



Thank you for joining us for today's program

The program will begin at 12 p.m. ET.

This presentation is being recorded and the recording will be made available to you.

Catholic health care is on the front lines responding to the coronavirus outbreak in the United States. During this time, we pray for all those affected by the virus. CHA has created a webpage with information, prayers and resources from our members and other reliable sources related to COVID-19, available at:

www.chausa.org/coronavirus



The Elderly – Our Future

A WEBINAR SERIES SPONSORED BY THE COMMUNITY OF SANT'EGIDIO, CATHOLIC CHARITIES USA AND THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

Impacts of Pandemic and Improved Longevity

March 24, 2021



Moderator

JULIE TROCCHIO

Senior Director

Community Benefit and Continuing Care

Catholic Health Association







Presenter

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Professor of Medicine

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Georgetown University

Washington, D.C.



The Elderly---Our Future: Impacts of Pandemic and Improved Longevity

MYLES N. SHEEHAN, S.J., M.D. DIRECTOR PELLEGRINO CENTER FOR CLINICAL
BIOETHICS, PROFESSOR OF MEDICINE, DAVID LAULER CHAIR IN CATHOLIC
HEALTH CARE ETHICS, GEORGETOWN UNIVERSITY

Question

- ▶ What is the impact of the COVID-19 pandemic, from the viewpoint of a physician, albeit not actively practicing, and ethics?

What have we seen?

As of February 24, 2021 478,912 deaths, for those 65-74 yo 103,451 deaths, for those 75-84 yo 133,557 deaths, those 85 and over 151,344 deaths.

So, 388,852 deaths have been those 65 and over, more than 75% of the total.

Roughly 25% occurred in nursing home or long-term care, most in hospital.

(Data from CDC.gov accessed March 2, 2021)

What was going on?

- ▶ Rapidly spreading disease in US beginning March 2020
- ▶ Initial clusters in long term care
- ▶ Fears that hospitals would be overwhelmed
- ▶ Active COVID cases transferred to nursing homes and LTC
- ▶ Discussion of rationing of beds, ICU beds, ventilators with age as a criterion

Special issues in nursing homes

- ▶ Staff working multiple jobs bringing virus to multiple facilities
- ▶ Lack of PPE
- ▶ Room sharing and common areas
- ▶ Lock downs and isolation
- ▶ Families and friends not allowed to visit

A Medical Viewpoint

- ▶ Every year we see excess deaths in the older population from influenza
- ▶ COVID, like influenza, likely disproportionately affects the elderly due to comorbidities and loss of functional reserve that is common in older persons (e.g., decreased immune response, diminished cardiac function, limitations in kidney function, decreased pulmonary function, increased vulnerability to delirium)
- ▶ The lack of vaccine and adequate infection control as well as conditions specific to long term care fueled the spread of the virus

An Ethicist's Viewpoint

- ▶ Is our manner of caring for the frail elderly kind or just?
- ▶ Placing older persons in shared rooms, limiting privacy and raising risk of infection
- ▶ Care often provided by people at the bottom of the socioeconomic ladder, who are poorly reimbursed, and often work in multiple facilities
- ▶ Isolation of residents of nursing home and long-term care served an important good, but it has had tremendous negative consequences with loneliness, depression, and pain from deprivation of normal contact and activities
- ▶ Placing infected persons in long term care was done to avoid hospitals being overwhelmed but it placed those already residing in great peril and caused more cases and deaths
- ▶ Although age can be a surrogate for other factors that might limit the effectiveness of treatment, using age alone shows disrespect for the human dignity of the old

Hope for the Future

- ▶ Looking to new models of care for older persons: avoiding institutionalization, more care at home, developing senior living that allows assistance and community without replicating the hospital.
- ▶ There will remain a need for skilled care for the frail elderly, need to look to a more skilled and compensated work force as well as design and function that emphasizes good medical care along with personal privacy and as much individual determination as possible.
- ▶ Ethics will be more focused on the dignity of the human person in considering the elderly and avoid unreflective use of the age of an individual as a criteria for care. This requires nuance, analysis of best practices, and outcome data.

Vigilance in the Short Term

- ▶ We're not done yet.
- ▶ Vaccinations are increasing among residents in long term care and among elderly who are at home.
- ▶ There remains concern about vaccine hesitancy among staff for multiple reasons.
- ▶ I am not sure what is being done to allow more visiting and outside contact for older persons in LTC ... this needs to be a carefully considered but urgent priority.

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Discussion and Questions



Presenter

LEONARDO PALOMBI, MD, PH.D.

Professor

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University of Rome Tor Vergata

Rome, Italy

Demographic Transition and the Age of Elderly

Prof. Leonardo Palombi, MD, PhD,
Institute of Hygiene, Public Health and Epidemiology
University of Rome Tor Vergata

I'll join your
discussion about old age




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Discussion and Questions



What has life been like during this pandemic?

Dialogue



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Alternative Examples for Eldercare

April 21, 2021 | 12 to 1 p.m. ET

Connecting for Greater Understanding and Action for Elders

May 26, 2021 | 12 to 1 p.m. ET



Thank you for attending

Please complete the evaluation (link in chat box).

Your feedback is important to us.

CHA Service Center is here for you

(800) 230-7823 | Mon – Fri | 8 a.m. to 5 p.m. (CT)

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