

COVID-19 AND HOMES FOR THE AGED: CARE OR AN ANNOUNCED DEATH?

COVID-19 e as instituições de longa permanência para idosos: cuidado ou morte anunciada?

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ABSTRACT

Despite all efforts to contain the COVID-19 pandemic in Brazil, little attention has been paid to homes for the aged, which are the home of thousands of older people and serve as social care facilities. There is no provision in the national regulations for the operation of these long-term care facilities with respect to physical structure, human resources or equipment to offer specific health care services to residents. Thus, homes for the aged are unable to offer proper care to people with COVID-19. These facilities have had difficulty in acquiring and maintaining the stocks of personal protective equipment for residents and staff. This letter is intended to draw attention to this reality and prevent the occurrence of a cruel and inhumane geronticide. Government authorities and the media need to work together and help unveil this reality, which, although present, is hidden and unknown to the majority of the population.

KEYWORDS: homes for the aged; aged; coronavirus infections.

RESUMO

Apesar de todos os esforços para conter a pandemia de COVID-19 no Brasil, pouca atenção tem sido dada às instituições de longa permanência para idosos (ILPIs), que são o local de moradia de milhares de pessoas idosas e considerados equipamentos da assistência social. Assim, não há na norma nacional de funcionamento desses serviços a previsão de estrutura física, recursos humanos ou equipamentos para oferecer cuidados específicos de saúde aos residentes. Dessa forma, as ILPIs não têm condições de oferecer o cuidado a pessoas com COVID-19. Elas encontram muita dificuldade para adquirir e manter estoques de equipamentos de proteção individual para idosos e funcionários. Essa carta tem as intenções de chamar a atenção para essa realidade e evitar a ocorrência de um gerontocídio cruel e desumano. É necessário que as autoridades e a mídia se unam e ajudem a desvelar essa realidade, que, apesar de presente, é oculta e desconhecida da maioria da população.

PALAVRAS-CHAVE: instituição de longa permanência para idosos; idoso; infecções por coronavírus.

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According to the World Health Organization, as of March 26, 2020 over half a million (510,108) confirmed cases of COVID-19 and a total of 22,993 deaths have occurred, with 100,000 new cases being reported in two days.¹ However, the mortality rate among older adults is higher than that of other age groups, and among the oldest old (≥ 75 years) the rate is higher still.¹

In Brazil, despite all efforts to contain the pandemic and flatten the case growth curve, by March 26, 2020, 2,915 cases and 77 deaths had been confirmed. Of these, 58 deaths and 1,052 cases occurred in São Paulo State alone.¹ Despite these frightening figures, little attention has been paid to long-term care facilities (LTCFs) for older adults. In these facilities, the majority of residents are at least 80 years old, have multimorbidities (two or more simultaneous chronic diseases) and are frail, i.e. they are an extremely high-risk group for infection and death.

It is still unclear how many LTCFs there are in Brazil. A census carried out by the Institute for Applied Economic Research (IPEA) in 2010 indicated that about 90,000 older adults lived 3,600 institutions in Brazil, corresponding at the time to almost 1% of the older adult population.² Most of these LTCFs (65%) were philanthropic. In a national survey carried out between 2016 and 2018, it was determined that approximately 51,000 older adults lived in public and philanthropic institutions, 65% of whom were semi-dependent or dependent and, therefore, frail. Today, that number is close to 78,000.³

Older adults live and receive social assistance in LTCFs, but these institutions have neither the infrastructure nor human resources to offer health care to their residents. The current norms governing these institutions do not require health professionals on staff: merely two professionals with higher education, one technical manager and one leisure professional, in addition to caregivers, who have no specific training.⁴

Understanding that this situation is very precarious in light of the advancing pandemic, gerontologists from a number of specialties have developed guidelines for COVID-19 prevention in LTCFs, many of which are freely available on the Internet.

Health surveillance teams in some states and the National Health Surveillance Agency (ANVISA) have also produced materials on the prevention and control of COVID-19 in such institutions. Although these guidelines describe isolation procedures for older adults who are suspected or confirmed COVID-19 cases, most LTCFs *have neither the physical infrastructure nor trained staff to care for people in these conditions*, as verified in a recent survey.³ Alarmingly, most LTCFs do not have personal protective equipment for their workers, such as masks, gloves, goggles, caps, aprons or waterproof boots, and

they are having a hard time finding them. How can the protection of these older adults and the workers be guaranteed?

The state of São Paulo has about 1,500 LTCFs, most of which are in the above-described condition.⁵ Thus, there is an urgent need for health authorities, state and municipal health care and social service professionals, politicians and society to turn their attention to the most vulnerable. The necessary equipment must be provided for in contingency planning, making person protective equipment available for both older adults and workers. A hospital referral system must be established for more serious cases to prevent what has happened in similar institutions in other countries, such as Spain, where many older adults have been abandoned and found dead in their beds.

When a contaminated older adult is found in a low-income LTCF, the entire community of residents is at risk and is considered to have been in contact with the virus. What steps will be taken? How can we protect them? Will this institution be isolated, or will its residents be referred to hospitals only if their clinical picture gets worse? Will the situation become like that of Italy, where age criteria are now used to determine who can be treated?

This letter is intended to draw attention to this situation and prevent such cruel and inhuman gerontocide. The authorities and media must unite and help to expose this situation, which is unknown to the majority of the population.

We are crying out for help on behalf of these people who, for the most part, can no longer cry for help and are forgotten in these facilities. Immediate action is essential, since they do not have the strength to resist without help.

This scenario especially true for small institutions, many of which are illegal and unregistered. They exist all across the country and should be inspected and helped at this time.

In some municipalities, such as São Paulo, very little social/health equipment (also called hybrid equipment) for older adults is available from municipal agencies (Resolution 001/2020-SMS-SMADS)⁶. Among the monitored philanthropic or private institutions, approximately 50% report that they are managing to meet the demands. So what about the other half?

In the city of São Paulo, for example, how can municipal health and social service agencies designate equipment to small private or philanthropic LTCFs not provided for in the previously mentioned resolution, since they are not considered part of the municipal social service network? How will such care be provided in other municipalities nationwide?

How can materials and protective supplies be made available to professionals and older adults without burdening institutions whose financial resources are already scarce? Who is responsible

for providing such materials? What health network can be counted on to provide adequate care for suspected COVID-19 cases? How will this care/referral flow be carried out?

Without the *urgent* implementation of such measures, the most vulnerable, whose health is most compromised, could become *victims of an announced death*.

CONFLICT OF INTERESTS

Nothing to declare.

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