

COVID-19: SOCIETIES UNPREPARED FOR AGEING?

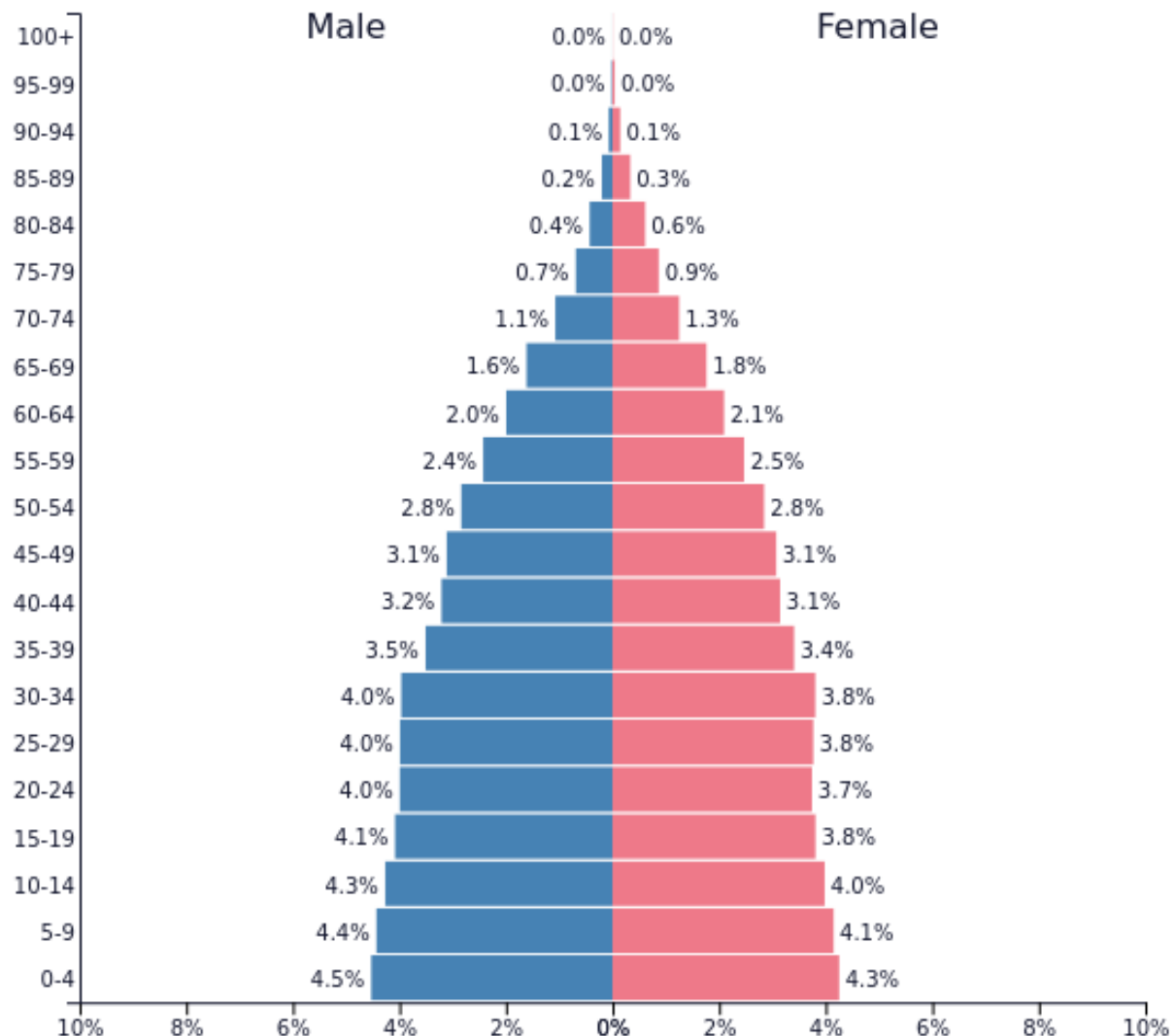
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GLOBAL AGEING

To go further

Global ageing;
Demographic transition;
Demographic ageing;
Epidemiological transition;
Rectangularisation of death
curve



GLOBAL AGEING & ETHICS: MIRACLE OR CURSE?

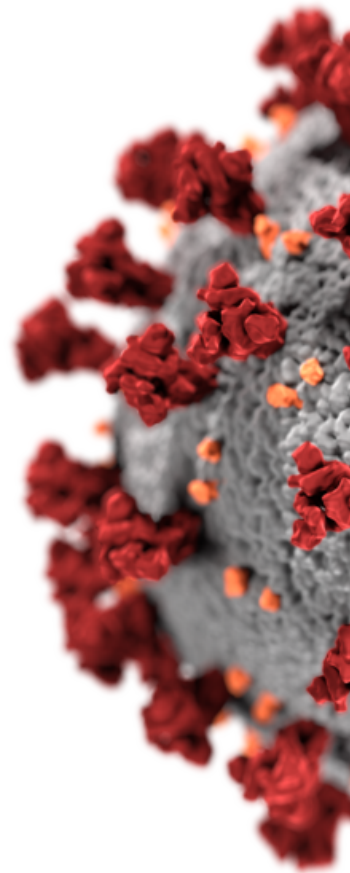
- Ethics of ageing: Moral principle that govern decision-making related to later adulthood, later life and death.
- Contradictory discourse around ageing
 - **A *miracle*:** life expectancy, later death, healthcare systems, social benefits
 - **A *curse*:** costs, ageing workforce, dynamics

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

Wareham CS. What is the ethics of ageing? *Journal of Medical Ethics* 2018;44:128-132.

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

Coronavirus Disease 2019 (COVID-19)

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:

	Adults 65 – 84	Adults 85+
Hospitalizations	31-59%	31-70%
Admission to intensive care	11-31%	6-29%
Deaths	4-11%	10-27%

WHO IS *REALLY* AT HIGHER RISK?



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Coronavirus Disease 2019 (COVID-19)

People Who Are at Higher Risk for Severe Illness

[Other Languages ▼](#)

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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:

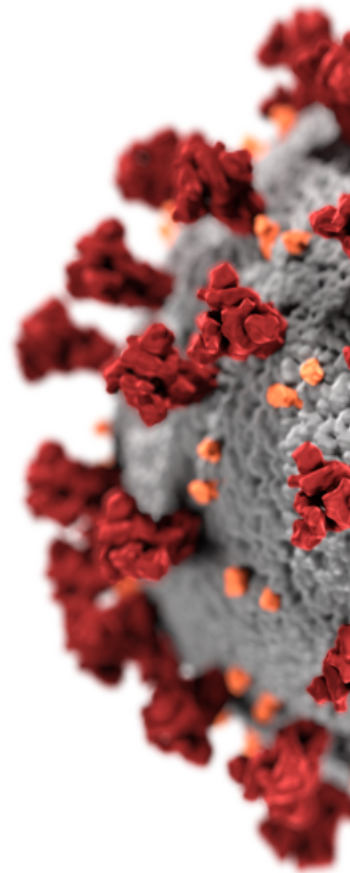
- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised

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

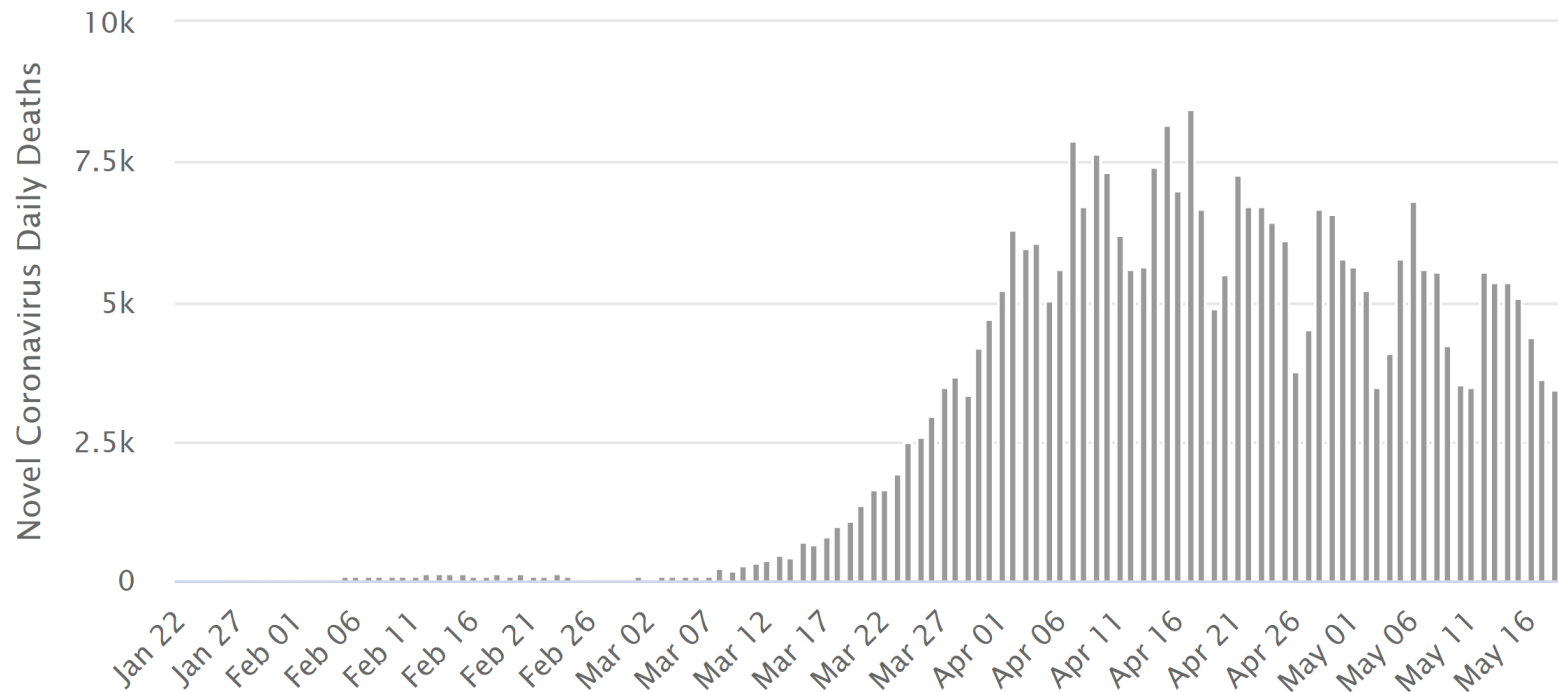
- Death: Older age, hidden and institutionalised
 - **Older age:** infant and premature death have decreased significantly
 - **Hidden:** occurs away from public eye
 - **Institutionalised:** hospitals, nursing homes
- COVID-19 makes mortality visible
- COVID-19 reinforces paradigm
 - Isolated end of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



COVID-19: THE DICTATORSHIP OF MORTALITY FIGURES

Daily Deaths

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



PREVENTING THE DYING FROM DYING (OF COVID19)

...

-
- 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

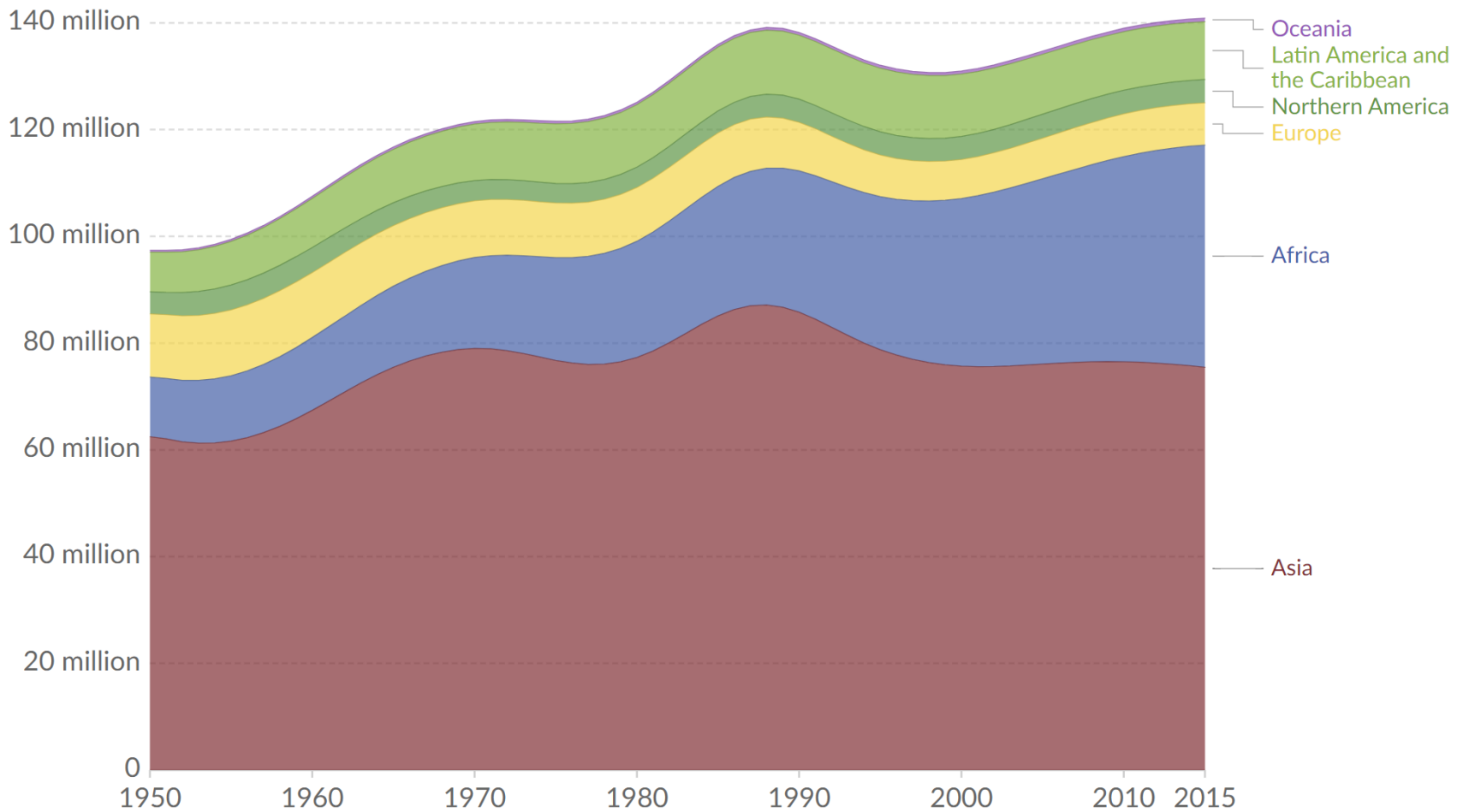
- Technological analphabetism
- Access to care and social support
- Myths of family solidarity support systems in the Global South
- Fragile systems are at higher risk
- Risk associated with debts (and later austerity)
- Pauperisation

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

Our World
in Data



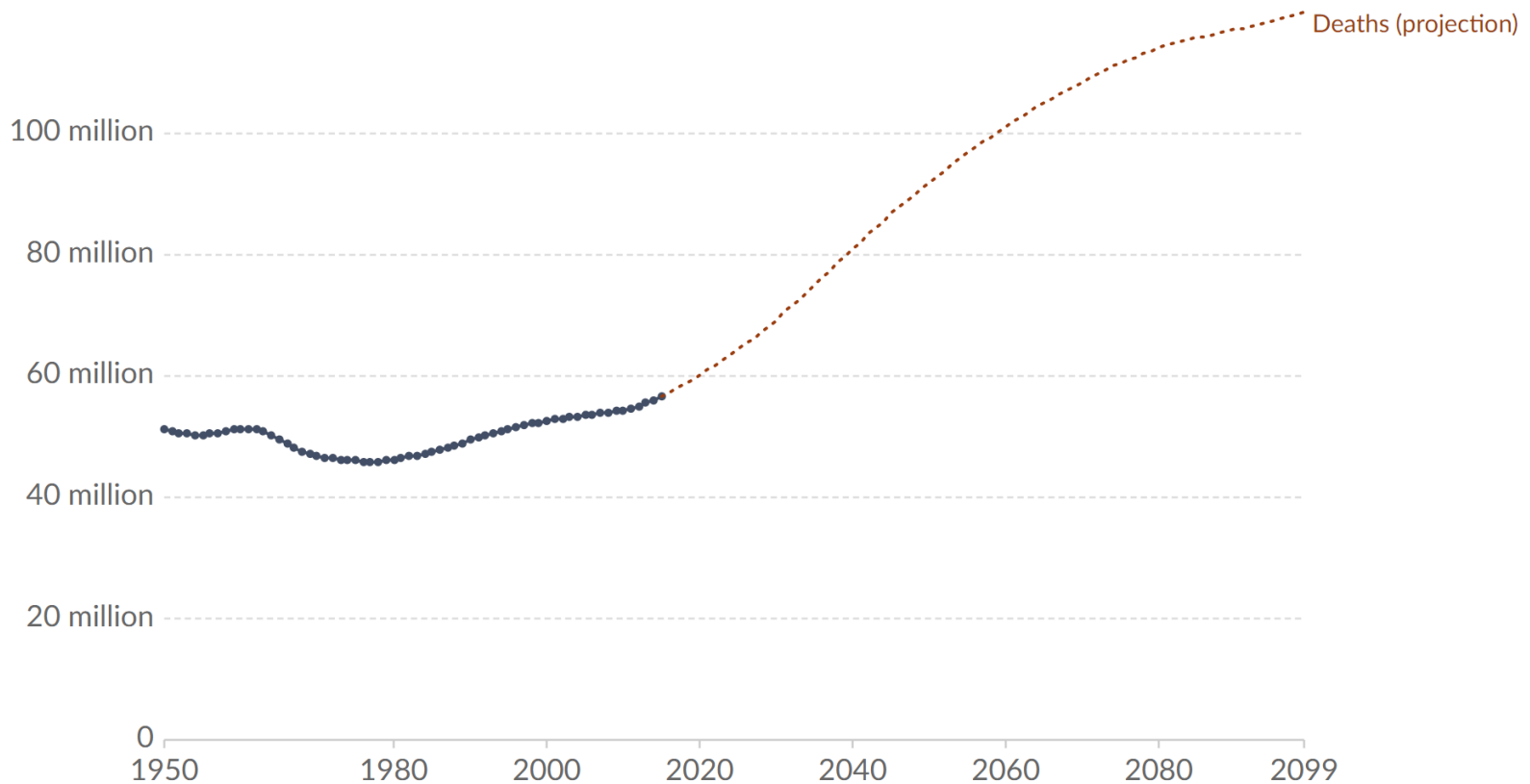
Source: UN Population Division (2017 Revision)

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Number of deaths per year, World, 1950 to 2099

From 2015 onwards the medium variant of the UN population projections are shown.

Our World
in Data



Source: UN Population Division (2017 Revision)

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