

# ACSA Support Statement



## ACSA SUPPORTS GLOBAL AGEING NETWORK'S 11 KEY STATEMENTS

ACSA welcomes the release of the Global Ageing Network's 11 Key Statements – Long term care for the elderly during COVID-19.

The 11 Statements aim to act as a starting point for a global discussion about how the COVID-19 pandemic has impacted older people receiving aged care the world over.

The statements highlight how the response of governments across the world have revealed a disturbing depth of ageist sentiment that coloured critical decision-making on access to health infrastructure and life-saving medical services.

Many of the statements, although global in nature, are relevant to the Australian context, such as:

- The unwillingness of governments to cover additional COVID-19 related costs incurred by aged care providers.
- Potential triage discrimination issues in which older people may be denied access to rationed healthcare resources due to their age.
- Societal attitudes that view looking after older people as an activity that occurs at the margin of the health system rather than as a core component.
- In much of the public debate on these issues, old age is still considered synonymous with illness, as opposed to being simply seen as a phase of life with its own challenges and rewards like any other.

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Last month ACSA released our own discussion paper on these issues, entitled **A framework for the Aged Care and Healthcare Interface during COVID-19**.

The paper explores in-depth the Australian context for the approach to the care for older people during COVID-19, and makes the case for ensuring ageist sentiment does not influence system-wide decision-making that could see older people denied access to care based on their age alone.

## LONG TERM CARE FOR ELDERLY: COVID-19 REFLECTIONS

### 11 KEY STATEMENTS



EUROPEAN  
AGEING  
NETWORK  
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E.D.E. | E.AHSA



COVID-19 came not only to the care sector like an avalanche. The speed and the impact were overwhelming yet the care sector passed the biggest “test” and secured care for the elderly trying to protect them and also all the employees.

The crisis has nonetheless shown the “sore spots” in long term care. Cura VIVA Schweiz launched an international discussion to identify the biggest issues, and to instigate public discussion and solutions. This document and initiative were co-created together with European Ageing Network, Leading Age and Global Ageing network as the key world stakeholders in long term care for the elderly.

This material is in statements describing the biggest problems, weaknesses and threats that the recent coronavirus crisis has opened, showed and/or accentuated.

The goal of this document and action is to open public discussion. Discussion with the central and regional governments, with the regulators, with the donors and with other stakeholders. It's here for national umbrella associations, expert societies or for everyday care providers to use it. Feel free to translate it to your languages, to add it, modify it or to choose just some of the statements. It aims to support and encourage you to change things and for opening taboos that have always been here in aged care.



## STATEMENT 1

Categorising all elderly people to a risk group from 65 years old and beyond, as happened during the coronavirus crisis, paves the way for age discrimination. People age as individuals. Assigning a single number to old age can never do justice to the diversity of ageing.

## STATEMENT 2

The protection of public health is paramount; indeed this was one of the most-trumpeted statements during the coronavirus crisis. Anyone who understands this to mean only physical protection against coronavirus infection fails to do justice to a holistic concept of health. Health comprises physical, mental, spiritual and social aspects.

## STATEMENT 3

In many countries, old-age policy is fiscal policy. As soon as people become very old and vulnerable, any investment by the state is no longer seen as worthwhile. With each passing year towards death, very old people then become a cost burden for society. A fundamental social attitude like this robs the elderly of their dignity.

## STATEMENT 4

In political and social discussions, old age is still considered synonymous with illness. Old age is not a disease, but a phase of life.

## STATEMENT 5

A dying person is not sick, they have merely reached the end of their lifespan. It is the duty of the state and of society to support people along their chosen path to life's end in such a way that makes this possible within a dignified setting. The current taboos associated with death and dying are of no benefit to anyone and rob people of their dignity in their final moments.

## STATEMENT 6

During the coronavirus crisis, hospitals were prioritised over nursing homes. The aim was to make provision for sufficient intensive care beds, should ventilation become necessary. The over-80s were told to stay where they were and to write their living will in such a way so as not to deprive anyone of an intensive care bed.



## STATEMENT 7

Politicians and the general public do not generally hold nursing professionals in high esteem. State funds are opened to companies whose raison d'être is to make profits, yet people who devote their lives to caring for others merely receive applause and a thank you. As such, attempts to pay tribute to carers remain mere political lip service and are a mockery for those concerned.

## STATEMENT 8

The willingness of state authorities to pay coronavirus-related additional costs in long-term care is low, which in turn illustrates the inadequate appreciation of the elderly.

## STATEMENT 9

COVID-19 has highlighted the very high and unacceptable mortality rate in aged care homes in many countries due to the coronavirus. The world community has not responded well to this aged demographic. Every life has the same value.

## STATEMENT 10

Looking after our elderly sits at the margin of most health systems and the general community, and is viewed as an economic liability. Communities need to view every individual as a human being with value and with human rights.

## STATEMENT 11

COVID-19 has highlighted the global prevalence of ageism as well as a lack of planning in elderly care. As a result, the older population receiving care, as well as those providing it, have been let down during the COVID-19 pandemic. It is important to recognise this and apologise as well as giving thanks. In addition, changes must be made going forward. The older population must be valued equally, and planning should be put in place for every type of aged care.