As the Coronavirus spreads, reports about fatalities seem reassuring to persons of all ages, for as long as they are not sick or old. With the majority of the population increasingly feeling safe or at low risk, the initial consensus to embrace life-saving imperatives (e.g., business closures) is gradually shifting to a burden discourse and the need to balance the allegedly colliding interests of older persons and society as a whole. 

In the process, the pandemic is exposing a reality that was present long before: the latent and chronic violations of older persons’ human rights, now escalated and aggravated by the crisis conditions. Ageism and age discrimination cut across the spectrum of distressing rights protection gaps in areas such as access to health and care, including long-term and palliative care; physical safety and protection from violence; freedom from neglect and abuse; enjoyment of autonomy; social inclusion; freedom from poverty in old age and participation in decision-making, to name just a few. Under the banner of freedom and social justice, a monster that some people might have assumed to be long extinct has resurfaced in this public discourse. Debates around the allocation of scarce health care resources and the economic impact of lockdowns have moved into a dangerously irresponsible terrain, with talk that qualifies the worth of a life on the basis of chronological age and weighs the value of one life against another. Such an understanding of public interest hollows human rights while dismissing human dignity.

Introducing concepts such as utility, instrumentality and inertness into the debate over how to handle the pandemic supports the objectification of older persons by measuring the worth of a persons’ life. Triage decisions solely on the basis of age and non-resuscitating orders signed under undue pressure are manifestations of such body of thought. Apart from the old-age stigma, the narrative provokes reductive labelling of older persons as a discernible risk group. The narrative also encompasses, and contributes to, the ageist fiction of a homogenous group, imposing on older persons a common identity and disregarding the pronounced differences found in the most heterogeneous of all age groups. This othering introduces a marked distancing — beyond physical distancing — of the productive elements of society from older persons. It leads to segregation and exclusion of older persons, reinforces underlying vulnerabilities, insecurity and exposure to violence, neglect, and abuse.

This narrative also creates a dichotomy between young(er) and old(er), life and death. It rigidifies stereotypical boundaries, deeply grounded in ageist concepts, and fuels intergenerational resentment which might contribute to the disintegration of the social fabric. The relentless emphasis on the higher mortality rates of older persons from the coronavirus presents them as a vulnerable minority that lacks agency. This truncated portrayal falls short of capturing the myriad roles older persons have in society — as parents, friends and relatives, partners and spouses, caregivers, and employers and employees, including in system-relevant professions. The current outbreak of ageism reveals that old-age stereotypes are engrained to a point that individuals falling within the common definition of older persons have at times internalized such stereotypes to the point that they do not self-identify as a member of the older cohort but rather distance themselves from that group. This reflects at the same time the lack of social legitimacy and acceptance of the old-age definition that artificially mirrors the world of work, which separates productive resources from unproductive resources when crossing the traditional retirement frontier.

It also demonstrates the relativity of age, and that old-age notions are the result of a social construct. Chronological age as a single
criterion to determine who should be considered an older person does neither correspond to the biological age (e.g. degree of fitness), nor does it take into account the complex realities of a persons’ life course (e.g., a life encompassing protracted emergencies or extreme poverty). The incongruity between biological and chronological age explains, for instance, why younger persons can have a severe coronavirus disease progression and the majority of older persons will survive the illness.

The longstanding data conundrum is both, an expression of ageism and a result of it. Definitions of old age determine how data are collected, needs are assessed, and responses are shaped. The reporting of coronavirus fatalities in broad age groups (60+ years), for example, hampers or prevents evidence-based policy design. The general lack of data masks the existence and extent of the challenges older persons face in the enjoyment of their rights, conceals rights protection gaps that the pandemic is now bringing to the fore. This invisibility, in part, also explains the lack of a dedicated international instrument on the rights of older persons.

The effect of a restatement of the rights of older persons in a dedicated, binding global legal instrument would also help transform the sociological reality, tainted by ageism, through stipulating the norms reflecting the aspired state, as enshrined in the United Nations Charter’s system of values and rules. An international legal convention dedicated to the protection of human rights of older persons would provide a vital framework for discussion and exchange, complemented by a platform for solutions to fill the flagrant guidance vacuum witnessed in the context of the pandemic. A convention is critical to stop nurturing the lurking monster.

1 Views are expressed in this article are those of the author and do not necessarily reflect the views of the United Nations Secretariat or any other organization the author was previously affiliated with.