



How COVID-19 has Created Ageism in Healthcare



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Regardless of age, gender and social status, there are very few aspects of our daily lives that have *not* been affected by the COVID-19 pandemic. Social distancing, 'non-essentials' working from home, wearing masks, and 'Zooming' with loved ones rather than seeing them in person, are all practices that (at some point or another in the last month) the vast majority of the country has adapted to, as the weight of the situation becomes more and more evident.

The mantra of 'We are all in this together' may be a bit cheesy, but it's on point. It is, indeed, proven that this virus is *more* dangerous to the elderly population, but that certainly doesn't mean it's not dangerous to everyone else. As a cut-and-dry example, more than 20% of COVID-19 hospitalisations in Italy have been people under the age of 50.

Many falsities have been spread about this virus not affecting younger people, and it is starting to embolden an existing ageism that [negatively stereotypes both young and old people](#) in our country, in a time when 'working together' will legitimately save human lives.

The Negatives of Social Distancing

First and foremost, the positives immeasurably outweigh the negatives and we should all continue to do it. With that, it is [proven human nature](#) to care more about those we actually interact with, which for most of us has shrunk to being our roommates and our pets.

In the early stages of the pandemic response, the Centres for Disease Prevention and Control (CDC) stated that the disease was especially harmful to the elderly population and those people should take extra care. Though correct, a lot of the country missed the 'especially' part and that led to situations like what was witnessed with packed beaches of young people on Spring Break, and 'quarantine parties' being held across the nation. Were the elderly at these gatherings? Probably not, but had they been, it's fair to think that the young people involved would have been more cautious, thus a slight negative of the elderly population being told that staying home was essential for their own wellbeing, but just 'a good practice' for the younger population.

Shari Harding, assistant professor in the department of nursing at [Regis College](#), says there are three main avenues where coronavirus impacts ageism in healthcare: societal ageism outside of healthcare, medical decision-making, and mental health needs of older adults.

“As younger adults become increasingly frustrated with social distancing measures, healthcare providers need to remind everyone that we are in this together and that this virus can affect people of all ages. While older adults are at higher risk, other underlying medical conditions are also important to consider. My worry is that societal ageism might lead to informal or formal practices that are discriminatory rather than protective for older adults,” Harding says.

[Mental issues](#) arising from isolation seem to affect the aging population more negatively. People aged 85 and older have the second-highest rate of suicide, and it’s often attributed to a feeling of worthlessness. That feeling is easier to combat when able to see and interact with a regular support system, many of which have been handcuffed by social distancing. Taking extra steps to interact with these people via telephone, video conference, etc, can legitimately help them stay mentally strong.

“This is a very stressful time for everyone, and older adults are also likely to have mental health needs that should not go undertreated during this time. While some feelings of anxiety, depression, or loneliness are normal during social distancing, older adults have historically had their depression underdiagnosed or undertreated. During this pandemic, there is an increased risk of this. Our healthcare system needs to leverage resources, and we should be sure that the services we offer are flexible for older adults, such as telephone visits where possible,” Harding says.

Isolation, Ageism and the News

By definition, ageism is a prejudice or discrimination on the grounds of a person’s age. By making stories such as the aforementioned Spring Breakers front-page news, the news builds and perpetuates an [ageist stereotype](#) that youngsters are selfish and reckless. Certainly the ones reported on were, but that’s not a depiction of every youngster in the country. Failing to report on stories such as countless young people going out of their way to deliver groceries for their elderly neighbours and things of the like, instils a sense of ageism in the elderly population who is stuck at home with only their favourite TV station to inform them.

News stories covering senior deaths in nursing homes are few and far in between. According to Dr Holly Wilson, PhD, professor of philosophy [at Louisiana State University online](#), “We don’t hear about how many seniors are dying in nursing homes. The Federal Government according to NBC news (April 10) is not reporting the death tally in nursing homes. These deaths are not perceived to be tragic. This is a sign of ageism.”

On the other hand, the reports of COVID-19 being a ‘disease for the old’ cause unnecessary levels of fear regarding the elderly to those youngsters stuck at home with only their favourite TV station to inform them. Deciphering fact from fiction is hard enough when you have friends to discuss things with; in the new age of isolation, it is the news’ responsibility to report truths and stifle ageist stereotypes that are directly impacting the spread of this virus, and it’s our responsibility to look for good when the news isn’t sharing it.

“Another sign of ageism is the way the states report the deaths due to COVID-19. Louisiana, for instance, reports many of the ‘underlying conditions’ that a person had who passed away from coronavirus. Most of these physical conditions are those that the elderly suffer from. This reporting conveys the impression that somehow these deaths are not tragic. Many people with underlying conditions have very happy lives with their conditions being managed by medicine,” Dr Wilson adds.

What Can You Do?

[Recognising ageism as a very real stereotype](#), just like sexism and racism, is the first step. Relative to

COVID-19, it really does come down to reminding yourself that 'we are all in this together.' Breaking down stereotypes can be challenging when there isn't a glaring point of agreement between whichever demographics are being compared, but a silver lining of the pandemic is the fact that we all have a common enemy in COVID-19.

Continue to social distance, but remember that personal contact does not have to be physical and try not to let physical isolation also narrow your views on people of different age groups. Ultimately, this ability to work together will legitimately save lives.

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