



Letter to the Editor

Access to Care for Dementia Patients Suffering From COVID-19

The first known cases of COVID-19 in Italy were observed on January 31 in two Chinese tourists holidaying in Rome. On April 9, 2020, the total number of cases reported by the authorities reached 143.6 thousand.¹ The mortality rate of coronavirus arrived at 12.2%, higher than that registered in other countries. This fact may be partially explained by the country's relatively high proportion of older people. Mortality rate appeared to be higher for the elderly patient: for people between 80 and 89 years of age, the fatality rate was 31%.² Anyway, a silent surge in fatalities in nursing homes, where dozens of patients a day are dying untested for the virus. The deaths occurred despite that, immediately after the virus emerged in northern Italy on February 21, care homes cut off access to visitors to limit the contagion risk to elderly patients most vulnerable to the disease. Nevertheless, the list of nursing homes that have become outbreaks of contagion continues to grow. At the Pio Albergo Trivulzio, the historic nursing home in Milan, there were about a hundred deaths, 70 in March, to which another 30 have been added since the beginning of

April. For the containment and management of emergency from COVID-19, government authorities have introduced draconian measures.³ Italy imposed a nationwide lockdown on March 9. However, if it is difficult trying to keep the patient's daily routine and the structuring of his day as constant, even more, arduous is to obtain from demented people the respect of simple safeguard measures such as wearing masks and washing hands. On March 20, 2020, the Italian Higher Institute of Health reported data about characteristics of coronavirus patients who died in Italy. Dementia was assessed as one of the most common comorbidities (11.9%) among COVID-19 positive deceased patients. This fact gives rise to a disconcerting problem. On April 9, 2020, the number of coronavirus patients treated in Intensive Care Units reached nearly 3.6 thousand. Is a person cognitively impaired admitted to Intensive Care Unit? It is undeniable that people should have an equal chance when there are sufficient resources, but when there are limited means, doctors do take various factors into account resources. The Italian College of Anesthesia, Analgesia, Resuscitation, and Intensive Care issued guidelines.⁴ Their conclusion is shocking: it may become necessary to establish an age limit for access to intensive care. Those who are too old to have a good chance of

recovery or with few years left to live will be allowed to die. As a result, patients with underlying conditions and elderly patients such as demented persons may not be treated in favor of healthier and/or younger people who have more chances of recovery. In our opinion, discrimination based on personal characteristics (such as age or disability) is inadmissible, while we believe it is acceptable to say that patients who have no chance of survival receive purely palliative care. "When this pandemic ends and humanity survives, how will older adults view the rest of us?"⁵

AUTHORS CONTRIBUTION

Gabriele Cipriani and Mario Di Fiorino contributed to the letter equally.

CONFLICT OF INTEREST

Neither Gabriele Cipriani nor Mario Di Fiorino have any conflicts of interest.

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