



ABSTRACT

Age factor and COVID-19 potential ethical and unethical issues

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Nutrition Battling on Pandemic COVID-19: How to Survive

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In December 2019, a cluster of pneumonia cases emerged in Wuhan City, Hubei Province, China, with common exposure to a wholesale seafood, fish, and live animal market. The World Health Organization (WHO) became aware of the outbreak on January 4, 2020 in which China had reported 44 cases of unknown pneumonia. On January 7, 2020, the Chinese authorities identified as a causative agent of the outbreak a new virus of the *Coronaviridae* family, which was later named SARS-CoV-21. The genetic sequence was shared by Chinese authorities on January 12.

On January 31, the WHO raised the status of Public Health Emergency Alert of International Concern (PHEIC) urging all nations to establish alarm and control measures, suggesting plans to make decisions for an international coordinated response requiring immediate action. The Chinese-born epidemic spread across borders, practically impacting worldwide until the WHO finally decided to declare the pandemic state on March 11, 2020.

Up today, July 23, 2020, about 15.1 million people have been infected with the coronavirus SARS-CoV-19 and with an overall mortality of 620,257 cases.

The world's elderly population is projected to exceed the 1 billion mark by 2020. At that time, more than 700 million older people will live in developing countries. Spain has taken the second position of the countries with the most aged population (82.9) in 2018 after Japan (83.7).

Problems have been reported in Spain during the COVID-19 pandemic at the time of admission to the ICU for older patients. The mortality rate is clearly higher than that of other age groups, but the small proportion of admissions for elderly patients in the ICU in Spain is surprisingly low.

The presentation of ethical guidelines by various scientific societies during the scenario of the COVID-19 pandemic in Spain is surprising when evidencing proposals for treatment and support due to "age ranges" that could be ethically unfair or at least not clearly understandable for the older group, unlike other guides such as the American and European Society for Critical Care and Intensive Medicine. Terms such as distributive justice, prioritization without paternalistic interference, introduction of strategies that maximize survival to hospital discharge, and the number of years of life saved are discussed during the presentation.



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The aim of this presentation is to clarify different ethical aspects about the elderly patients in the time of being admitted in the ICU during COVID-19 scenario.

Keywords: COVID-19, novel coronavirus, ethics, elderly

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