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ACUTE PERSPECTIVE

David Oliver: Has covid-19 shown society's disregard for old and sick people?

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By 15 February, the UK had given first doses of covid-19 vaccine to more than 15 million people. It explicitly prioritised old, frail, and sick people because of their higher risk of death and serious illness from covid—leaving younger and fitter people waiting.

Look beyond this decision, however, and the picture on discriminatory attitudes towards old, sick, or disabled people doesn't look so good. Many people are unhappy about non-pharmaceutical preventive interventions for covid—travel and social distancing restrictions, shop and hospitality closures, masks, self-isolation, lockdowns. As livelihoods and industries are threatened, as daily life is disrupted and personal freedoms curtailed, this is understandable.

A sceptic movement of people opposing such measures has grown, challenging the purported benefit and highlighting the potential harms to the economy, to health and wellbeing, and to patients with other illnesses.

The Great Barrington Declaration in October 2020,¹ for instance, advocated “focused prevention” in which older people and others with medical conditions could somehow be shielded from the rest of society so that life could return to normal for everyone else. It was short on detail of how to do this beyond bringing shopping to older people, getting them to meet family outdoors, and having them live with other elderly people in separate accommodation.² It glossed over multigenerational households and communities and the inter-reliance between old and young generations, including people in professional or unpaid caring roles.³

In a similar vein, self-styled lockdown sceptics, libertarians, and “covid recovery group” MPs have repeatedly pointed out that only a few hundred people under 65 with no pre-existing health problems have been killed by covid and that for most other people it's a mild, self-limiting illness.⁴ Although many people still get debilitating “long covid”⁵ and half of the covid patients in intensive care are under 65,⁶ the message is the same: let's “other” them so that the rest of us can get on with daily life.

But covid takes an estimated average of nine years off life expectancy in people who die from it.⁷ “Pre-existing conditions” are often diabetes, asthma, respiratory disease, hypertension, chronic kidney disease, obesity, or cancer, which people might otherwise have lived or worked with for years.⁸ Of the 883 NHS and social care staff who have died, many were working age people with underlying

conditions.^{9 10} Thousands more have been hospitalised or affected by long covid.¹¹

People with physical or learning disabilities are also at relatively higher risk. Many people in their 60s, 70s, 80s, or beyond are still active and valued members of society. And even if they aren't, are we really saying that they have less moral worth or human dignity than younger, fitter people? I've also seen far too many unfortunate comments blaming and shaming people for obesity (which does put people at higher risk from covid) or other “lifestyle” factors such as smoking or drinking, with no regard to the wider socioeconomic factors leading to those risks.

We've seen a failure to give adequate support, protection, or guidance to social care workers or care homes until weeks into the pandemic's first wave, after mass outbreaks in care homes.¹² This put some of the most vulnerable citizens and low paid (often ethnic minority) workers at avoidable risk, showing just where our priorities lay.

Those older, disabled, or sick people could be us one day, or members of our families. The “othering” and labelling, the judgment and language of blame, and characterising people as an inconvenience all show a lack of empathy and humanity that troubles me deeply. I hope that covid hasn't acted as a mirror, reflecting the truth of our society, and that this is an unfortunate reaction driven by extreme circumstances.

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