

GUEST COMMENTARY

A FORGOTTEN CROWN OF GLORY: THE ELDERLY AND COVID-19

JUSTIN CHU, MA

The nursing home where I worked this past summer was fortunate. The long-term care facility shielded its residents from the chaos of the pandemic unfolding outside and managed to avoid any positive COVID-19 cases among its residents and staff for the summer. Of course, this came at a cost. Visitors were barred, activities were canceled, and residents were largely made to stay in their rooms. Even though residents received the same medical care as before—physicians still inspected wounds and nurses continued to pass medications—their mental health and overall wellbeing noticeably diminished. No longer able to enjoy bingo or attend religious services, they sat in their rooms watching TV, becoming more confused by the day.

Other nursing homes have encountered greater medically-related difficulties. By October of 2020, nearly 50% of COVID-19 deaths occur in nursing homes, with Britain losing approximately 5% of its nursing home population to the virus.¹ During those early months of the pandemic in the US, residents and employees of nursing homes accounted for 35% of COVID deaths in the country.² The elderly in general were afflicted by the disease at a disproportionate rate, and this knowledge caused many to shelter in their homes uncertain about when they might be able to leave.³

Although the COVID-19 pandemic presents a situation of exceptional magnitude, the mental and physical hardships of the elderly are anything but novel. With necessary support dreadfully lacking, governments and societies must attend to the needs of society's elderly. Changes in both attitude and policy towards the elderly are appropriate for society to achieve humane care for those approaching old age.

With dementia is on the rise among the aging population,⁴ increasing numbers of elderly adults are placed into the care of nursing homes by family members unable or unwilling to care for them. In fact, one million residents with dementia were in American care homes in 2017.⁵ These nursing homes, in turn, are often underfunded and understaffed, a fact made all too evident as they struggled to maintain rigorous testing and sufficient PPE stores during the pandemic.⁶ (I was expected to use the same surgical mask for five shifts, keeping it in a paper bag when I was not working.)

Societal stigmatization of the elderly, especially those with dementia, became increasingly clear during the pandemic. People downplayed the harm of the virus as only affecting old people, as if this was no cause for concern.⁷ For those with dementia, this dehumanization is the norm, as they are often looked upon as less than human with their impaired mental cognition. In countries with legal euthanasia or assisted suicide, this disregard for their judgments and wishes can be the brink to allowing for their death.⁸

Clearly, the elderly remain at risk for more than just COVID-19. Solutions to this problem should address both policy and public attitudes. Policy measures ought to

focus on expanding access to care. While the market-driven economy of the US makes it easy to revert to business models that undercut care while maximizing profits, access to care for the elderly should focus on models that prioritize the patient.⁹ This would allow flexibility in cases where certain types of care, such as at-home care, would be more beneficial than institutionalized care. Policymakers should also seek to ensure adequate staffing and supplying of nursing homes, which are typically neglected compared to hospitals.¹⁰

However, policy measures alone will not help elderly adults. Public attitudes must shift towards once again recognizing the elderly, especially those with dementia, as human. I am not suggesting that comments such as “the virus only affects the elderly” necessarily mean to dehumanize them. However, while this observation may be useful for targeted policy, it must not be used to denigrate the elderly demographic as lacking economic or productive value.¹¹ The elderly, even those with dementia, still deserve medical care. Society must reverse the notion that resources should be reserved for the economically pragmatic. If the U.S. is to solve its nursing home crisis, it must first attend to its attitude crisis towards the people living in the homes.

References

1. “The Pandemic Shows the Urgency of Reforming Care for the Elderly,” *The Economist*, last modified July 25, 2020, accessed October 12, 2020, <https://www.economist.com/international/2020/07/25/the-pandemic-shows-the-urgency-of-reforming-care-for-the-elderly>.
2. Rachel Werner, Allison Hoffman, and Norma Coe, “Long-Term Care Policy after Covid-19 — Solving the Nursing Home Crisis,” *New England Journal of Medicine* 383, no. 10 (May 2020): 903–905, <https://www.nejm.org/doi/full/10.1056/nejmp2014811>.
3. “Coronavirus Disease 2019 (COVID-19)—People at Increased Risk: Older Adults,” Centers for Disease Control and Prevention, last modified February 11, 2020, accessed October 12, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>.
4. “As Humanity Ages the Numbers of People with Dementia Will Surge,” *The Economist*, last modified August 27, 2020, accessed October 12, 2020, <https://www.economist.com/special-report/2020/08/27/as-humanity-ages-the-numbers-of-people-with-dementia-will-surge>.
5. “The Big Question About Dementia Care Is Who Is Going to Do It,” *The Economist*, last modified August 27, 2020, accessed October 13, 2020, <https://www.economist.com/special-report/2020/08/27/the-big-question-about-dementia-care-is-who-is-going-to-do-it>.
6. Werner, Hoffman, and Coe, “Long-Term Care Policy after Covid-19,” 903–905.
7. S. Held, “The Staggering, Heartless Cruelty Toward the Elderly,” *The Atlantic*, last modified March 12, 2020, accessed October 12, 2020, <https://www.theatlantic.com/ideas/archive/2020/03/respect-old/607864/>.
8. “Too Often the Basic Rights of People with Dementia Are Overlooked,” *The Economist*, last modified August 27, 2020, accessed October 13, 2020, <https://www.economist.com/special-report/2020/08/27/too-often-the-basic-rights-of-people-with-dementia-are-overlooked>.
9. “How the Nursing Home Lobby Blocked Reforms in Louisiana,” *The Economist*, last modified July 18, 2017, accessed October 13, 2020, <https://www.economist.com/democracy-in-america/2017/07/18/how-the-nursing-home-lobby-blocked-reforms-in-louisiana>.
10. Werner, Hoffman, and Coe, “Long-Term Care Policy after Covid-19,” 903–905.
11. Held, “The Staggering, Heartless Cruelty Toward the Elderly.”

Justin Chu, MA, received his master’s in bioethics from Trinity International University. He will begin medical school at the Medical College of Wisconsin in the fall of 2021.