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COVID-19: OF CARE ETHICS, CARE HOMES AND CARE FOR THE ELDERLY

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Abstract
This paper attempts an ethical evaluation of the effects of the Covid-19 pandemic on the elderly and the care they receive. Medical records on the Covid-19 pandemic mortality note that the elderly were the most affected by the pandemic and the largest number of elderly deaths was from care homes. This death toll in care homes has elicited several reactions from scholars across disciplines. My focus here is to examine the phenomenon of leaving the care for elders to care homes vis-à-vis caring for them at home in a family setting. Using the Care ethics as a theoretical framework, the paper contends that the new normal on care giving for the elderly post pandemic should be centered on the family. Care giving ought to be reciprocal. For instance, when today's adults were younger, they were cared for by parents and family therefore, when yesterday's care givers become old of age they should be cared for in like manner. This resonate the interdependency of humans argued by care ethics. I submit that in the attempt to improve our humanity post pandemic the elderly should be comforted in homes.
Keywords: Covid-19, Care Ethics, Care Homes, Care, the Elderly, Care Giving

Introduction

Within the last twenty months since the outbreak, identification of, researches on, provision of non-pharmaceutical procedures for preventing and pharmaceutical procedures for managing the Covid-19 pandemic, there has been an avalanche of studies from different perspectives of the virus. Beyond medical and scientific disciplines other disciplines including law, sociology, economics, education, journalism and even politics have contributed worthy perspectives to the holistic understanding of the pandemic because of its immediate, mid-term and long-term consequences on every aspect of human existence. Philosophy has equally introduced some thought provoking paradigms and critical analysis to the Covid-19 pandemic. In this study, I join the philosophical path but I take an approach that is not too common or comforting. Herein I take a look at the demography with

the highest rate of fatality, the elderly. In so doing, I raise questions that bother on our reasoning about caring for our elderly ones from the perspective of care ethics.

Researches and reports globally have been unanimous in their submissions that the senior citizens are the most vulnerable to the Covid-19 pandemic. The obvious reasons include the possibility of the presence of underlying aliments due to their old age and weakened immune system. One of the further points noted by studies is that the greatest percentage of elderly citizens lost to the pandemic were residents of care home or nursing homes. According to Ventura, Molineli and Barranco (2021), often the elderly is alone or relatives are unable to provide complete and constant care. For this reason, the elderly is very often housed in care homes, where health personnel assist and care for them constantly. Care homes accommodate elderly people who do not need to be in a hospital, but who are not self-sufficient.

This elicits a few questions: would the situation have been different if these old people were at home with family? Furthermore, would they have been taken to the ER and attended to better if they were with families? Even if they were weak with underlying ailments and were going to be lost to the pandemic would their thoughts have been more memorable if they knew they were cared for by families till the end? Is the care and support rendered by family and guardians at tender ages not worth reciprocating when they become aged? What insights can we get from care ethics towards caring for our aged ones? To put these issues in broader perspectives this paper is divided into three parts. The first part problematizes Covid-19, caring for our aged ones at home among family and in care homes while the second part explicates some perspectives of care ethics. The final part proposes some post-pandemic paradigms to caring for our aged.

Covid-19, Care Homes and the Home

Globally, older people or residents living in nursing homes account for 41% of all COVID-19 deaths (Ibrahim, 2021). Similarly, the World Health Organisation (WHO) estimates that older people living in care homes represent 50% of all Covid-19 related deaths in Europe (Anand *et al*). In early Chinese statistics, according to Ventura *et al* (2021), the mortality rate (MR) in patients over 60 years of age is much higher than the general MR. In a further breakdown of the statistics, in patients over 80 years of age the mortality rate is 14.8%, in patients between 70 and 79 years of age the MR is 8%. In addition, the proportion of deaths over 60 years of age represents 81% of total deaths (Ventura *et al*, 2021). Looking at some

hard hit countries we learn according to Italian data that more than 83% of fatal cases of COVID-19 were over 70 years of age. The average age at death was 79 in men and 83 in women (Ibid.). In the United Kingdom 28-50% of all COVID-related deaths occurred in care home residents (British Geriartics Society, 2020). In Canada, during the first wave of the pandemic (March through August 2020), residents of nursing and seniors' homes accounted for more than 80% of all reported COVID-19 deaths (Clarke, 2021).

What all these data point to is that care homes were the most affected by the pandemic. This, according to Ibrahim (2021), led to several families asking if their loved one should remain in a nursing home. The old were once young and bubbling with energy. They cared for their children and wards until they lost their energy. In other words, after their strength, they have reverted to a weak state whereby they need support to perform the most basic activities. This image can best be pictured as that of a baby who cannot help himself or herself in any way. This baby for the earliest years of life totally depends on the parent or guardian and other adults within the family. In most instances, these adults or guardian joyfully and willingly offer all needed assistance to the child. They expend themselves to several lengths to ensure the comfort of child. Then they age.

Let us fast-forward to a few decades. Where are each of these groups; the adults and the children? The children are the prime of their lives, now adults perhaps with children of their own surviving the times of their existential realities. And the then adults are now aged, weak, in need of assistance. Sadly, in several instances, the demands and responsibilities of their own make them unable to reciprocate the care they received from their aged parents. In a lot of cases care homes or nursing homes or retirement homes or other nomenclature that have the suffix of 'home' but which is not at home is the last resort. In this instance, I take a 'home' to mean a place where family commune.

It can be argued (and rightfully so) that they receive professional care in care homes but I contend that there is a difference between caring out of duty and caring out of love. The latter can only be gotten from family. Beyond the presence of co-morbidities among residents of care homes, which naturally increases their level of vulnerability, there is the absence of affection and empathy which emanate from home under normal circumstances. The Canadian Institute for Health Information for instance notes that having fewer contacts with friends and family was associated with higher rates of depression among Covid-19 patients thereby increasing their vulnerability (CIHI, 2021). In other words, families and love play essential roles in the emotional health of the individual, especially the aged. Caring

for them at this stage is a reciprocation of the care they had given decades ago. This is the sort of care argued by care ethics.

Care Ethics as Mutual Dependence

Will it be too much to ask that the care received by the child/ward should be reciprocated to the parent/guardian when they grow old? This is a fundamental question which I seek to answer in the next section but for now let us attempt a theoretical understanding of ethics of care. In the introduction of her book *The Ethics of Care: Personal, Political and Global*, Virginia Held rightly put it that: Every human being has been cared for as a child or they would not be alive (Held, 2005). The truth of this statement cannot be overemphasized. Our need for a support system as a child is total. Although it can be argued that "being cared for as a child" as noted by Held does not necessarily mean being cared for by family, after all there are children whose mother died at birth or at infancy and who had no family to care for them except the social system. This can be said to be exceptional cases as the responsibility of being care for as a child is that of the parents and family.

While laying the basis for the question of responsibilities in the ethics of care Held contends that moralities built on the image of the independent, autonomous, rational individual largely overlook the reality of human dependence and the morality for which it calls Held, 2005). Contrary to these perspectives, the ethics of care attends to responsibility as a central concern of human life and delineates the moral values involved. Care is inclusive within the realm of morality. The central focus of the ethics of care, according to Held, is on the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility (Ibid,). She cites the responsibility of such care between the parent and the child. In her view:

> Caring for one's child, for instance, may well and defensibly be at the forefront of a person's moral concerns. The ethics of care recognizes that human beings are dependent for many years of their lives, that the moral claim of those dependent on us for the care they need is pressing, and that there are highly important moral aspects in developing the relations of caring that enable human beings to live and progress (Held, 2005).

The need for care by all is very important during the early years of life just as it is very essential at the later part of life. Owing to the need for care in human flourishing, the ethics of care stresses the moral force of the responsibility to respond to the needs of the dependent. Held rightly submits that many persons

will become ill and dependent for some periods of their later lives, including in frail old age, and some who are permanently disabled will need care the whole of their lives (Held, 2005). This supports Nel Noddings' argument that caring is the foundation of morality. Noddings appreciates the dyadic relationship as ontologically basic o our very humanity. Identity is defined by the set of relationships individuals have with other humans (Dunn and Burton). Noddings sees care ethics as requiring or recommending that individuals act caringly, and this means in effect that we act rightly or permissibly if our actions express or exhibit an attitude/motive of caring toward others (Slote, 2007).

Care ethics treats acts as right or wrong, depending on whether they exhibit a caring or uncaring attitude/motivation on the part of the agent (Slote, 2007). The concept of care has the advantage of not losing sight of the work involved in caring for people and of not lending itself to the interpretation of morality as ideal but impractical to which advocates of the ethics of care often object. Care is both value and practice (Held, 2005). In other words, care cannot be achieved through good intentions alone, but can only be considered to have been carried out when these good intentions have actually resulted in some kind of effect on the other person (Maio, 2018). Care ethics thus takes as its point of departure an awareness of the asymmetry of the situation in which people in need of help or care find themselves. Their situation is not so much based on reciprocity but on a reflection of a fundamental state of dependence inherent to all human beings (Miao, 2018).

The ethics of care implies that there is moral significance in the fundamental elements of relationships and dependencies in human life. Normatively, care ethics seeks to maintain relationships by contextualizing and promoting the well-being of care-givers and care-receivers in a network of social relations. It builds on the motivation to care for those who are dependent and vulnerable, and it is inspired by both memories of being cared for and the idealizations of self (Sander-Staudt). While our interdependencies, according to Andrew Sayer, are most evident when we are very young, ill, disabled or have become frail in old age, we are relational beings throughout our lives: the quality of people's lives depends hugely on the quality of the social relations in which they live, and on how people treat one another (Sayer, 2011). This understanding of the ethics of care makes it more practical and relevant to our examination of the effects of Covid-19 on care homes.

Marian Barnes asserts that care giving and receiving are probably most immediately understood in the context of close personal relationships where one person has greater needs for support than the other and it is 'naturally' expected

that they are in a relationship that will be the source of care (Barnes, 2012). Barnes further talks about what she calls the 'care history' of people, both as care givers and care receivers (Ibid). Thus the mother giving all the care to the child today may be in need of care in future. While noting the complexities of such caring relationships Barnes cites the story of the wife of a man (now deceased) who had developed dementia, who not only talked about her husband's caring responsibilities for his aunt and younger sister, and her care for her mother who had lived with them (Barnes, 2012). The submission, as agreed to by Barnes, is that, the circumstances in which the need for care is most obvious usually occur at the start and end of life. This perhaps is why I will argue that nursing homes might not be the best option of caring for the aged. Familial love and care is a right expression of the history of caring that sustains the family.

Care Ethics and Caring for the Elderly

My thesis in this study hold that: the new normal on care giving for the elderly post pandemic should be centered on the family. Having been care givers when younger, being care receivers when old is still within social limits. Care history or complexities of relationships as identified by Barnes or what Stephanie Collins calls the 'experience of decision-making' are crucial starting points for ethical and political theorizing. Collins cites that when deliberating about what we morally ought to do in some concrete scenario, we typically take account of the particularities and complexities of the relationships between the unique persons in the dilemma. We do not apply abstract rules or perform regimented calculi (Collins, 2015). The relationships between the elderly and their children or younger family members are intricate but beneficial.

My propositions on an approach to caring for the elderly is hinged on four sub-elements of the ethics of care as outlined by Joan Tronto and three[1] out of the four claims by Collins. These sub-elements are: (1) attentiveness, a proclivity to become aware of need; (2) responsibility, a willingness to respond and take care of need; (3) competence, the skill of providing good and successful care; and (4) responsiveness, consideration of the position of others as they see it and recognition of the potential for abuse in care (Sander-Staudt, 2015). The three claims are:

[1] Her fourth claim is that Ethical theory should positively endorse deliberation involving sympathy and direct attendance to concrete particulars. This is more of a theoretical proposition hence we will stick to the more practical ones.

Claim 2: To the extent that they have value to individuals in the relationship, relationships ought to be (a) treated as moral paradigms, (b) valued, preserved, or promoted (as appropriate to the circumstance at hand), and (c) acknowledged as giving rise to weighty duties.

Claim 3: Care ethics sometimes calls for agents to have caring attitudes, that is, attitudes that: (i) have as their object something that has interests, or something that might affect something that has interests; and that (ii) are a positive response (e.g. promoting, respecting, revering) to those interests; and that (iii) lead the agent's affects, desires, decisions, attention, or so on to be influenced by how the agent believes things are going with the interest-bearer.

Claim 4: Care ethics calls for agents to perform actions (i) that are performed under the (perhaps tacit) intention of fulfilling (or going some way to fulfilling) interest/s that the agent perceives some moral person (the recipient) to have; (ii) where the strength of the demand is a complex function of the value of the intention, the likelihood that the action will fulfill the interest, and the extent to which the interest is appropriately described as a need (Collins, 2015). These propositions set a framework for caring for the elderly.

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