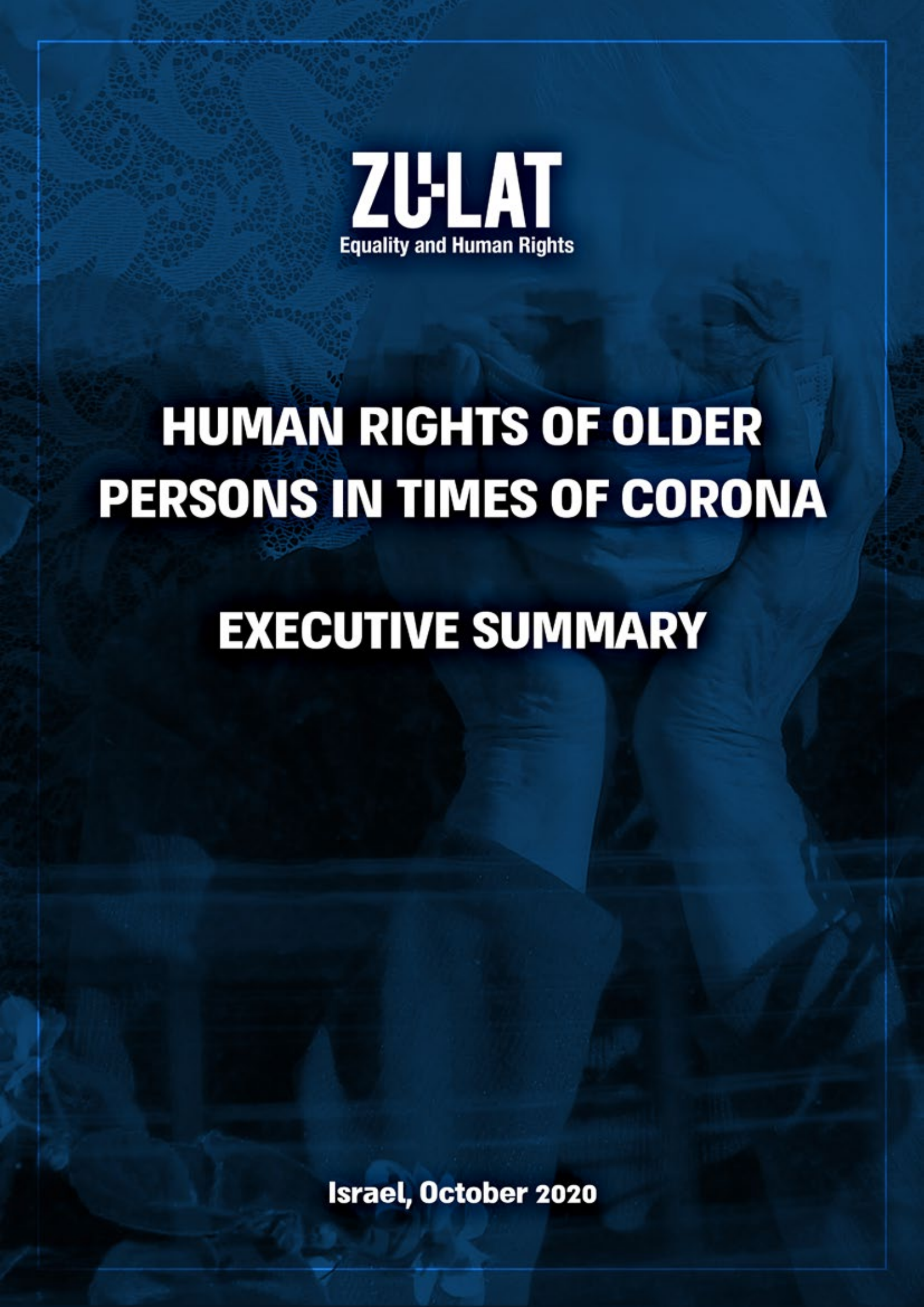

ZU-LAT
Equality and Human Rights

HUMAN RIGHTS OF OLDER PERSONS IN TIMES OF CORONA

EXECUTIVE SUMMARY

Israel, October 2020

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THE HUMAN RIGHTS OF OLDER PERSONS IN TIMES OF CORONA

EXECUTIVE SUMMARY

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Given the high rate of older persons who contracted the new corona virus and died from it in "the first wave" of the pandemic in Israel, the Zulat Institute for Equality and Human Rights convened a team of experts in July-August 2020 led by Dr. Carmel Shalev, to examine the impact of the government's policy and conduct on the human rights of older Israelis in order to formulate practical recommendations for policymakers.

Administrative Failures

In the first wave, approximately one third of those who died in Israel were older persons living in long-term nursing care institutions. This was due in part to a serious failure (observed worldwide as well) to ensure the supply of personal protective equipment for caregivers and to build a fast and efficient testing system. In these institutions, as well as in assisted-living facilities, strict restrictions were placed on the freedom of residents, to the extent of some feeling "imprisoned". These included being denied outside visits by close friends and relatives (a restriction that remains in effect to this day in some of the institutions). Moreover, those who tested positive for the virus were isolated until their deaths, and in hospitals too they died in isolation and loneliness, unaccompanied by relatives.

Those living in long-term care institutions comprise only 3% of Israel's total elderly population. The vast majority of older persons live in the community, and the first wave lockdown exacted a high toll on their health and wellbeing due to loneliness and a lack of adequate social services. Many older persons refrained from seeking routine medical care and testing, going to clinics and hospitals for elective procedures and even essential emergency care, for fear of contracting the virus when venturing outside their homes.

Furthermore, although older persons were defined as a risk group that needs protection, within the six months covered by the report the government failed to announce a plan in preparation for the expected wave of morbidity in the winter, to reduce their vulnerability and the violations of their human rights. Older persons received no special attention in either the "Traffic Light" program at the end of August or in the second lockdown around the High Holidays of September and October.

On the whole, and for the most part, the experts concluded that the government's policy regarding older persons was characterized by paternalistic overprotection and intimidation without a base of transparent and reliable information.

Chronic System Failure

A pandemic exposes the cracks and rifts in the social order, together with expressions of intergenerational care and solidarity. The decline in the status of older persons in contemporary society is characterized by degrading and harmful ageist prejudices, an "anti-aging" consumer culture, a weakening of the family support system, and widespread social exclusion. In addition, the deficiencies to date in the management of the pandemic with regard to older persons in Israel, reflect structural failures in the governmental system responsible for their well-being and care.

Health and social service systems for older persons suffer from a variety of chronic structural problems that amount to "holes" in Israel's socioeconomic safety net: a shortage of services, continuous systematic cuts in the allocation of public finances and human resources, and the privatization of services -- especially in the area of nursing care. There is a severe shortage of geriatricians and of thousands of nursing staff in long-term care institutions, more than half of which are privately owned and lack an adequate oversight mechanism. Responsibility for the care of older persons is divided among multiple agencies (government ministries, health funds, local authorities, and private companies), without any central coordinating body.

As a result of this decentralization of responsibilities, realization of the rights of older persons requires navigation through a maze of bureaucratic obstacles. And as services undergo progressive digitization, many older persons are limited in their ability to lead independent lives since they lack skills of digital literacy.

With respect to medical care for older persons in Israel, the medical system tends towards heroic, life-saving and life-extending interventions that are rich in sophisticated and innovative technology, and engages far less in the supportive geriatric and palliative medicine which aims at promoting the quality of life of older persons. Thus, the center of medical care of very sick older persons is more than often not in the community and at home, but in hospitals, despite the debilitating effect of their displacement from home to hospital and back and the risks of iatrogenic disease (including infection) associated with hospitalization.

The Rights to Dignity, Participation and Health

From time to time calls are heard to impose a special lockdown on older persons so as to allow young people to resume normal life. Yet a crisis such as an epidemic requires care, responsibility for the other, and solidarity with persons at high risk, including the chronically ill and older persons, while fairly balancing their needs and rights

with those of other adults, young people and children. Imposing special restrictions on individuals and groups solely on the basis of their chronological age violates the human right to dignity and equality, and constitutes illegitimate ageist discrimination. A lockdown on older persons also violates their human right to participate in public and community life, and thus reinforces harmful patterns of their social exclusion.

The right to dignity includes the right to live with dignity, to grow old with dignity, and to die with dignity. The right to live and grow old with dignity includes the right to enjoy the highest attainable standard of physical and mental health in order to maintain a reasonable quality of life, personal wellbeing, and ability to function. In addition to access to public health services that are guaranteed by Israel's national health insurance, older persons must also be guaranteed the underlying determinants of health, such as a healthy diet, physical activity, communication and contact with support systems such as family, friends and community, and an economic safety net.

Finally, dying in solitude whether in a hospital, an institution or at home amounts to a harsh infringement on the human dignity of both older persons and their close ones, since human beings are a social creature by nature.

Vulnerable Groups

Respect for human rights of older persons calls for intergenerational solidarity and assistance, as well as care for the most disadvantaged and vulnerable. Those most vulnerable to disease are those who belong to the economically, socially, and culturally disadvantaged groups in the population. Older persons – most of whom are women – constitute such a group, cutting across all sectors. The most vulnerable of all older persons are women living alone without family support, those with a spouse in need of nursing care and those living in poverty, especially in localities in the lowest bracket of the socio-economic scale. A rights-based approach is also sensitive to the needs of cultural-linguistic minorities, such as the Ethiopian, Arab, and ultra-orthodox (Haredi) population groups.

Main Practical Recommendations for Policymakers

In general, there has long been the need for a strategic national master plan and long-term governmental policy for older persons, independent of the current pandemic. Such an initiative would include among other things an increase in the number of geriatric doctors and nursing staff; full long-term nursing care national insurance; a shift in the focus of medical care for older persons from hospitals to the community and the home; the promotion of digital literacy and development of communication

tools and channels tailored to the needs and capabilities of older persons. In addition, there is need to guarantee older persons' meaningful participation in making policies and decisions that affect them, as well as their active engagement in community life.

In the short term, for dealing with the corona pandemic the main recommendations of the team of experts are as follows:

1. **Redressing the stigma of old age**: The government should take measures to eliminate prejudice against older persons and their social exclusion, and to prevent discrimination solely on the basis of age.

2. **Establishing inter-sectoral collaborations:** Given the decentralization of governmental responsibility for older persons, the government should initiate inter-sectoral collaborations with and between the health funds, local authorities and civil society organizations so as to support the health, wellbeing and quality of life of older persons throughout the corona crisis.

3. **Supporting older persons' quality of life:** In preparation for the coming winter season, the government should develop a special program to support the quality of life of older persons, both in the community and in institutions, so that healthcare providers, social services and civil society organizations are able to respond accordingly.

4. **Alleviating and preventing loneliness:** The government and the local authorities should address the issue of loneliness among older persons, which has worsened in the wake of the corona crisis. Social and support services for older persons should be boosted and social networks established at the community level, to maintain their wellbeing, especially for those most vulnerable. To this end, the government should allocate resources to localities at the lower end of the socioeconomic scale.

5. **Oversight of conditions in long-term institutions, hospitals and assisted-living facilities:** The government should monitor the conditions in long-term care institutions to ensure family visits within the "Magen Avot Ve'Imahot" (Fathers and Mothers Shield) Ministry of Health project, as well as in hospitals. It should adopt and enforce mandatory procedures to allow the family members of older persons to be with and part from them on their deathbed. It should also ensure that the personal carers of older persons in assisted-living facilities enjoy the right to freedom of movement.

6. Increasing the numbers of nursing staff: In order to fill the severe shortage of nursing staff in long-term care institutions, the government should develop vocational training programs and offer them to the public as an employment opportunity, especially in light of the rise in unemployment caused by the corona crisis.

7. Medical primary care to prevent health deterioration: Health funds should encourage and make sure that older persons undergo periodic checkups and receive both routine and urgent medical care, so as to prevent any deterioration in their health due to fear of contracting the virus.

8. Strengthening and further developing home care and hospitalization: Health funds should continue to develop home care services for older persons living in the community, especially for those living alone. Even as the pandemic continues, they should expand as far as possible an array of multidisciplinary services (medical, nursing, psychosocial and mind-body) that provide supportive home care, including home hospitalization and hospice care in time of need.

9. Screening older persons in the community for flu/corona: In preparation for the winter season, on addition to an anti-flu vaccination drive, health funds should establish a flu/corona screening system for older persons that is based on home testing, or provide shuttle services from home to designated community clinics where those well enough to travel may receive a test.

10. Participation in decision-making: At all levels, from family to government, the golden rule must be to respect older persons and their autonomy to make decisions that concern them personally, based on their best judgment, beliefs and values. To this end, mechanisms should be developed to enable and empower older persons to participate in decisions that concern them while taking into account the needs and abilities of their carers and supporters.

11. Clarifying health care preferences in case of corona infection: It is of utmost importance to initiate and encourage conversation between older persons and their relatives and carers, so as to clarify their wishes and preferences with regard to contact with relatives and friends under the conditions of the corona pandemic, as well as the treatment they would want in case of infection and their choice of the venue where it would be given. Among other things, the government should encourage older persons, especially those at high risk, to sign advance directives or an extended medical power of attorney, and it should make this possible by means of convenient and inexpensive procedures.

12. **Making information accessible and promoting digital literacy:** The government should publish and make accessible to the general population, and to older persons in particular, relevant information about the corona disease, including guidelines for social distancing, mask-wearing and personal hygiene. It should also develop platforms for communication that fit the needs and abilities of older persons, including those from cultural-linguistic minorities, and foster digital education and literacy, so that they are able to be in touch with family and friends, healthcare providers and local social services.

13. **Assuring physical activity, safe transportation and healthy nutrition:** During the corona crisis, all authorities must address and assure the underlying determinants of good health for older persons; they should encourage physical activity and social-cultural gatherings in the open air, ensure safe public transportation to access health and social services and to purchase food and medicine, and guarantee the right to food and a healthy diet, especially for the most vulnerable of all older persons, those living in poverty.

Biographical Details of Team Members

Dr. Rami Adut: Sociologist and social activist dealing with class and culture and the realization of the right to health in Israel.

Adv. Dorit Alon-Kasher: Legal counsel to the Association of Law in the Service of the Elderly.

Prof. Mark Clarfield: Geriatrician and community health specialist. Between 1994-2001 he served as director of the department of geriatrics at Israel's Ministry of Health. From 2001-2010 he headed the geriatrics department at the Soroka Medical Center, and he now heads the Center for Global Health at Ben Gurion University.

Dr. Nihaya Daoud: Lecturer and researcher in the field of public health and health inequality at Ben-Gurion University.

Prof. Nadav Davidovich: Physician specializing in epidemiology and public health. Head of Ben-Gurion University's School of Public Health. Member of various national and international advisory committees on the corona pandemic.
Prof. Dani Filc: Lecturer in Ben-Gurion University's Department of Politics and Government. Researches health policy, inequality in health and the right to health. Board member of Physicians for Human Rights.

Prof. Nurit Guttman: Faculty member of Tel Aviv University's Department of Communication. Researches communication to promote social issues, especially in the area of health, including the realization of rights, digital disparities, health and safety promotion and risk communication, with emphasis on ethics and social values, social disparities and implications for public policy and practice. Her research deals with social values such as altruism and social solidarity, and normative perceptions in advancing social and health issues.

Prof. Daphna Hacker: Head of the Gender Women Studies Program and academic instructor at the clinic for the rights of Holocaust survivors and the Elderly at Tel Aviv University's Faculty of Law.

Prof. Yael Hashiloni-Dolev: Faculty member in Ben-Gurion University's Department of Sociology and Anthropology, co-president of Association for the History and Philosophy of Science, member of National Council for Bioethics and of organizing committee of Ben-Gurion University's Center for Health, Humanism and Society.

Prof. Rabia Khalaila (43): Holds four academic degrees and a post-doctorate, recipient of honorary award as outstanding researcher in gerontology from Venus Foundation, head of Zefat Academic College's Undergraduate Department of Nursing and founder of its graduate program. Has served as the college's vice president for academic affairs in the past two years. Considered a leading researcher and expert in nursing, gerontology, public health and administrator of health systems. His groundbreaking research is presented at international forums, published in dozens of leading journals in Israel and worldwide, and quoted by hundreds of researchers.

Dr. Etienne Lepicard: Physician and historian of medicine, member of National Council for Bioethics as representative of Christian minorities (2012-2020); founder and manager of Bet Hagath Interreligious Center for Culture, Arts and Thought, Ein Kerem, Jerusalem.

Dr. Carmel Shalev: Lawyer and ethicist who specialized in medical reproduction, health and bioethics, and worked in the public service and in academia. Among many other things, she served as an expert member on the UN Committee on the Elimination of Discrimination Against Women (1994-2000). Author of the books "Health, Law and Human Rights" (Ramot Publishing 2003) and "In Praise of Ageing" (Pardes Publishing 2019; Watkins UK 2020).

ZULAT
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In May 2020, we launched Zulat for Equality and Human Rights, a unique institute that combines research and analysis with activism via social media networks and conventional media, positioning Zulat as a bridge between the political arena and civil society. Zulat studies portray the political and public reality, but our work only begins there. As an activist think tank, we fight back by working to set an alternative agenda, change the public discourse, and advance policy and legislation to uphold democracy and human rights. We represent a broad perspective on human rights, that looks at universal rights, civil rights - private as well as collective, and social rights – as a whole. We believe all different types of rights depend and relay on one another.

Read our full mission statement

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