

**Emerging from the Covid-19 outbreak
For a methodology of deconfinement that respects the Human being
Press release from the French National Academy of Medicine
April 18, 2020**

In a previous press release¹, the Academy has already drawn attention to the need for a number of adjustments in the implementation of containment measures in special institutions for the most dependent elderly people. The constraints associated with Covid-19 are a source of isolation for these persons, of remoteness for their families, and of moral constraints for health personnel committed to providing them with a satisfactory quality of life. The induced moral suffering should not be underestimated.

The return to a certain normality is therefore awaited with a particular impatience by these elderly people. However, given the sum of uncertainty that remains about the evolution of the epidemic in the population, it is difficult to anticipate the end of the crisis and the implementation of deconfinement proves to be very delicate. The simplistic temptation to manage this episode by age groups (a hypothesis already rejected by the Academy²) and to impose on the elderly remaining confined in the name of their own protection is unsatisfactory.

The National Academy of Medicine is very concerned about the public repercussions of such a strategy and its amplification by social networks as far as the European Union, and would like to recall some basic principles of humanism:

- The amalgam between elderly people, people with disabilities and people affected by chronic diseases, understandable for a statistician, can be very badly experienced by human beings thus cataloged.
- Any categorization imposes precise limits and generates threshold effects. What is the age limit? Which chronic diseases? Which degree of severity? Which disabilities? How to evaluate the risk incurred individually in the face of the infinite diversity of specific clinical situations.
- There is a latent confusion between the overall population of senior citizens and that of EHPADs, composed of people afflicted with varying degrees of dependence and subject to specific constraints. Some elderly people living at home are also partially dependent on medical and material aids. But there is also a large population of healthy, active and useful senior citizens who contribute not only to the economy, to voluntary work in associations, but also to the activity of their descendants by providing childcare for their grandchildren. If these grandparents were placed under house arrest, they would default when the parents return to work.
- If the idea of deconfining senior citizens last is based on the desire to protect them, it tends to turn them into a second-class citizens. The prospect of confinement to an undefined deadline since it depends on the availability of tests, validated treatments, and ideally a vaccine, is likely to induce suffering and despair, the impact of which, beyond its physiopathological consequences, we measure poorly. - 5ème alinéa 1ère ligne "allowing" plutôt que "in order"

¹ Académie nationale de Médecine, Communiqué of 27 March 2020 on “COVID 19 epidemic in Establishments for dependent elderly people. Enable doctors and health care providers to carry out their mission in accordance with their duty of humanity. »

² Académie nationale de Médecine, Communiqué of 5 April 2020 on "Covid 19: containment exit"

- Is it better to take a controlled risk by respecting barrier gestures allowing to live with others, or to languish in a hopeless solitude? Such a choice belongs to each individual; we must respect what is agreed to call patient consent, reminding us that healthy aging "means keeping one's capacities to continue doing what is important for each of us".³

In order that the release from confinement takes place in the best conditions and benefits from the support of the involved populations, **the National Academy of Medicine recommends that the following principles be respected:**

1. Encourage the general population to intergenerational solidarity by continuing to apply everywhere and at all times the rules of hygiene and barrier measures, including the wearing of masks for the general public, which will help to create a favourable or less risky environment for fragile people;
2. To consider all persons with any kind of frailty (age, disability, chronic diseases) as responsible and useful to society, and to propose only recommendations to them, to the exclusion of any binding and arbitrary regulation;
3. To respect in all cases the patient's decision, which is the result of the unique doctor-patient bond.

Académie nationale de Médecine, Communiqué of 5 April 2020 on "Covid 19: release from confinement".

³ WHO, Integrated Care for Older People, ICOPE (Organizing integrated health-care services to meet older people's needs, Bull World Health Organ 2017;95:756–763)