resilient.



REINSURANCE CORPORATE SOLUTIONS LIFE CAPITAL INVESTORS MEDIA RE THINKING ABOUT US CAREERS LIBRARY

Insurance payout helps herders save drought-stricken livestock in Kenya

The government of Kenya is paying about USD 2 million to 12,000 pastoral households across six counties


[Read more](#)

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POPULAR LINKS

- Client tools & services
- sigma: insurance research
- Corporate Responsibility
- Global Partnerships
- Centre for Global Dialogue
- Swiss Re Foundation

IN FOCUS



→ Group CEO and Group CFO video presentations on Annual Results 2016

LATEST NEWS RELEASES

- 23 FEB 2017
Swiss Re reports good results, with full-year net income of USD 3.6 billion for 2016; proposes new share buy-back
- 10 FEB 2017
Swiss Re completes public share buy-back programme
- 02 FEB 2017
Swiss Re and SAP co-innovate for financial reporting and business steering in reinsurance and insurance

Why reinsurance?

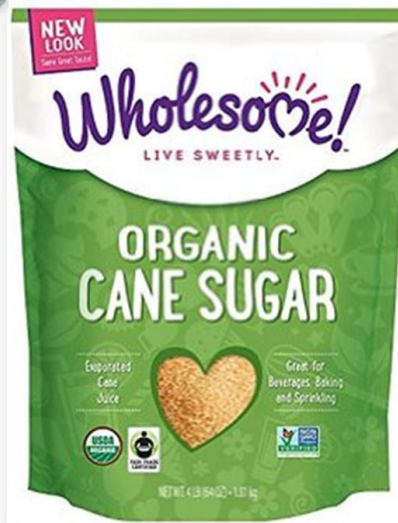
- Volatility of risk
- Capital requirements
- Unknown outcomes
- Diversity of risk (like gut flora)

Key topics

- Who benefits with the current status quo
- Who will benefit if the world shifted to LC?
- What is insurance
- Life and living benefits insurance
- We make risk decisions that are locked in for many decades
- Questions the industry will be asking
- How could the life insurance industry benefit?

Status quo...who benefits?

- Producing and Selling the food
- Treating obese and chronic illness
 - drugs
 - medical devices
 - medical doctors
 - pvt hospitals
 - food industry
 - diet industry
- Anyone in longevity risk business
 - (think pension funds, annuities)



Healthy Eating Advice

1. The Government recommends that all individuals should consume a diet that contains:
 - plenty of starchy foods such as rice, bread, pasta and potatoes (choosing wholegrain varieties when possible)
 - plenty of fruit and vegetables; at least 5 portions of a variety of fruit and vegetables a day
 - some protein-rich foods such as meat, fish, eggs, beans and non dairy sources of protein, such as nuts and pulses
 - some milk and dairy, choosing reduced fat versions or eating smaller amounts of full fat versions or eating them less often
 - just a little saturated fat, salt and sugar

The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



Bangalore India, 2017



"India's No 1 Diabetes Centre is right here on your left"

Who will benefit if the world shifted to LC?

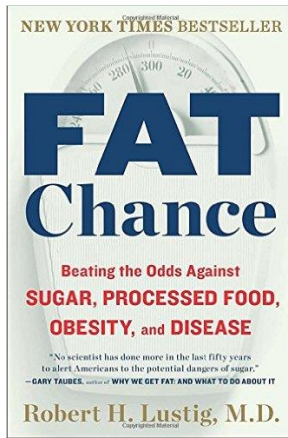
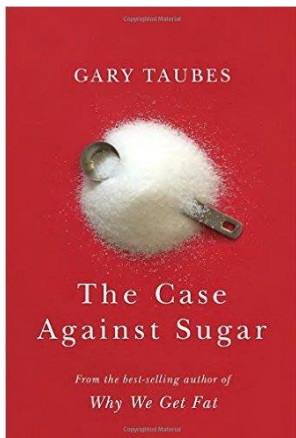
- Certain food segments
- Many in this room (*should it matter?)
- State health funders
- Life and health insurance industry
- 7 billion people



NHS faces worst financial crisis in its history

The NHS has announced the largest deficit in its history, amid warnings that hospitals could run out of cash to pay staff within a year

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The NHS is under 'massive' financial pressure Photo: ALAMY



What is insurance?

“A thing providing protection against a possible eventuality”

“An arrangement by which a company or the state undertakes to provide a guarantee of compensation for specified loss, damage, illness, or death in return for payment of a specified premium”

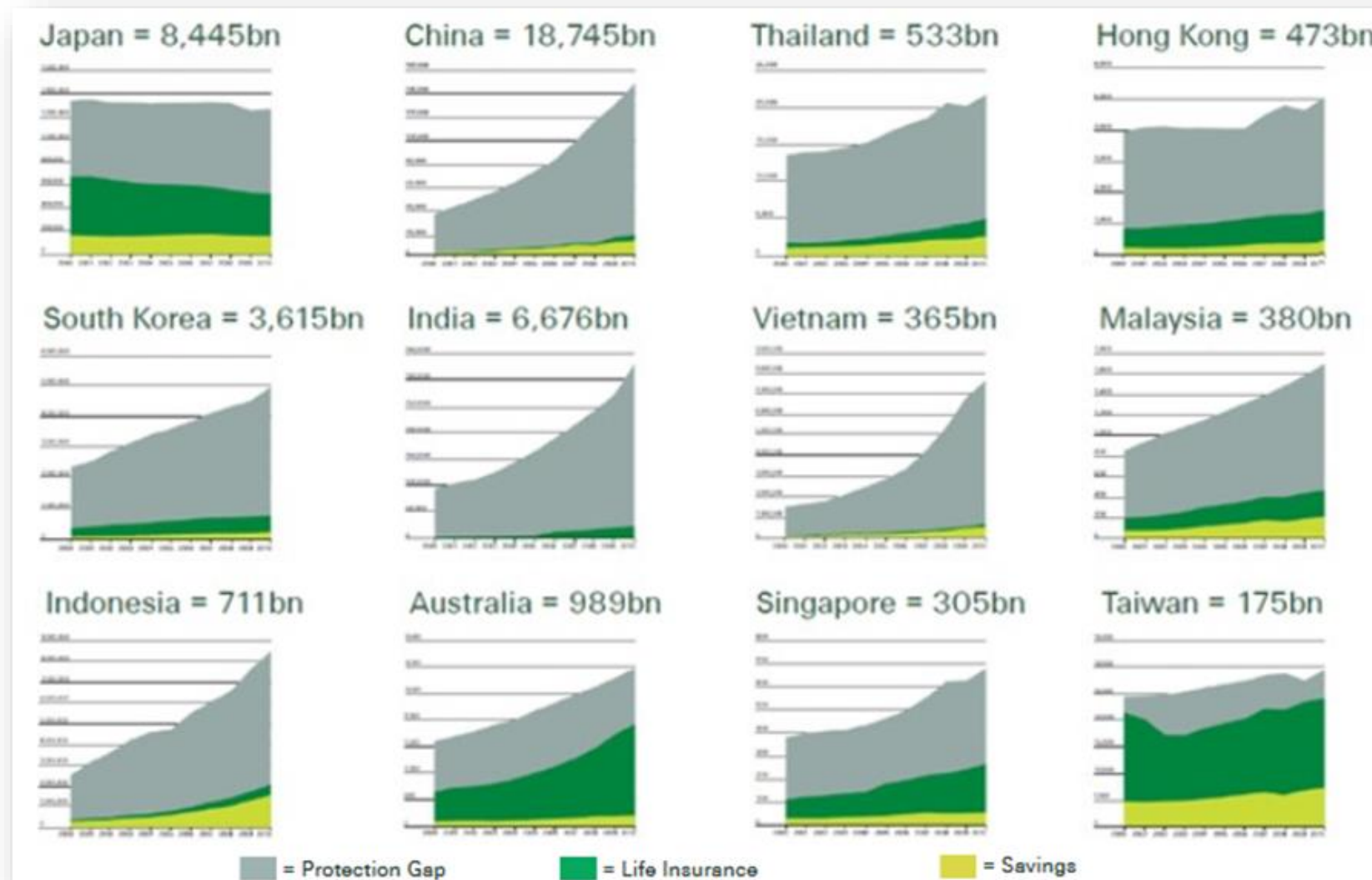
Oxford English Dictionary

<http://www.oxforddictionaries.com/definition/english/insurance>

Many people pay a small amount
for compensation should a big but
uncommon risk happen



And anyway, increasing premiums will decrease insurance penetration, and increase the already gargantuan protection gap that exists



We look way ahead into the future

- Mortality Projections for Social Security Programs in Canada 2014
- Office of the Superintendent of Financial Institutions

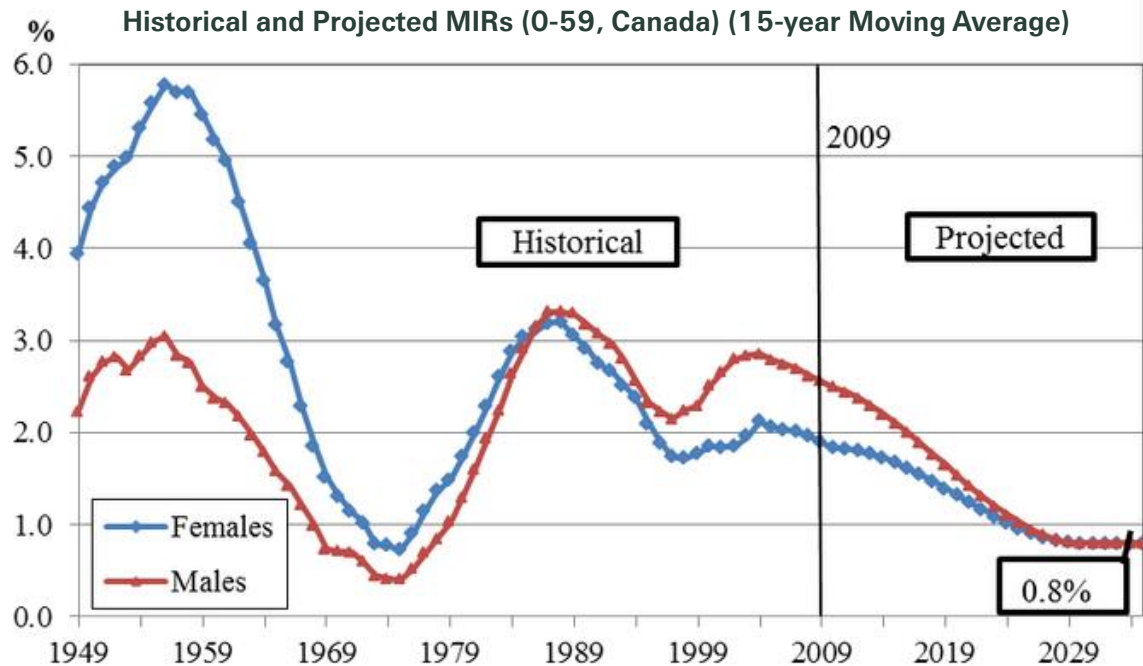
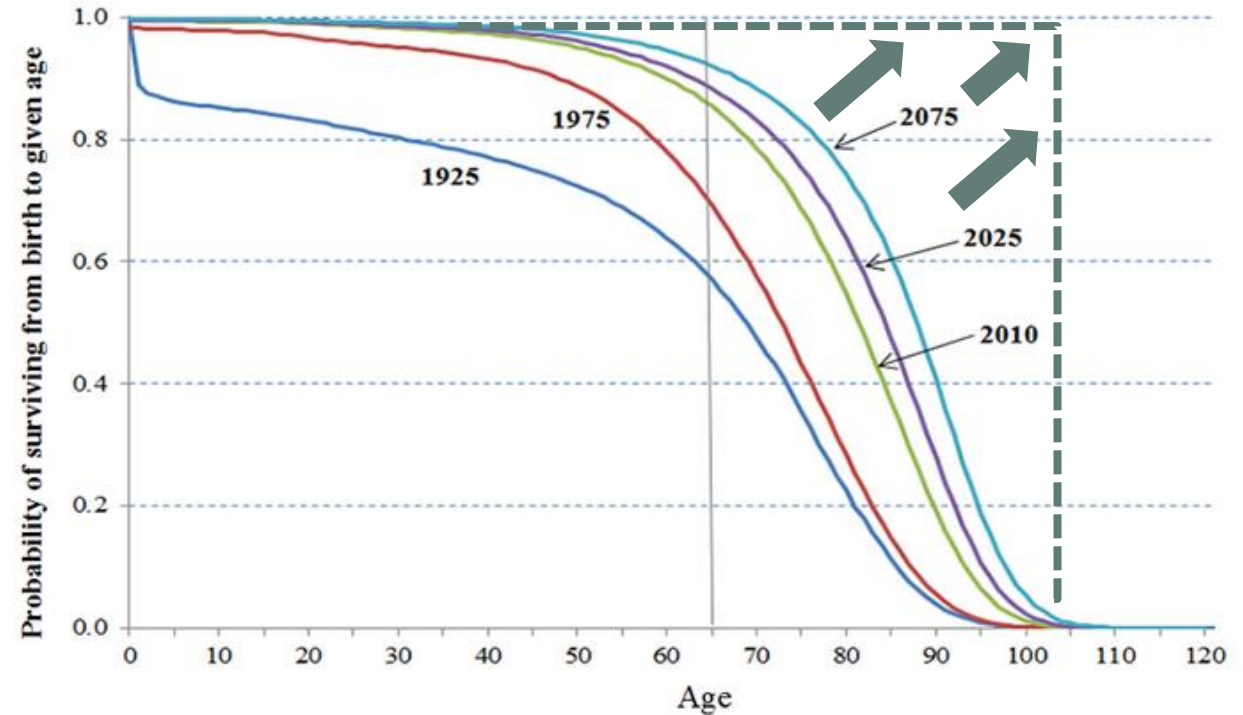


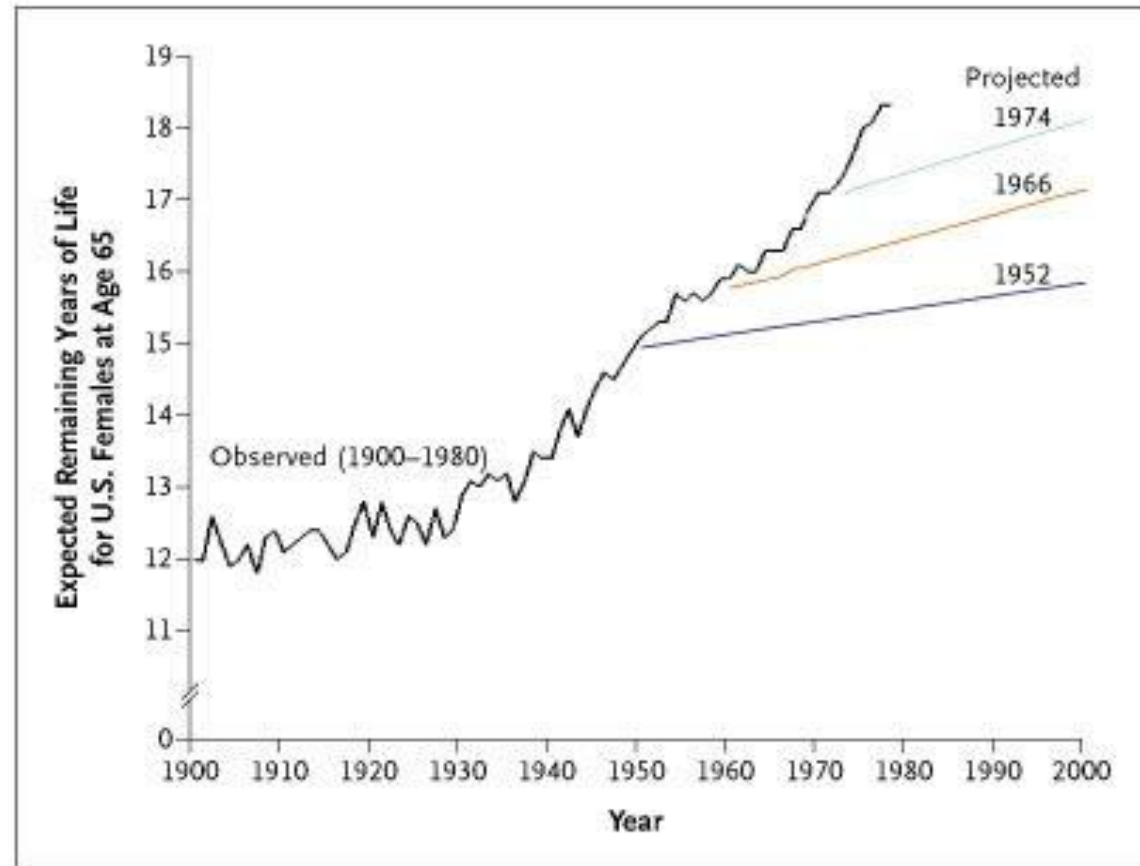
Chart 26: Survival Curves at Birth
Males (based on period life tables)



Life expectancy for U.S. females (to 1970)



The Crystal Ball, John William Waterhouse, 1902

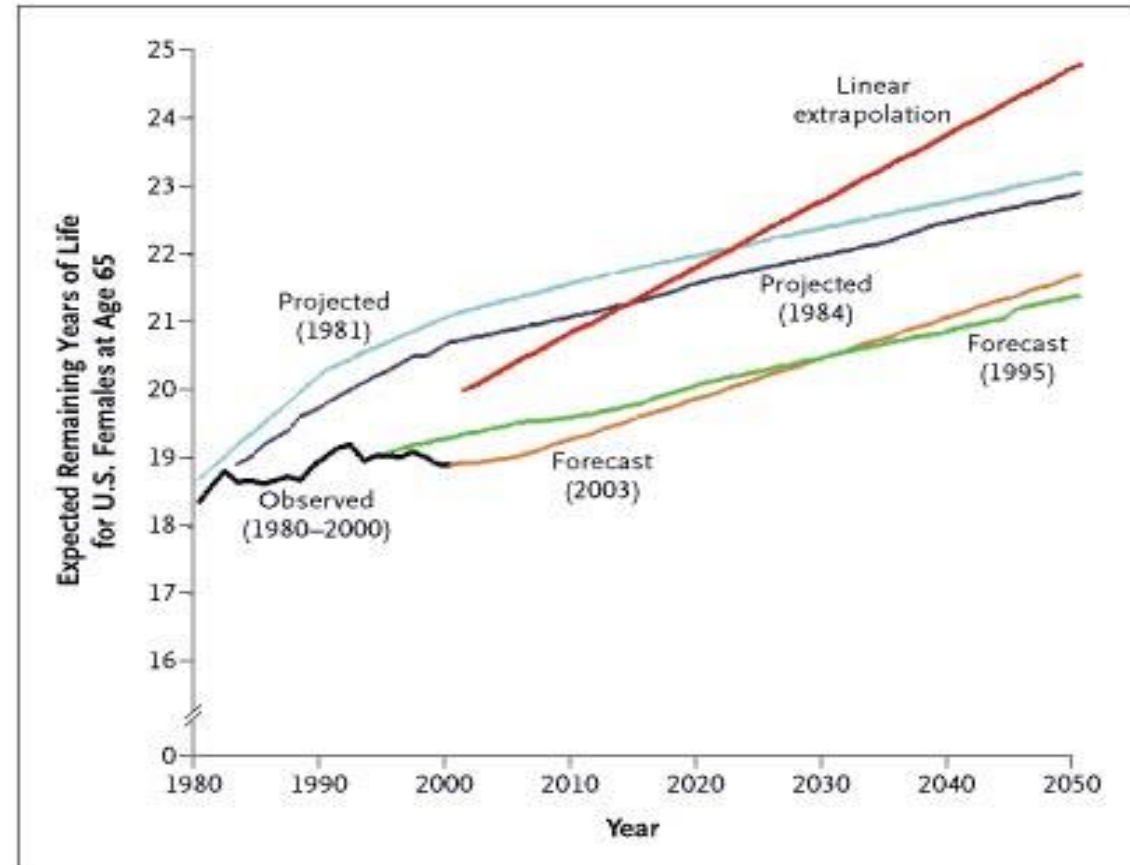


Olshansky, SJ et al, NEJM, March 17,2005;352 (11):1138

Life expectancy for U.S. females (to 2050)



The Crystal Ball, John William Waterhouse, 1902



Olshansky, SJ et al, NEJM, March 17,2005;352 (11):1138



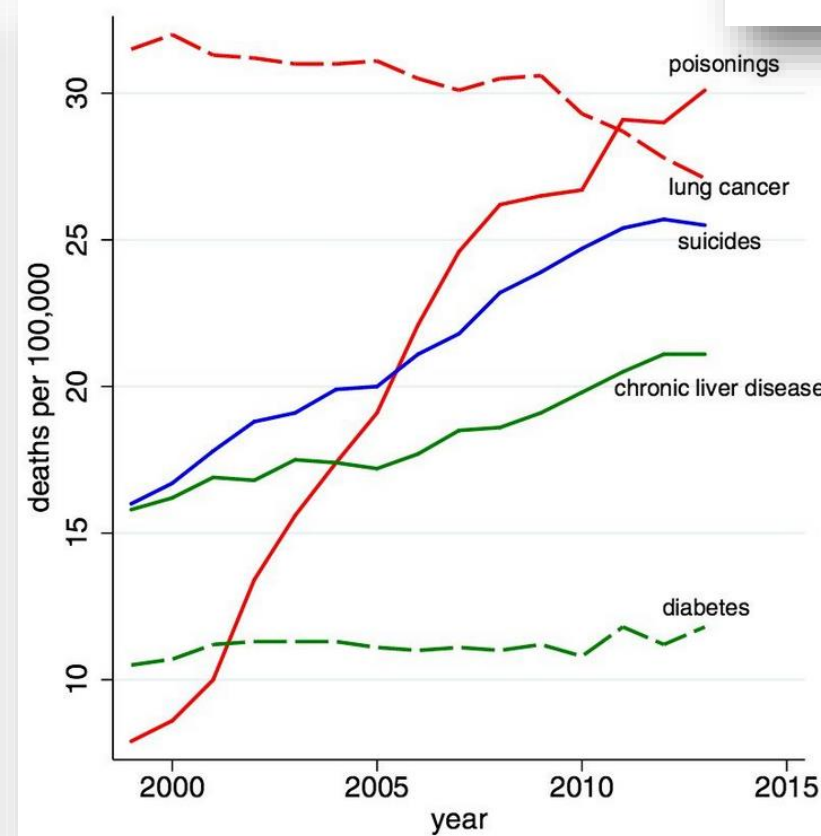
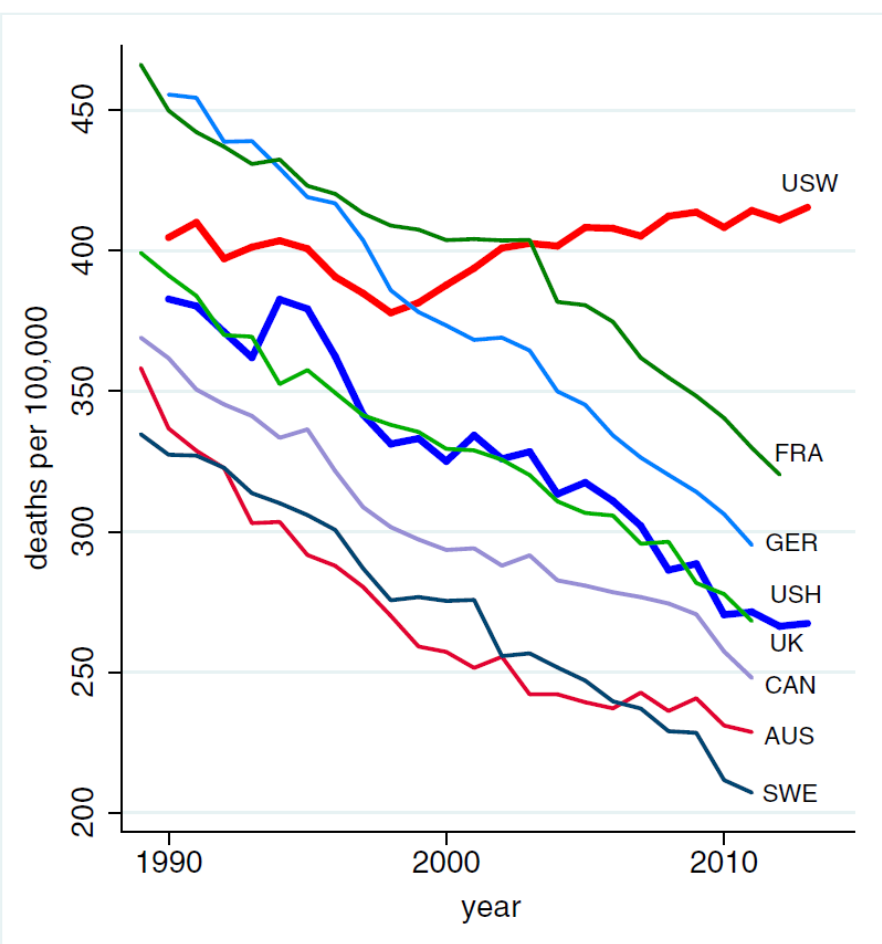
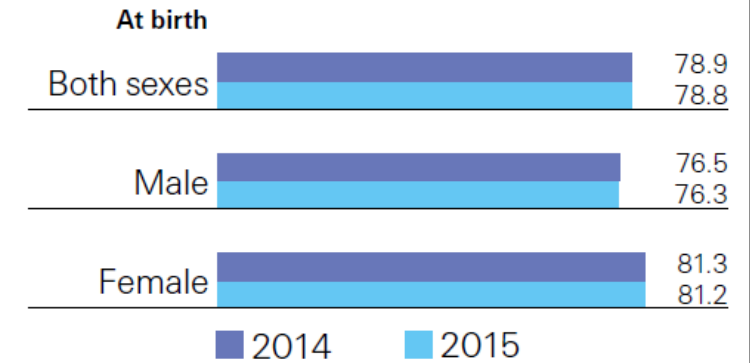
Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century

Anne Case¹ and Angus Deaton¹

Woodrow Wilson School of Public and International Affairs and Department of Economics, Princeton University, Princeton, NJ 08544

Contributed by Angus Deaton, September 17, 2015 (sent for review August 22, 2015; reviewed by David Cutler, Jon Skinner, and David Weir)

US life expectancy



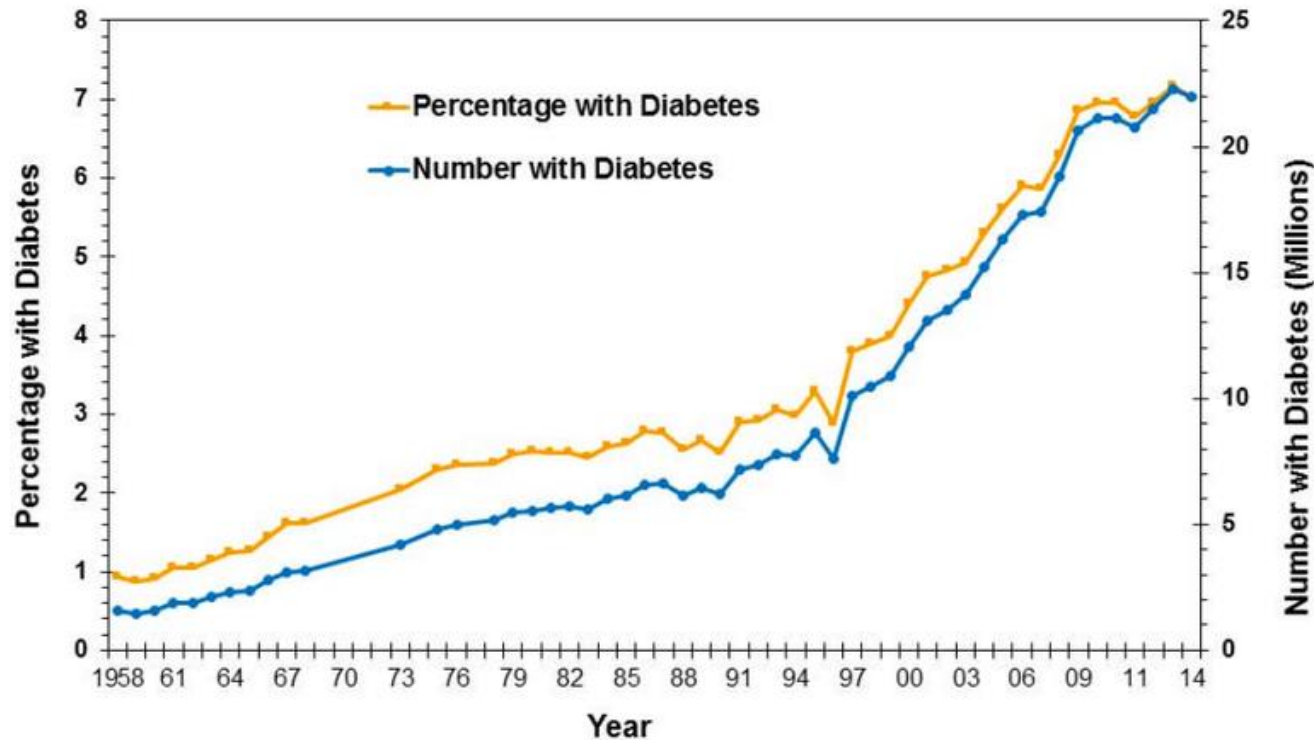
<http://www.cdc.gov/nchs/data/databriefs/db267.pdf>

Diabetes cause of death

Diabetes may be a major, overlooked reason Americans are now dying earlier

A new study triples the estimate for the death toll from diabetes.

Updated by Julia Belluz | @juliaoftoronto | julia.belluz@voxmedia.com | Jan 25, 2017, 2:00pm EST



Deaths Attributable to Diabetes in the United States: Comparison of Data Sources and Estimation Approaches

Andrew Stokes , Samuel H. Preston

Published: January 25, 2017 • <http://dx.doi.org/10.1371/journal.pone.0170219>

- We found a high degree of consistency between data sets and definitions of diabetes in the hazard ratios, estimates of diabetes prevalence, and estimates of the proportion of deaths attributable to diabetes. The proportion of deaths attributable to diabetes was estimated to be 11.5% using self-reports in NHIS, 11.7% using self-reports in NHANES, and 11.8% using HbA1c in NHANES. **Among the sub-groups that we examined, the PAF was highest among obese persons at 19.4%.**
- **The proportion of deaths in which diabetes was assigned as the underlying cause of death (3.3–3.7%) severely understated the contribution of diabetes to mortality in the United States.**

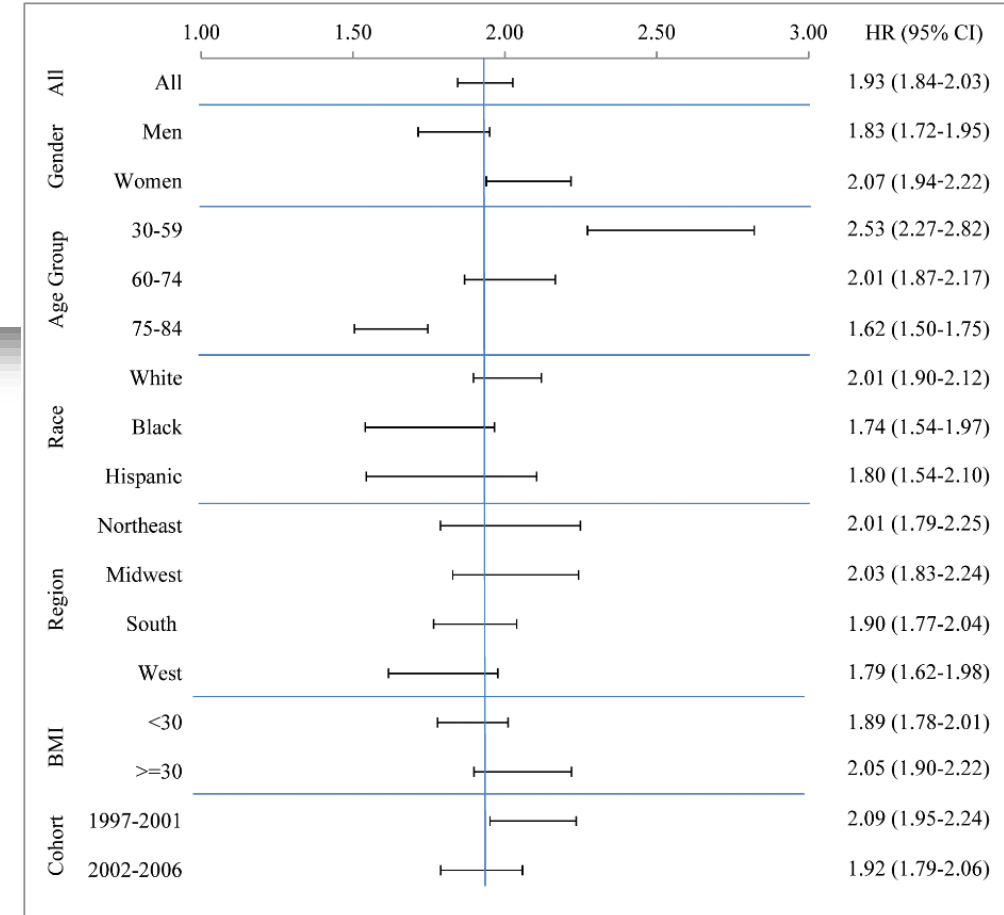


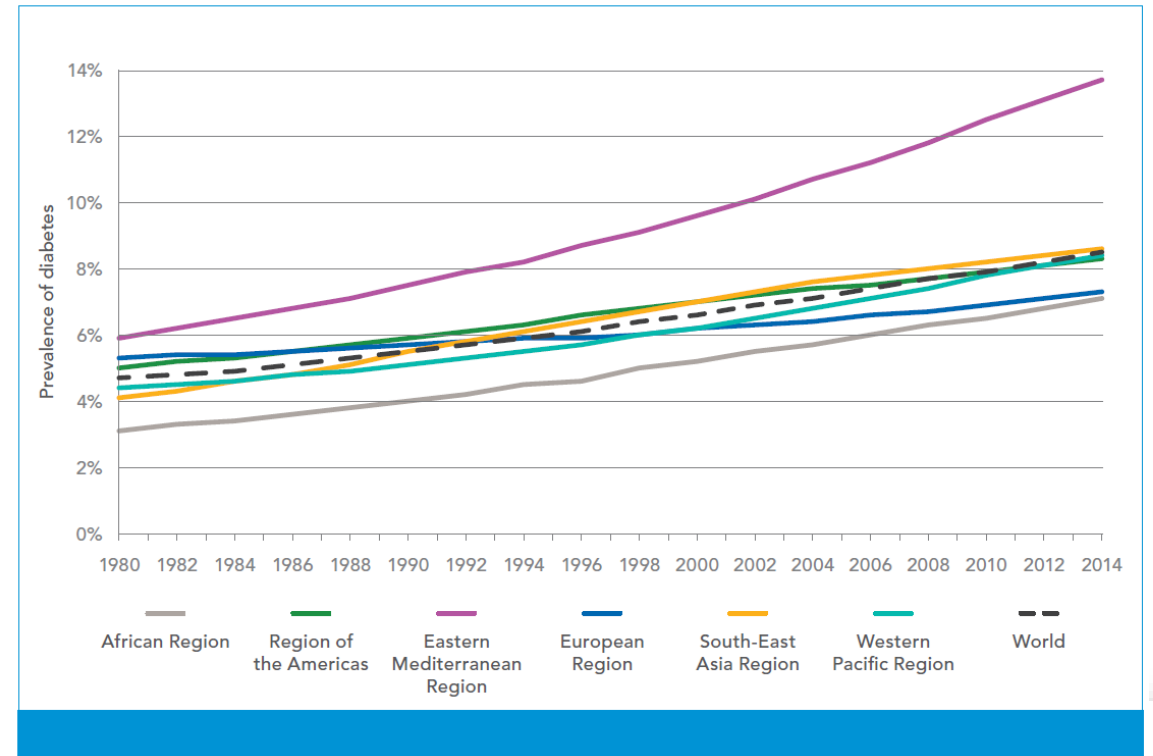
Fig 2. Hazard ratios expressing the association between diabetes status and mortality for all participants and by population subgroup

GLOBAL REPORT ON DIABETES



World Health
Organization

FIGURE 4B. TRENDS IN PREVALENCE OF DIABETES, 1980–2014, BY WHO REGION



KEY MESSAGES

Diabetes is a chronic, progressive disease characterized by elevated levels of blood glucose.

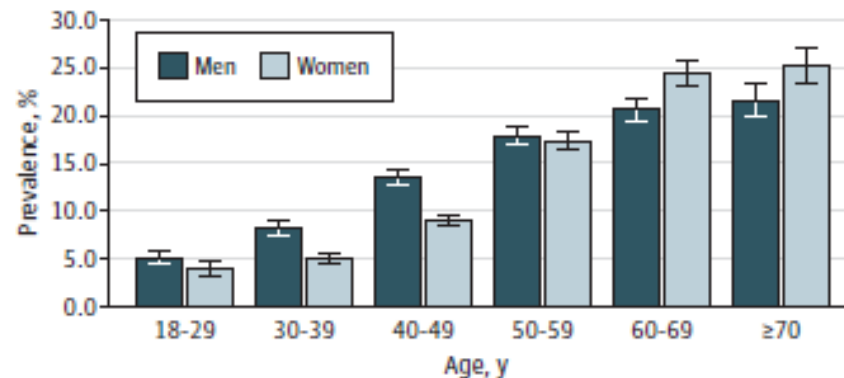
One study estimates that losses in GDP worldwide from 2011 to 2030, including both the direct and indirect costs of diabetes, will total US\$ 1.7 trillion, comprising US\$ 900 billion for high-income countries and US\$ 800 billion for low- and middle-income countries (32).

Prevalence and Control of Diabetes in Chinese Adults

Yu Xu, PhD; Limin Wang, PhD; Jiang He, MD, PhD; Yufang Bi, MD, PhD; Mian Li, PhD; Tiange Wang, PhD; Linhong Wang, PhD; Yong Jiang, MS; Meng Dai, BS; Jieli Lu, MD, PhD; Min Xu, PhD; Yichong Li, MS; Nan Hu, MS; Jianhong Li, MS; Shengquan Mi, PhD; Chung-Shiuan Chen, MS; Guangwei Li, MD, PhD; Yiming Mu, MD, PhD; Jiajun Zhao, MD, PhD; Lingzhi Kong, MD; Jialun Chen, MD; Shenghan Lai, MD, MPH; Weiqing Wang, MD, PhD; Wenhua Zhao, PhD; Guang Ning, MD, PhD; for the 2010 China Noncommunicable Disease Surveillance Group

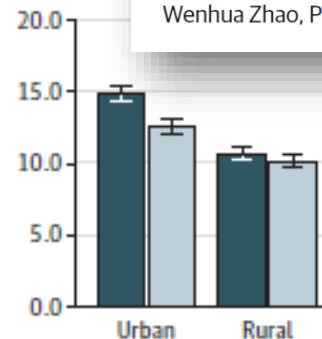
Its not only Western countries

A Diabetes



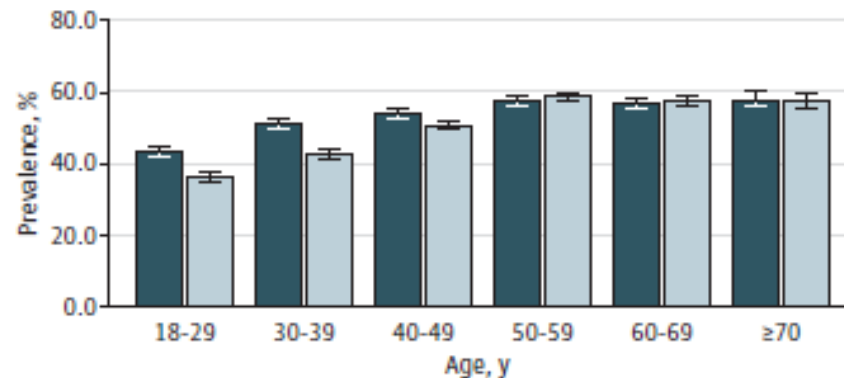
No. of participants

Men	7240	8056	10985	9340	6088	3434
Women	7470	9952	14005	11626	6721	3741



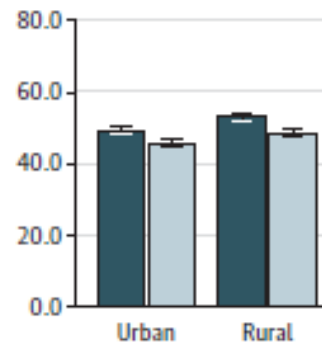
Men	17281	27862
Women	21647	31868

B Prediabetes



No. of participants

Men	7240	8056	10985	9340	6088	3434
Women	7470	9952	14005	11626	6721	3741



Men	17281	27862
Women	21647	31868

JAMA. 2013;310(9):948-958

Questions the industry is and will be asking

- FAD (sorry Jimmy) → unbelievable noise in this space, including that it always has a personal experience bias
- 40 yrs of being brainwashed – we all have experience of showing what we think is clear (and incontrovertible) evidence to bright and curious colleagues, with little effect
- long term outcome is not known
- persistency/drop out question
- affordability of this new diet
- impossible for some cultures to drop carbohydrate – rice, breads
- do we really know the mortality impact? (cf. functional medicine concept)



What could happen if those at risk switch and reduce carbohydrates?

Low carbohydrate diet to achieve weight loss and improve HbA1c in type 2 diabetes and pre-diabetes: experience from one general practice

Life	ADB	TPD	WOP	CI	DI	Cancer
50%	Std	100%	100%	75%	100%	50%

Table 1. Clinical characteristics prior to and following a low-carbohydrate intervention for an average of 13 months.

	<i>n</i>	Pre-intervention (95% CI)	Post-intervention (95% CI)	Change between pre- and post-intervention (95% CI)	<i>P</i> value
Sex (male/female)	68	33/35	–	–	–
Age (years)	68	58.3	–	–	–
Weight (kg)	64	97.8 (93.6, 101.9)	89.0 (84.9, 93.1)	–8.8 (–10.0, –7.5)	<0.001
SBP (mmHg)	27	144 (136, 152)	135 (130, 140)	–9 (4, 15)	0.002
DBP (mmHg)	27	85 (80, 89)	79 (75, 83)	–6 (2, 10)	0.005
GGT (iu/L)	65	76.9 (58.3, 95.6)	41.8 (33.0, 50.3)	–29.9 (–43.7, –16.2)	<0.001
HbA _{1c} * (mmol/mol)	38	52.4 (48.0, 56.9)	42.4 (39.7, 45.0)	–10.0 (–13.9, –6.2)	<0.001
Total cholesterol (mmol/L)	58	5.7 (5.4, 6.0)	5.3 (5.0, 5.7)	–0.3 (–0.5, –0.1)	<0.001
Cholesterol:HDL-cholesterol ratio	57	4.3 (3.9, 4.6)	3.8 (3.5, 4.1)	–0.4 (–0.8, –0.1)	<0.001

*HbA_{1c} levels were only followed up in those cases where the baseline was >41 mmol/mol (5.9%).

DBP=diastolic blood pressure; GGT=gamma-glutamyl transpeptidase; SBP=systolic blood pressure; *n*=number of people; 95% CI=95% confidence interval.

before intervention (illustrative only)

after intervention (illustrative only)

Practical Diabetes 2014; 31(2): 76–79

Life	ADB	TPD	WOP	CI	DI	Cancer
Std	Std	Std	Std	Std	25%	Std

Life : +50 → std

CI: +75 → std

DI: +100 → +25

How could the life insurance industry benefit?

- Globally change nutritional guidelines
 - (health) fat ok, sugar not, limit carbs (especially refined)
- Changing the health of obese & (pre) diabetic policyholders by shifting their dietary intake
- Offer incentives for new insurance applicants who are obese and (pre) diabetic to shift to a lower carb, healthy fat embracing lifestyle

- → reduction in disability may be the hidden gem in all this – less inflammation, chronic disease, psychiatric ailments, musculoskeletal complaints etc may all lead seismic reductions in disability claims, pricing and increase penetration of what is one of the most important long term health protection products.



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