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How much longer than the rest of us do royals live for? And do kings and queens enjoy a “healthy stress”?

*For centuries, Europe’s royals enjoyed standards of living that most of their subjects could only dream of, reports **Joan Costa-Font**. This “royal advantage” is now quite small, but monarchs continue to outlive their (non-ruling) siblings and consorts – suggesting a health boost from the “positive stress” associated with a strong sense of purpose and agency. If that is right, what does it mean for wider health policy debates?*

Social status not only influences people’s **beliefs and political views**. It also matters for individuals’ health, wellbeing and longevity. This can occur in many ways, such as via access to **networks and connections** as well as disparities in cognitive development and **economic resources** during childhood and adolescence. But investigating this relationship is tricky: how do you identify the effects of social status *per se* when other factors – such as career decisions and effort – may also factor into health outcomes?

In a **recent paper** with Alberto Batinti and Vasuprada Shandar, I tackle this by looking at the health effects derived from “positions of privilege” in the context of hereditary monarchies – where social status and privilege are not earned but conferred by birth. That is, royal families allow us to investigate the causal effects of privilege on longevity *without* factors like individual effort muddying the water. What’s more, with royal families we can also examine the effects of being a monarch, specifically, from that of other royals who enjoy royal status but do not have the same level of duties and purpose.

Tracking the “royal advantage” over time

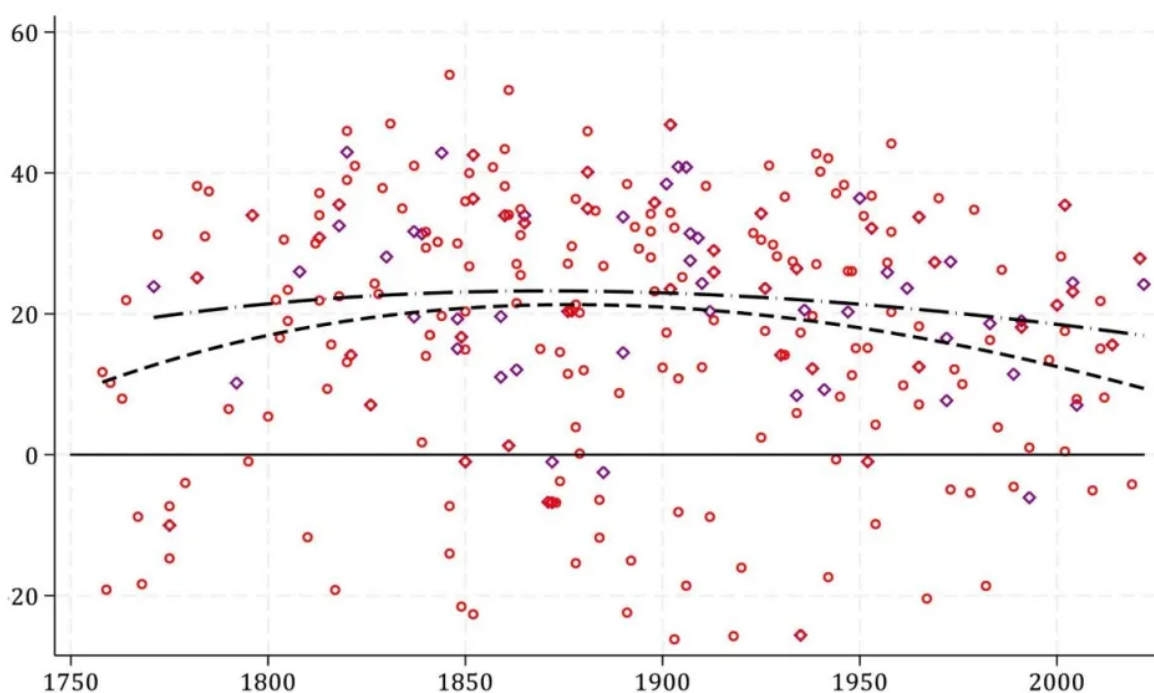
For centuries, Europe’s royals enjoyed standards of living which most of their subjects could only dream of. Our dataset tracks monarchs and their families from sixteen European countries from 1669 to 2022. We gather individual records on high nobility and ruling royals from various publicly

available sources to compile a set of birth and death records of monarchs, including their age of accession to the throne and time in power, as well as family relationships.

We find that for a long time, royalty outlived the general population by decades. Figure 1 plots the “royal advantage” over time: the difference between how long royals lived and how long the average citizen of their country could expect to live. Better food, cleaner water, and protection from war and labour made the crown not just a symbol of power, but of survival.

The gap peaked in the 19th century, before beginning to shrink as public health improvements – such as vaccines, sanitation, and modern medicine – helped ordinary people catch up (the dashed lines indicate a possible inverse-U shaped relationship). By the 20th century, the royal edge had shrunk considerably, and today, ordinary citizens live almost long as royals (although monarchs retain a small edge, as discussed below).

Figure 1. Difference between age at death and royal member’s lifetime average life expectancy at birth of the population



The chart plots age at death of the royal, minus the average life expectancy of the population at that time. For more details, see [Batinti et al \(2025\)](#).

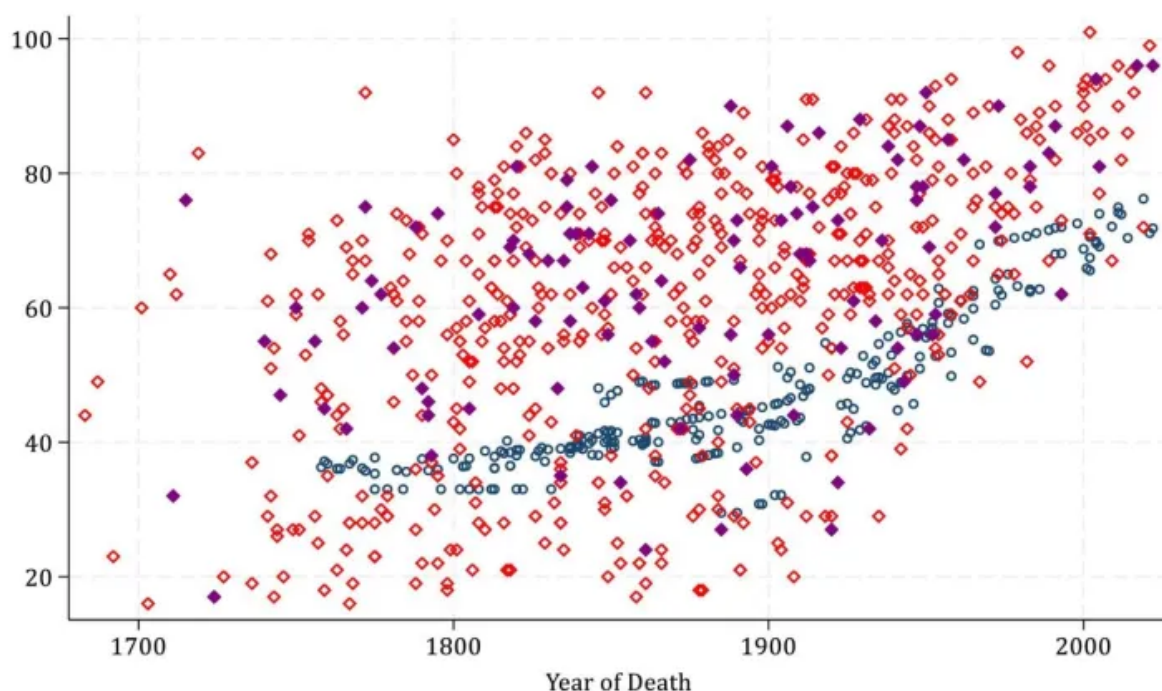
The decline of the royal advantage highlights an often-overlooked success story: public health. While privilege still matters for health outcomes, the dramatic reduction in the gap between royals and their subjects shows how modern medicine and social progress can level the playing field.

Ruling royals’ long lives: a case of “positive stress”?

Looking more closely at royal households, we find that monarchs – specifically kings and queens – tended to outlive their siblings and consorts. Instead of cutting their lives short, it seems the responsibilities involved in ruling a kingdom may in fact be good for your health. Even today, monarchs tend to outlive their siblings and consorts by about 5 to 7 years.

Figure 2 shows the age (at death) of royals over time. The red hollow diamonds represent members of the royal family not in power, while the purple diamonds show kings and queens with royal power. For comparison, the hollow blue circles show the population-level life expectancies at the year of death of the royal member.

Figure 2: Age at death of royals over time: Comparing ruling versus non-ruling family members



Source: *Batinti et al (2025)*.

Why did rulers outlive even their royal kin, who enjoyed the same wealth, upbringing, and privileges? The answer may lie in stress. Psychologists distinguish between negative stress (*distress*), such as that which comes from uncertainty and lack of control, and the positive stress (*eustress*) that comes with purpose and agency deriving from occupying roles of command, responsibility, and leadership. The latter, it is suggested, can strengthen resilience and health.



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For example, in the case of psychosocial stress, a study of **baboon populations** shows that individuals at the top of a stable hierarchy are often shielded from stress, whereas lower-ranking members experience heightened stress that negatively affects their health. This concept has been extended to humans, with **research** highlighting the role of psychosocial stress in shaping health disparities. In short: status influences the type of stress experienced, with those in higher positions being more exposed to positive stress (eustress) and potentially better endowed with higher resources to cope with stressful experiences.

Accordingly, it could be that for monarchs – unlike their siblings and consorts – having a clear sense of purpose and a large locus of control has exposed them to the positive side of stress, linked to better health, stronger immunity, and longer lives. In this sense, the crown's weight has added years of life rather than taking them away.

Of course, this effect is not limited to royal families. Our paper reviews research on social status and health in various other contexts. In academia, for example, **higher education** and **prestigious awards such as Nobel** or **literary prizes** are linked to longer life expectancy, though effects differ depending on when recognition occurs and whether individuals already enjoy high status. (**Newly-recognized individuals** often gain in longevity, while established figures may experience costs from the stress of sustaining distinction.) In political settings, elected officials who narrowly win office sometimes live longer, suggesting the presence of positive or “eustress.” On the other hand, in corporate settings, **CEOs and managers often face reduced lifespans** if they face a difficult work demands due to chronic (negative) stress and crises.

Policy conclusions

To sum up, the story of royal longevity is not just an account of dynastic history – it offers a lesson for today.

Public health advances have already narrowed the once-vast survival gap between royals and their subjects. But the persistence of a small edge for rulers highlights another dimension: the health dividend of agency, purpose, and stability. Modern health policy often focuses on resources and access, but it should also pay attention to the social and psychological foundations of health. Secure roles, meaningful work, and a sense of control could perhaps act as protective factors much

like vaccines or clean water once did. In other words, spreading “royal health” in the 21st century means not only equalizing material conditions, but also empowering people to feel that their lives are guided by purpose rather than precarity.

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*Image credits: “**King Louis XV (1710–1774) as a Child**” – After Hyacinthe Rigaud, via Met Museum of Modern Art (New York).*

About the author

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Joan Costa-Font is a Professor of Health Economics at the London School of Economics and Political Science (LSE). He works on the economics of ageing, behavioural incentives related to health and inequality. He co-coordinates the Ageing@LSE group and leads the Ageing and Health Incentives Lab (AHIL). He is a network research fellow for the Institute of Labor Economics (IZA) and the Center for Economic Studies (CESifo).

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