COMMENTARY

Ageism and COVID-19: what does our society’s response say about us?

Sarah Fraser1,†, Martine Lagacé2,†, Bienvenu Bongué3, Ndatté Ndeye3, Jessica Guyot3, Lauren Bechard4, Linda Garcia5, Vanessa Taler6, CCNA Social Inclusion and Stigma Working Group*, Stéphane Adam7, Marie Beaulieu8, Caroline D. Bergeron9, Valérian Boudjemadi10, Donatienne Desmette11, Anna Rosa Donizzetti12, Sophie Éthier13, Suzanne Garon14, Margaret Gillis15, Mélanie Levasseur16, Monique Lortie-lussier6, Patrik Marier17, Annie Robitaille1, Kim Sawchuk18, Constance Lafontaine18, Francine Tougas6

1Interdisciplinary School of Health Sciences, Faculty of Health Sciences, University of Ottawa, Ottawa, Ontario KIN6N5, Canada
2Department of Communication, Faculty of Arts, University of Ottawa, Desmarais Building, Ottawa, Ontario KIN6N5, Canada
3Université Jean-Monnet, France
4Department of Kinesiology, University of Waterloo, Ontario, Canada
5Life Institute, University of Ottawa, Ottawa, Ontario, Canada
6School of Psychology, University of Ottawa, Ottawa, Ontario, Canada
7Psychology of Aging Unit, University of Liège, Belgium
8School of Social Work, University of Sherbrooke
9National Public Health Institute of Quebec
10Psychology of Aging Unit, University of Liège, Belgium
11Faculté des sciences économiques, sociales, politiques et de communication, Université Catholique de Louvain, Belgium
12School of Social Work & Criminology, Laval University, Québec, Canada
13School of Social Work, University of Sherbrooke, Québec, Canada
14International Longevity Centre, Canada
15School of Readaptation, University of Sherbrooke, Québec, Canada
16Centre de Recherche et d’Expertise en Gérontologie Sociale (CREGÉS), Centre Intégré Universitaire de Santé et de Services Sociaux du Centre-Ouest de l’Île de Montréal, Centre Affilié Universitaire, Québec, Canada
17Concordia University, Montreal, Canada

Address correspondence to: Sarah Fraser. Email: sarah.fraser@uottawa.ca

*Members are listed in the acknowledgements.
†Sarah Fraser and Martine Lagacé are considered as first authors.

Abstract

The goal of this commentary is to highlight the ageism that has emerged during the COVID-19 pandemic. Over 20 international researchers in the field of ageing have contributed to this document. This commentary discusses how older people are misrepresented and undervalued in the current public discourse surrounding the pandemic. It points to issues in documenting the deaths of older adults, the lack of preparation for such a crisis in long-term care homes, how some ‘protective’ policies can be considered patronising and how the initial perception of the public was that the virus was really an older adult
problem. This commentary also calls attention to important intergenerational solidarity that has occurred during this crisis to ensure support and social-inclusion of older adults, even at a distance. Our hope is that with this commentary we can contribute to the discourse on older adults during this pandemic and diminish the ageist attitudes that have circulated.

**Keywords:** ageism, COVID-19, public discourse, long-term care homes, older people

**Key points**

- The public discourse during COVID-19 misrepresents and devalues older adults.
- The ageist attitudes circulating during COVID-19 make some people think that the pandemic is an older person problem.
- Intergenerational solidarity is important to maximise the support and connectedness of older adults during COVID-19.

_A society is measured by how it cares for its “older” citizens_ (WHO, 2019) [1].

Ageism is a reality in western societies [2,3] and current views of older people are too often tinged with false beliefs and prejudices [2,3]. Public authorities often consider older adults to be a burden rather than an integral segment of the population whose members must be supported. Older adults are rarely given a voice and are seldom considered when making decisions. The media has a considerable role in the propagation of ageist stereotypes and negative attitudes towards older adults, particularly in times of crisis when age is not a relevant factor [3,4]. The COVID-19 pandemic has accentuated the exclusion of and prejudice against older adults. The current crisis highlights a disturbing public discourse about ageing that questions the value of older adults’ lives and disregards their valuable contributions to society [5].

**The patronising face of ageism**

In addition to the misrepresentation of COVID-19 as an ‘older adult problem’, many countries have chosen to impose stricter restrictions on older adults, ordering them to remain inside during the pandemic [7]. These restrictions exacerbate the longstanding problem of older adults’ isolation and the health consequences of social disconnectedness that existed long before the pandemic [8]. While restrictions may aim to be protective, such policies have often translated into patronising public communication depicting all older adults as ‘vulnerable’ members of society. In one Canadian city, people over 70 years of age have been encouraged to sign up for the ‘vulnerable person registry’ [9]. In another province, many healthy adults aged 70 years old and older have been the target of patronising attitudes when out for a walk, being told that they should not be outside.

**Public discourse and the undocumented deaths of older adults**

One of the most blatant examples of disregard for the lives of older adults is the failure of the public authorities in France to report mortality figures for older adults in nursing homes. This could lead the public to conclude that their deaths were insignificant and to be expected [6]. The pandemic was initially not taken seriously, in France, and elsewhere, where the public discourse presented it as only dangerous to older adults. It may have been the case that this narrative partially explained the resistance to following public health guidelines. Even after many weeks of COVID-19, governments are still begging citizens to stay home. In other words, is this pandemic reinforcing and highlighting the dormant ‘us’ versus ‘them’ phenomenon? It is also revealing that the younger adults who have died from complications of COVID-19 throughout the world have often generated long and in-depth media reports, while the deaths of thousands of older adults have been simply counted and summarised, if they were documented at all. This implies that the death of a young adult merits a life story, while the death of an older adult is too often merely a statistic.

**Disregarding the potential impact of COVID-19 in long-term care homes**

Outbreaks of COVID-19 first emerged in Asia and Europe in December 2019 and January 2020. What was already evolving in those areas clearly pointed to particularly challenging and concerning situations, underscoring a need to protect older adults in long-term care (LTC) homes during a major pandemic. Health providers in countries such as Italy expressed major concerns regarding the safety and security of residents, pleading for more staff and protective equipment. Now, in Canada, many LTGs have been unable to manage devastation from of the virus. We were slow, and possibly even negligent in preparing a response to COVID-19 that could have reduced the number of victims in LTCs. Did a pre-pandemic lack of resources for residents of LTC homes exacerbate this looming crisis and slow our response?

**The shared risk of COVID-19**

Canadian data now suggest that younger adults represent the largest proportion of COVID-19 carriers, and people under 60 years of age account for a significant portion of hospitalizations (including >35% in intensive care) [10]. Younger adults are not immune to this virus, and they
share responsibility for its spread. A lackadaisical attitude towards public health directives increases risk for everyone. Ultimately, COVID-19 is not a disease of older adults, and it effects will be felt by everyone. We all must do our part to curtail its spread.

**COVID-19 ageism and social media**

Ageism reached a new level with the hashtag #BoomerRemover. This vulgar concept highlights two prevalent ageist attitudes in the COVID-19 pandemic response [11]:

- Older adults are ‘sitting ducks’, vulnerable and helpless against COVID-19. High mortality rates amongst older adults are considered an ‘inevitable’ and ‘normal’ outcome of this pandemic.
- Healthy younger adults may perceive themselves as invulnerable to COVID-19 and, as a result, may not realise the importance of following public health advice and policies on infection prevention. Videos of university-age students engaging in mass gatherings for Spring Break in Miami, FL [12] or St Patrick’s Day in Kingston, ON [13], despite calls from public health officials to engage in social distancing, highlight this misperception.

Public messaging is important. How older and younger adults perceive their susceptibility to COVID-19 influences their health behaviours and has consequences.

**The value of a life as age-dependent**

Even though COVID-19 mortality rates are higher in older adults compared to other age groups, our concern is that age is being conflated with frailty and co-morbidity, which are likely to be the more important factors associated with mortality. Social media highlights older adults who sacrifice their own lives so that ventilators can be used for someone younger. When medical equipment, and hospital capacity becomes scarce, care providers may be faced with the ethical decisions about whose life takes priority and age may become a deciding factor. The USA has formally adopted the Ventilator Allocation Guidelines whereby ‘age may be considered as a tie-breaking criterion in limited circumstances’ [14]. This may lead people to believe that an older person’s life may be less valuable than that of someone younger. What will be the cost to society of the sacrificed lives of older adults?

**BUT also intergenerational solidarity**

Despite clear indications of ageism, there are also encouraging signs of intergenerational solidarity during this pandemic. There are myriad examples of younger people supporting older adults during their isolation: dropping off groceries, looking after their garden and working to keep them socially connected. Some health care professionals who are working tirelessly to help others have taken the time to show compassion and connect older adults in hospitals or residences with their loved ones via smartphones [15]. Although the ‘vulnerable person registry’ has an unfortunate, ageist name, the goal of the programme is to communicate regularly with older adults (once a week) and ensure that they are aware of the resources available to them and that their needs are being met.

**Conclusion**

As concerned advocates and researchers interested in ageing, it is our opinion that we should be aware of and try to reduce the ageist views being propagated during COVID-19. Higher mortality rates for any group, including older adults, have devastating consequences. It’s not just the preventable loss of human lives or strain being placed on our healthcare and social systems or older adults are invaluable members of society. They are a source of generational knowledge and wisdom, they contribute to the workforce in increasing numbers, they volunteer and they are key to the strength of our economies and our families. We cannot afford to be careless about these lost lives because of ageist attitudes. We need to consider what we stand to lose if we let ageism influence how we discuss and treat older adults during and after the COVID-19 pandemic.

**Acknowledgments:** Canadian Consortium on Neurodegenerative Aging (CCNA) Social Inclusion and Sigma Working Group Members (listed in alphabetical order): Melissa Andrew, Department of Medicine (Geriatrics), Dalhousie University, Halifax NS. Melanie Bayly, Postdoctoral fellow with the Canadian Centre for Health & Safety in Agriculture, College of Medicine, University of Saskatchewan. Jennifer Bethell, Scientist, KITE-Toronto Rehabilitation Institute –UHN, Alison Chasteen, Department of Psychology, University of Toronto. Valerie Elliot, Department of Psychology, University of Saskatchewan. Rachel Herron, Department of Geography and Environment, Brandon University. Inbal Itzhak, Knowledge Translation Specialist, Canadian Consortium on Neurodegeneration in Aging (CCNA), August Kortzman, Department of Psychology, University of Saskatchewan. Colleen Maxwell, Schools of Pharmacy and Public Health & Health Systems, University of Waterloo. Kathy McGilton; Senior Scientist, KITE-Toronto Rehabilitation Institute, UHN. Laura Middleton, Department of Kinesiology, University of Waterloo. Debra Morgan, Rural Health Delivery, Canadian Centre for Health and Safety in Agriculture (CCHSA) University of Saskatchewan, Canada. Megan O’Connell, Department of Psychology, University of Saskatchewan. Hannah O’Rourke, Faculty of Nursing, University of Alberta. Natalie Phillips, Department of Psychology, Concordia University. Margaret Pichora-Fuller, Department of Psychology, University of Toronto. Kayla Wallace, Department of Psychology, University of Saskatchewan. Walter Wittich, School of Optometry–École d’optométrie, Université de Montréal.
Declaration of Conflicts of Interest: None.
Declaration of Sources of Funding: None.

References

1. World Health Organization (WHO). A society is measured by how it cares for its elderly citizens. Available at https://www.who.int/news-room/feature-stories/detail/a-society-is-measured-by-how-it-cares-for-its-elderly-citizens (24 May 2019, date last accessed).
2. Levy SR, Macdonald JL. Progress on understanding ageism. J Social Issues 2016; 72: 5–25.
3. Lagacé M. L’âgisme: Comprendre et changer le regard social sur le vieillissement. Québec: Presses de l’Université Laval, 2010.
4. Fraser S, Kenyon V, Lagacé M, Wittich W, Southall K. If it is in print, it must be true? Stereotypes associated with age-related conditions and assistive device use in the Canadian media. Gerontologist 2015; 21: 762–70.
5. McNamara TK, Gonzales E. Volunteer transitions among older adults: the role of human, social, and cultural capital in later life. J Gerontol B Psychol Sci Soc Sci 2011; 66: 490–501.
6. Boumedienne, A. Coronavirus: Le Nombre de décès en Ehpad probablement beaucoup plus lourd que le bilan officiel. Available at https://www.20minutes.fr/sante/2748183-20200325-coronavirus-nombre-deces-ephad-probablement-beaucoup-plus-lourd-bilan-officiel (25 March 2020, date last accessed).
7. Uusi Suomi. Measures against Covid-19 to stay in effect in Finland until 13 May, says Marin. Available at https://www.helsinkitimes.fi/finland/finland-news/domestic/17492-measures-against-covid-19-to-stay-in-effect-in-finland-until-may-13-says-marin.html (31 March 2020, date last accessed).
8. Armitage R, Nellums LB. COVID-19 and the consequences of isolating the elderly. Lancet Public Health 2020.
9. Meagher, J. Coronavirus: Beaconsfield opens ‘vulnerable person registry’. Available at https://montrealgazette.com/news/local-news/coronavirus-beaconsfield-opens-vulnerable-person-registry/ (1 April 2020, date last accessed).
10. Government of Canada. 2020. Epidemiological Summary of COVID-19 cases in Canada: Demographics. Available at https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/epidemiological-summary-covid-19-cases.html (2 April 2020, date last accessed).
11. Capuano C. Que faire de nos vieux?: une histoire de la protection sociale de 1880 à Nos Jours. France: Presses de Sciences Po, 2018.
12. CBS News. If I get corona, I get corona. At the end of the day, I’m not gonna let it stop me from partying’: Spring breakers are still flocking to Miami despite Coronavirus Warnings. Cbsn.ws/33sb67i. Available at https://twitter.com/CBSNews/status/1240371160078000128?s=20 (18 March 2020, date last accessed).
13. Krause, K. Coronavirus: Queen’s St. Patrick’s Day party went on after health officials urged against it. Global News Canada. Available at https://globalnews.ca/news/6678488/coronavirus-queens-st-patricks-day-party/ (14 March 2020, date last accessed).
14. Zucker H, Adler K, Berens D. Ventilator Allocation Guidelines. Albany: New York State Department of Health Task Force on Life and the Law, 2015.
15. Archibald-Pannone, L. COVID-19: 4 tips to help the elderly stay connected. Available at https://www.weforum.org/agenda/2020/03/seniors-elderly-coronavirus-isolation/ (13 March 2020, date last accessed).

Received 15 April 2020; editorial decision 22 April 2020