



AGEISM IS KILLING OLDER ADULTS

© Seniors for Social Action Ontario

February 21, 2021

Ageism has been defined as “the stereotyping and discrimination against individuals or groups on the basis of their age. Ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs.”(World Health Organization, 2021) In practice prejudicial attitudes that can include isolating, ignoring, infantilizing, patronizing, and in more severe cases abusing or neglecting older people can be seen on an almost daily basis in public life.

Ageism, when combined with ableism – the practice of devaluing and discriminating against people who are either born with, or develop physical, intellectual, cognitive, or psychiatric disabilities (Center for Disability Rights, n.d.) produces double jeopardy.

One ageist belief is that old people need institutions once they become frail and in need of care. This has led to tens of thousands of old people being warehoused in dangerous, dehumanizing facilities. Yet the call continues to go up – not to get them out into comfortable, safe, community residences that are smaller and more home-like, but to enlarge these institutions even more by putting more beds and staff into them! On its face this makes no sense because it exposes even more people to infection as more staff either bring it into a large facility or become infected there and take it back to the community.

Nevertheless, in spite of knowing that Ontario has no financial safeguards to ensure that any new money would even go to staffing, in spite of calling for more staff meaning that corporate-owned facilities with terrible track records would get even more money for which they don't have to be accountable¹, and even though calls to put more money into institutions will only maintain and further support the unsustainable institutional system that keeps older adults trapped there, the cry continues (Langley, 2020). To reiterate, the focus remains on staffing, wages, and more institutional beds, not on the people in those beds who need to be rescued.

This is ageism at its worst, where the needs of those who care for older adults trump the needs of older adults themselves. No one ever thinks they will get old or disabled even though people of all ages are one stroke, car accident, or serious physical illness away from it. Denial can be a wonderful thing. Long term care is an issue that should concern all of us because it affects all of us.

¹ “Minister Merrilee Fullerton said there are still PSWs at both Extendicare and Chartwell that have not received the pay on top of their regular wages, according to letters obtained by CP24 that Fullerton wrote on Thursday to the chief executive officers of both for-profit companies. Fullerton said 217 homes have yet to pay their workers the funds, which were delivered to homes across the province on Dec. 10, 2020”

<https://www.cp24.com/news/over-200-long-term-care-homes-have-not-paid-psws-3-per-hour-temporary-wage-increase-fullerton-1.5269690>

Money Money Money!

Frail, old people and individuals with disabilities unlucky enough to be funneled into these medicalized institutions have become a means of production and wealth creation for large multi-national corporations. They keep their owners and shareholders in a lifestyle to which they have become accustomed, as they are fed wieners and bread, and left sitting in their soiled diapers crying out for help. If they cry too loudly, doctors will simply medicate them into silence (Alkenbrack, 2020). And if they die of preventable infections, malnutrition, and dehydration, there will always be more where they came from (Glover, 2020). There are thousands on the waiting list, and if the beds remain empty all the better. During the pandemic these companies continued to be compensated for the empty beds of those who had died (Mahoney & Howlett, 2020). And they paid their shareholders millions while getting even more compensation from the provincial and federal governments (Lancaster, 2020).

Ignoring Seniors' Calls For Help To Stay Home And Out Of Institutions

Over 91% of older adults have said they want to stay at home and do not want to enter an institution (Home Care Ontario, 2020). Who is listening? Not government. One Ontario government after another has kept adding institutional beds to the province's already high rate of institutionalization.

Not the unions that want to keep union jobs in long term care institutions at the expense of continued warehousing of old people there.

Not some academics more concerned about unionized workers than the old people living and dying in those beds.

Is anyone listening to what seniors themselves are saying? Not unless they serve existing vested interests in long term care.

When seniors' voices are raised through groups like Seniors for Social Action Ontario calling for in-home and residential alternatives to these dangerous institutions, our voices are quickly drowned out by the louder voices of vested interests supporting more staff for the institutions and higher wages for them. A public socially conditioned to believe old age equals institutionalization, applauds loudly when more institutional beds are announced in a system where these facilities have already killed thousands.

Genocide Against Elders

The fact that the Ford government has been willing to stand by as elders die in the thousands in these institutions...the fact that police have refused to investigate what are clearly criminal acts documented in the military reports....the fact that people still believe institutions are the only answer as people age and develop care needs...all reveal the underlying ageist attitudes in society itself.

Vulnerability to being institutionalized and dying in a long term care institution rises with age. So do being a woman, living alone, and having poor health status including dementia (Huyer et al, 2020).

One thing this pandemic has clearly demonstrated is that once an older person enters an institution they have no rights, and they will be left to die of COVID, dehydration, and malnutrition, and nothing will be done to stop it. They will be denied visitation, even from essential caregivers and those who hold their Powers of Attorney For Personal Care. There will be no eyes on what is actually happening to them as relatives stand by, powerless, staring in through windows, unable to believe what they are seeing.

When whole groups of people are left to die in the thousands of sickness, starvation, and disease this can be seen as genocide (or senicide) by neglect.

Calls To Staff Up Rather Than Get Elders Out

We have now seen the tragic results of calls to keep throwing more money at corporate controlled long term care facilities and companies to “staff up”. A teenager has joined the 14 dead residents at Roberta Care (Lamberink, 2021). But while concerns have been raised about his tragic death, do we even know who the 14 older adults are who also died in that same facility?

Frightened and grieving families have, meanwhile, been recruited to add their voices to the call for more staffing by the Ontario Health Coalition (OHC, 2021). Not a word about getting people out of these facilities, only calls for a staffing drive, the military back in, and more enforcement (OHC, 2021) which the government has shown itself incapable of achieving in the absence of alternative community residences that would allow it to revoke nursing home licenses and stop admissions.

Ageism – at its worst.

Lack of In-Home and Community Care Is Ageism

Historically government has not responded to older people’s calls to be able to stay home should they develop health problems or disabilities. The province’s home care system continues to be an underfunded shambles of poorly coordinated and unreliable care with a laughably small number of home care hours available to those who need assistance. It has never been an alternative to being placed in an institution. Internationally, Canada has been an “outlier” in its expenditures for community care.

“The 1.3 percent of GDP Canada now allocates to LTC falls well short of the OECD average of 1.7 percent. Worse, our spending relative to GDP has barely increased despite the surge in the number of seniors. Worse still, the measly 0.2 percent of GDP Canada spends on home care is one of the lowest allocations to home care in the OECD. And even worse than that, the ratio of more than 6 dollars spent on institutional care for every dollar spent on home care is one of the most imbalanced resource allocations in the developed world” (Drummond, Sinclair, Bergen, 2020).

Nor have there been small, community-based, group homes for older adults who may require residential care that have been available to literally every other age group. These would allow them to at least remain in their own communities in a home-like setting and are considered to be much more hospitable for people with dementia. Hospice spaces have always been hard come by for those with terminal illnesses.

Is it any wonder that older adults live in fear as they get older? They are terrified of being placed somewhere, mostly forgotten, and subjected to unjustifiable institutionalization in the absence of humane and respectful alternatives that would allow them to stay home or live in their own communities.

Unjustifiable Institutionalization

In 2003 the National Council on Disability in the United States, in examining the impact of federal laws, policies, programs and initiatives on people with disabilities issued a report entitled Olmstead: Reclaiming Institutionalized Lives. The report referred to unjustifiable institutionalization of people with disabilities, and actions were taken by governments in the wake of that report and court case to end the practice of placing people with disabilities in large facilities (National Council on Disability, 2003).

In Ontario, the last of the large institutions for people with developmental disabilities were closed and a Premier, referring to the government's duty of care, apologized for the inhumane treatment people had endured in these facilities. Yet people with developmental disabilities, even young people, were forced into nursing homes amidst press and public outcry (Goffin, 2017; CBC Radio, 2015).

Institutions are not good places for people to live, and yet in Ontario we force 78,000 people into over 600 of them because of a lack of choice. The psychological impact for older adults is devastating. They fear getting older and being put away.

In spite of decades of documentation of conditions by one advocacy group after another as well as press reports detailing the horrendous conditions in many of these institutions, including front page series in the Toronto Star and documentaries by other news outlets, nothing has changed.

Ageism is so entrenched in Ontario, that it took a military report also detailing these conditions to get the attention of the Premier (Carter, 2020). And still, little to nothing has changed.

The cap on home care hours has not been removed in order to allow people to remain in their own homes with care tied to their needs.

Public funds have been offered to long term care institutions to add air conditioning in spite of reports by The Star that three of the large companies, some of whose facilities had no air conditioning, were paying their shareholders and senior executives significant returns (Wallace et al, 2020). Meanwhile facilities were understaffed, short supplies, and people were dying of COVID and malnutrition and dehydration. Surely this at least raises the question of senicide.

More institutional beds are also being added by the Ford government leading to the "placing" of even more older adults as community alternatives to these institutions are once again not being developed (Ministries of Health and Long Term Care, 2020). More beds in institutions. This is what passes for 21st Century long term care policy in Ontario?

The pervasive ageism in government policy will continue to drive these dangerous, senicidal, and destructive policies, and old people will continue to be abused, neglected, and die in these institutions with these policies in place. It is ageist policies and practices like these that are literally killing them.

Many older adults suffer depression and anxiety for fear of being abandoned, isolated, and institutionalized. They do not fear death. They fear what is likely to happen to them before they die. And that needs to change.

REFERENCES

- Alkenbrack, K. (December 3, 2020). Doctors concerned about rise in dangerous medications in long-term care homes during pandemic. <https://www.ctvnews.ca/health/doctors-concerned-about-rise-in-dangerous-medications-in-long-term-care-homes-during-pandemic-1.5215060>
- Carter, A. (May 27, 2020). Military report reveals what sector has long known: Ontario's nursing homes are in trouble. <https://www.cbc.ca/news/canada/toronto/military-long-term-care-home-report-covid-ontario-1.5585844>
- CBC Radio. (July 9, 2015). Placing young disabled people in nursing homes not right, say families. <https://www.cbc.ca/radio/thecurrent/the-current-for-july-9-2015-1.3144401/placing-young-disabled-people-in-nursing-homes-not-right-say-families-1.3144446>
- Center For Disability Rights. (n.d.) Ableism. <https://www.cdrnys.org/blog/uncategorized/ableism/>
- Drummond, D., Sinclair, D., Bergen, R. (November, 2020). Ageing Well. <https://www.queensu.ca/sps/sites/webpublish.queensu.ca.spswww/files/files/Publications/Ageing%20Well%20Report%20-%20November%202020.pdf>
- Glover, C. (June 9, 2020). Family reeling as senior dies of malnutrition, not COVID-19 inside long term care home. <https://www.cbc.ca/news/canada/toronto/ontario-long-term-care-death-1.5604030>
- Goffin, P. (July 9, 2017), Thousands of under 65 adults with physical disabilities are being forced into Ontario nursing homes: Ministry data. <https://www.thestar.com/news/gta/2017/07/09/thousands-of-under-65-adults-with-physical-disabilities-are-being-forced-into-ontario-nursing-homes-ministry-data.html>
- Home Care Ontario. (2020). New poll shows over 90% of Ontario seniors want to live at home as they age, and want government to invest to help them do it. <https://www.newswire.ca/news-releases/new-poll-shows-over-90-of-ontario-seniors-want-to-live-at-home-as-they-age-and-want-government-to-invest-to-help-them-do-it-857341964.html>
- Huyer, G., Brown, C.R.L., Spruin, S., Hsu, A.T., Fisher, S., Manuel, D.G., Bronskill, S.E., Qureshi, D., Tanuseputro, P. (April 20, 2020). Five year risk of admission to long term care home and death for older adults given a new diagnosis of dementia: a population based retrospective cohort study. <https://www.cmaj.ca/content/192/16/E422>
- Kimmel, D. C. (1988). Ageism, psychology, and public policy. *American Psychologist*, 43(3), 175–178. <https://doi.org/10.1037/0003-066X.43.3.175>

- Lamberink, L. (January 24, 2021). Ontario teen who died of COVID-19 was refugee who worked as long term care home cleaner. <https://www.cbc.ca/news/canada/london/ontario-teen-staff-covid-death-1.5885718>
- Lancaster, J. (December 9, 2020). 2 Ontario LTC operators got \$157 million in COVID-19 aid. They also paid \$74 million to shareholders. <https://www.cbc.ca/news/canada/toronto/big-spend-long-term-care-aid-dividends-1.5832941>
- Langley, A. (May 20, 2020). Waiting for pandemic pay unfair to long term care workers, unions says. <https://www.stcatharinesstandard.ca/news/niagara-region/2020/05/20/waiting-for-pandemic-pay-unfair-to-long-term-care-workers-union-says.html>
- Mahoney, J., Howlett, K. (June 24, 2020). Ontario to fully fund nursing homes despite lower occupancies. <https://www.theglobeandmail.com/canada/article-ontario-to-fully-fund-nursing-homes-despite-lower-occupancies/>
- Ministries of Health and Long Term Care. (July 17, 2020). Ontario driving development of new long term care homes. http://www.health.gov.on.ca/en/pro/programs/ltc/memo_20200717-2.aspx
- National Council on Disability. (2003). Olmstead: Reclaiming institutionalized lives. <https://ncd.gov/publications/2003/Aug192003>
- OHC. (January 22, 2021). Ontario long term care COVID-19 crisis: 100 organizations send clear message to Premier, this is an emergency, we need action now. <https://www.globenewswire.com/news-release/2021/01/22/2163082/0/en/Ontario-Long-Term-Care-COVID-19-Crisis-100-Organizations-Send-Clear-Message-to-Premier-Ford-This-is-an-Emergency-We-Need-Action-Now.html>
- Oved, M.C., Wallace, K., Kennedy, B. (May 16, 2020). For-profit nursing homes have had far worse COVID-19 outcomes than public facilities – and three of the largest paid out 1.5 billion to shareholders. <https://www.thestar.com/business/2020/05/16/for-profit-nursing-homes-have-had-far-worse-covid-19-outcomes-than-public-facilities-and-three-of-the-largest-paid-out-15-billion-to-shareholders.html>
- Wallace, K., Tubb, E., Oved, M.C. (December 26, 2020). Big for-profit companies paid out more than \$170 million to investors through Ontario’s deadly first wave. <https://www.thestar.com/news/gta/2020/12/26/big-for-profit-long-term-care-companies-paid-out-more-than-170-million-to-investors-through-ontarios-deadly-first-wave.html>
- World Health Organization. (2021). Ageism. <https://www.who.int/westernpacific/news/q-a-detail/ageing-ageism>