

The hidden victims of covid-19 in residential settings in Israel – need for practice changes

Editorial

In Israel during the current Covid-19 pandemic there was, till recently, an emphasis on how older people, especially those 70+ are the most vulnerable to become Corona victims. Needless to emphasize that such an attitude reflects ageism and discrimination. However, maybe we should adopt what John Keynes said at the time: “In the long run we are all dead, meanwhile we prefer to get older”.

Beside the above situation there was not much reference to the “Hidden Victims” – the residents of 300 sheltered housing and old age nursing home facilities.

The main issue today, during the difficult time where we must cope with the Corona pandemic, is considering the appropriate policy and its implications for the older population. Does it cause abuse and/or neglect in some facilities and if so, what are the most promising methods to cope with this ‘burning’ issue.

Most institutions continue to operate properly, work teams usually arrive, protective measures are kept as much as possible. However, the current policy of full isolation, regardless of the differences in health and functioning of the residents, might cause full and for some fatal isolation. The implications are that a large number of older residents, who even in normal times many of them feel handicapped and isolated, suffer now so much more – Isn’t it violation of rights and infringement of quality of life?

As professionals, we know that loneliness badly impacts almost every person, obviously more so many of the older population, especially in institutional settings. Even during ordinary days life in an old age facility is not easy for many, and currently it is so much more. In a way it is personal intrusion of daily lives with a strong impact the every-day living of older residents. Having to be fully isolated and not even able to leave their rooms (food and medications are left outside the door) might cause many to feel distressed and depressed. Such policy in my view, as one involved in the field of elder abuse and neglect for many years, is infringement of basic rights and might cause harm to many residents, especially those living alone. We should consider, especially for those in sheltered housing, options to go out to close parks, to meet other residents keeping enough distance etc. We should all fight for this as they are mothers and fathers, grandparents of our children.

No question that many, especially in nursing homes, who are frail and vulnerable, should receive during these difficult Corona times special care. Some best practices would have been to recruit more caregivers and better Corona tests performed. In spite the current situation of “closing” them in their rooms” and without almost any contact with families and the outside world (not many have technological devices and know how to operate them) they are prone to loneliness, depression and might lose interest in life. I would call this a “new type” of Elder Abuse. We have, thus, to shed light on this situation and tackle with it as soon as possible.

Israeli Philosopher Prof. Asa Kasher wrote: “discrimination based on age is a sort of racism”. It is, thus, imperative that we develop different creative practices for this segment of the population, who are more vulnerable to service failures. In order to protect them – many more manpower should be recruited in each of these facilities,

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for several hours in shifts. Residents who could go out of their rooms should be allowed to do so for some time during the day. In addition, if possible, each day trained social workers should talk with some of the residents, where needs arise, and try to understand and answer, as much as they can these needs. They should be trained to decide what are the best practices to answer various needs.

Policy Practices should include the following: First, in order to find a solution to emotional and physical needs capable staff, those already working and new recruits, must have the right training capacities to work with the residents who show stress, and listen to their wishes as there is a cumulative effect of dignity loss. Families should have open links to contact their loved ones and direct links to staff when they recognize emotional and physical issues.

Enough manpower should be working in each setting, and they should get special protective outfits in the different facilities for their security. In addition, they should be trained to recognize emotional needs and be in constant touch with families.

In each facility health care professionals should be involved on a regular basis, with enough resources at their disposal. Physical and emotional Care Practices should be regularly re-evaluated, and changes implemented when necessary.

In some facilities many such policy devices were implemented, and the outcomes are very positive. Such a step should continue to include all relevant facilities and adopt these in their old age institutions.

Currently in Israel there operates, for quite some years, an Association which includes representatives from most all long-term care facilities. The head of this Association was one of the students in a two years academic educational program which I had created about two decades ago at the University of Haifa. Most managers of old age institutions studied in that program. A while after the Covid-19 pandemic started, when the situation at the facilities became difficult, as was pointed out at the beginning of this article, the Association started to negotiate with the Government to provide the different homes with the necessary funds in order to “control” the existing unforeseen developments. Currently, the Government is planning to nominate an outside professional, who is familiar with the situation in the long-term care institutions, to become a liaison and work with the

Association and the managers of the different homes to develop some solution which will help the residents to tackle the Corona pandemic.

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