
LONG TERM CARE FOR ELDERLY – COVID-19 REFLECTIONS

12 key statements

COVID-19 came not only to the care sector like an avalanche. The speed and the impact were overwhelming yet the care sector passed the biggest “test” and secured care for the elderly across the globe trying to protect both seniors and all care staff and other employees working in the aged care sector.

The crisis has nonetheless shown the “sore spots” in long term care. CURAVIVA Switzerland launched an international discussion to identify the issues and to initiate a discussion promoting answers and solutions. This document and initiative were co-created together with European Ageing Network, Global Ageing Network, CommonAge and Leading Age as key international stakeholders in long term care for elderly.

Short overarching statements are provided which describe the biggest problems, weaknesses and threats that the recent Coronavirus crisis has opened, showed and/or accentuated.

The goal of this document and action is to open public discussion. Discussion with central and regional governments, with regulators, with the donators and with other stakeholders. It’s here for national umbrella associations, expert societies or for everyday care providers to use it.

Feel free to translate it to your languages, to add it, modify or to choose just some of the statements. It supposed to support and encourage you for changing things and for opening taboos that have always been here in elderly care but have been highlighted over recent months during the global pandemic.

Statement 1:

Categorising all elderly people to a risk group from 65 years old and beyond, as happened during the coronavirus crisis, paves the way for age discrimination. People age as individuals. Assigning a single number to old age can never do justice to the diversity of ageing.

Statement 2:

The protection of public health is paramount; indeed this was one of the most-trumpeted statements during the coronavirus crisis. Anyone who understands this to mean only physical protection against coronavirus infection fails to do justice to a holistic concept of health. “Health” comprises, and must include, physical, mental, spiritual and social aspects.

Statement 3:

In many countries, old-age policy is fiscal policy. As soon as people become very old and vulnerable, any investment by the state is no longer seen as worthwhile. With each passing year towards death, very old people then become a cost burden for society. A fundamental social attitude like this robs the elderly of their dignity.

Statement 4:

In political and social discussions, old age is still considered synonymous with illness. Old age is not a disease, but a phase of life.



Statement 5:

A dying person is not sick, they have merely reached the end of their lifespan. It is the duty of the state and of society to support people along their chosen path to life's end in such a way that makes this possible within a dignified setting. The current taboos associated with death and dying are of no benefit to anyone and rob people of their dignity in their final moments.

Statement 6:

During the coronavirus crisis, hospitals were prioritised over nursing homes. The aim was to make provision for sufficient intensive care beds, should ventilation become necessary. The over-80s were told to stay where they were and to write their living will in such a way so as not to deprive anyone of an intensive care bed.

Statement 7:

Politicians and the general public do not generally hold nursing professionals in high esteem. State funds are opened to companies whose raison d'être is to make profits, yet people who devote their lives to caring for others merely receive applause and a thank you. As such, attempts to pay tributes to carers remain mere political lip service and are a mockery for those concerned.

Statement 8:

The willingness of state authorities to pay coronavirus-related additional costs in long-term care is low, which in turn illustrates the inadequate appreciation of the elderly.

Statement 9:

Covid-19 has highlighted the very high unacceptable mortality rate in aged care homes in many countries due to the Coronavirus. The world community has not responded well to this aged demographic. Every life has the same value.

Statement 10:

Looking after our elderly sits at the margin of most health systems and the general community and is viewed as an economic liability. Communities need to view every individual as human being with value and with human rights.

Statement 11:

COVID-19 has highlighted the global prevalence of ageism as well as a lack of planning in elderly care. As a result, the elderly population receiving care, as well as those providing it, have been let down during the COVID-19 pandemic. It is important to recognise this and apologise as well as giving thanks. In addition, changes must be made going forward. The elderly population must be valued equally, and planning should be put in place for every type of elderly care.

Statement 12

COVID related deaths global affected mostly the elderly and yet in some countries these numbers were not included. Those recovering from COVID also included many 'elderly' and yet the focus was on the number of deaths not the number of recoveries (many times due to magnificent care of long-term care facilities). This must be recognised as an integral part of the long term care system.