COVID-19: SOCIETIES UNPREPARED FOR AGEING?

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GLOBAL AGEING

To go further
Global ageing;
Demographic transition;
Demographic ageing;
Epidemiological transition;
Rectangularisation of death curve
GLOBAL AGEING & ETHICS: MIRACLE OR CURSE?

- Ethics of ageing: Moral principle that govern decision-making related to later adulthood, later life and death.

- Contradictory discourse around ageing
  - A miracle: life expectancy, later death, healthcare systems, social benefits
  - A curse: costs, ageing workforce, dynamics

To go further:
End of life; later life; retirement, active ageing; dependency; frailty

COVID-19 & AGEING: RAISING QUESTIONS ABOUT OUR APPROACH TO LATER LIFE

- COVID-19 and older age
  - An epidemic in the demographically oldest world ever
  - Older people at highest risk

- Raises questions
  - Who is really at higher risk?
  - How do we live end of life and death in contemporary societies?
  - What is the social structure around later life?
  - How do we accompany later life and death?

- COVID-19: SOCIETIES UNPREPARED FOR AGEING?
WHO IS REALLY AT HIGHER RISK?

Older people are overrepresented among victims

Older Adults are at Higher Risk

8 out of 10 deaths reported in the U.S. have been in adults 65 years old and older. See below for estimated percent of adults with confirmed COVID-19 reported in the U.S:

<table>
<thead>
<tr>
<th></th>
<th>Adults 65 – 84</th>
<th>Adults 85+</th>
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</thead>
<tbody>
<tr>
<td>Hospitalizations</td>
<td>31-59%</td>
<td>31-70%</td>
</tr>
<tr>
<td>Admission to intensive care</td>
<td>11-31%</td>
<td>6-29%</td>
</tr>
<tr>
<td>Deaths</td>
<td>4-11%</td>
<td>10-27%</td>
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</tbody>
</table>
WHO IS REALLY AT HIGHER RISK?

People Who Are at Higher Risk for Severe Illness

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
WHO IS *REALLY* AT HIGHER RISK?

- As older people are more likely to suffer from underlying medical conditions and multiple comorbidities:
  - Are we using chronological age as correct proxy?
  - Shouldn’t physiological age be considered a more adequate measure?

- As a result
  - Overgeneralisation and stigmatisation of older people
  - Inadequate measures for physiologically young older people (old = sick)
DEATH IN CONTEMPORARY SOCIETY

- Death: Older age, hidden and institutionalised
  - **Older age**: infant and premature death have decreased significantly
  - **Hidden**: occurs away from public eye
  - **Institutionalised**: hospitals, nursing homes
- COVID-19 makes mortality visible
- COVID-19 reinforces paradigm
  - Isolated end of life and death
  - Invisible older people
  - Impossible family and friends grief

Other example: heat wave of 2003 in Western Europe
COVID-19: THE DICTATORSHIP OF MORTALITY

Daily Deaths

Deaths per Day
Data as of 0:00 GMT+8

https://www.worldometers.info/coronavirus/worldwide-graphs/#daily-deaths
PREVENTING THE DYING FROM DYING (OF COVID-19)

- People who were previously seen at “naturally” dying are now perceived as tragic and avoidable victims of a poorly controlled phenomenon.
- Due to the impossibility to hospitalise due to risk of infection, illnesses are untreated – deaths unrelated (directly) to COVID-19 occur.
- Patients in later life receive extraordinary interventions to avoid death of COVID-19.
... AT ANY COST

- Hyper-isolation of older people – in institutions or at home
- Extra alienation from society
PACIFIC RING INEQUALITIES

- Technological analphabetism
- Access to care and social support
- Myths of family solidarity support systems in the Global South
- Fragile systems are at higher risk
- Risk associated with debts (and later austerity)
- Pauperisation
CONCLUSIONS

- The COVID-19 epidemic raises questions about our approach to ageing
- Rather than focusing on mortality figures, we must turn to
  - Quality of end of life and quality of death (and consider survival as a secondary outcome?)
  - Avoid futile medical interventions
  - Use of physiological age instead of chronological age
  - Review the place of risk vs. benefit in older people (and political responsibility)
- COVID-19 tests our relation to older age and ageing
Annual number of births by world region, 1950 to 2015

Source: UN Population Division (2017 Revision)
Number of deaths per year, World, 1950 to 2099
From 2015 onwards the medium variant of the UN population projections are shown.

Deaths (projection)

Source: UN Population Division (2017 Revision)