

Ageism and Intergenerational Tensions in the Covid-19 Period
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In France, the average age of patients infected with SARS-CoV-2 is 61 years: one third of patients are over 65 years, 25% are between 65 and 74 years and 8% are over 75 years old. However, it is in the latter age group that 74% of deaths occur, reflecting co-morbidities and state of dependency.

Beyond these indisputable statistical data, medicine provides a more comprehensive view of the ageing phenomenon.

Elderly people are not a homogeneous group. Age cannot be resumed only in the number of years. At the same age, today's seniors are very different from their ancestors. Their physical and intellectual performance correspond to those of younger people 10 to 15 years from the previous generation. However, while the decline in physiological reserves, the accumulation of chronic diseases and the loss of functionality in daily life are the lot of everyone, the advance into old age affects the population in a very unequal way.

Covid-19 gives rise to "ageism", defined by the Larousse as "an attitude of discrimination or segregation against the elderly". The current epidemic context in which the risk of dying may be faced with a limitation of resources provides a breeding ground for intergenerational tensions. Emerging in China, they have been openly revealed in Israel and the United Kingdom by decisions imposing the separation of grandparents from their grandchildren or the containment of the elderly for 4 months. The gap is widened when it is pointed out that the seniors, who no longer contribute directly to the development of the country's economic activity, benefit from a retirement pension...

This intergenerational confrontation, fuelled by the current health crisis, has not only negative aspects; it is also an opportunity to recall the essential role played by seniors in the family, associations and society, as well as the urgent need to guarantee the protection and respect due to them.

The National Academy of Medicine recommends:

- never to use the age criterion for the allocation or distribution of property and resources; if rationing of therapeutic means is necessary, the choice should be based on physiological, clinical and functional criteria in order to get the best results in the short and long term;
- to substitute the notion of "physical distancing" for that of "social distancing" in order to make it clearer that observing barrier gestures does not imply isolation from the world, but that it allows to continue to communicate in a different way;
- to pay special attention to the most vulnerable and functionally impaired older adults residing in long-stay institutions and to ensure that they continue to enjoy all their rights.