Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Archives of Gerontology and Geriatrics 89 (2020) 104111

Contents lists available at ScienceDirect

Archives of Gerontology and Geriatrics

journal homepage: www.elsevier.com/locate/archger

COVID-19: The Italian Viral "Gerocide" of the 21 st Century

Dear editor,

Italy is one of the longest-lived countries in the world and, during the New-Coronavirus pandemic, one of the most affected countries in Europe and with the highest number of deaths. Always proud to have the class of older-people amongst the best performing ever, we suddenly found ourselves plunged in a world in which everything we had built was totally subverted and cancelled. At the most dramatic moment of pandemic in Italy, older adults have become "old people" affected by serious pre-existing diseases, which according to the statistics released by the Italian National Institute of Health range from hypertension (76 %) to diabetes (35 %), ischemic heart disease (33 %) and atrial fibrillation (24 %). Up till now, we have not been troubled by these pathologies as we have learned to manage and cure them effectively without drastically reducing life expectancy. We have had over 26.000 deaths, about 17.000 in the 60–100 age group. Outbreak has quickly became the fastest and most subtle "**Gerocide**" that our history as a highly developed country has ever experienced. In a moment, decades of professional and social education in which the cardinal used to be to privilege the value of biological age despite chronological age and to consider social age as one of the fundamental indices to define the quality of life and level of efficiency, has gone up in smoke. Geriatricians have always educated with patience, perseverance and dedication a geriatric age group in step with the times, encouraging them to be as active and updated as possible as well as better trained to manage the chronic pathologies that each individual usually develops during his/her life. This had been taken to such an extent that today's older adults no longer considered senescence as an inexorable decline in their physical and mental faculty, but rather as an opportunity to undergo an active evolution during the remaining years despite bodily changes, thus putting distance between chronological and biological age in favour of rejuvenation.

This is the reason why this exceptional event leaved us disarmed and troubled in the face of the brutality of an acute disease that obliges us to deal with the chronological age. We have witness a silent sacrifice of thousands of over 70-year-old people, who were only few months ago considered our most significant therapeutic success in terms of quantity and quality of life, and thus one of our most gratifying national assets. Our hospitals have experienced moments of extreme difficulty, in which care and assistance seemed to be never enough. In those tragic moments, we have suddenly understood that chronological data matter again, **even if only in terms of access to treatment** in a situation which is a real catastrophe. We have realized that our fathers, mothers, colleagues, teachers, companions and patients are the most exposed and considered the most expendable part of the population, the part that the young population had previously struggled to protect and preserve. A dramatic, unwanted, silent "**Gerocide"** has taken place, which will surely leave a deep and incurable wound in the ethical conscience of contemporary physicians, who have been taught to heal, operate and treat as long as possible.

Today, we geriatricians are facing a new situation in which we are instructing our patients to do exactly the opposite of what we used to say. We tell them to "take care, protect themselves, isolate themselves" because chronological data may quickly transform an older adult into an "old man or woman" with serious comorbidities - and in time of pandemic old people die, unfortunately. Maybe they die because when the health care system we had created to protect frailties goes through such an exceptional crisis, its only objective is to protect life as much as possible, understood in terms of years a person has a chance of living. In this historical moment, the most important feature is "frailty", perhaps favoured by a health care policy which has pitilessly cut funds over the years and thus reduced the possibility to provide geriatric patients with acute care while upgrading the management of chronic diseases. It is as if older people no longer required specific assistance in the most difficult stages of a disease, but only management of previous pathologies. But Geriatrics is not just the management of chronic disease, it's also a discipline of Public Health and social well-being. Geriatric patient is a complex set of chronic, acute, socioeconomic, psychological problems, more than any other. Often, due to health policy choices, our geriatric departments have become sorting places for chronically ill patients, rather than clinics providing ultra-specialist care and real coordination for geriatric territorial care. The older adult thus became the "Achille's heel" of Italy and, in some cases, our "Trojan Horse". Since the outbreak of Covid-19, we have heard about patients who had been hospitalised on regular wards for days or weeks although they were actually affected by Covid-19 which there was no reason to suspect, as their symptoms were consistent with their condition as geriatric patients. We were unprepared for this situation and we were unable to plan dedicated facilities and staff adequately trained to manage the need for assistance of the geriatric population during a **pandemic**. Leaving the older adults at their home, cared only by their family members, it was, in some moments, the only possible "treatment". In the most difficult phase of the outbreak many of them died alone, in crowded Emergency Room and following the heartbreaking impossibility of being taken care of in the ways and times necessary for a geriatric subject. All this must serve as food for thought in post-Covid-19 Geriatric era. In this dreadful period in which the Italian healthcare system is counting the dead like victims on a battlefield, a thought must be directed toward our older adults, who account for about 80 % of those who have died because of the outbreak. They were taken by surprise by a new virus coming from the East, while they were quietly living their life probably without ever having set foot outside their hometown. They were maybe at a bar or receiving visits from relatives and friends enjoying a few daily moments of pleasant company, or they were maybe assisted in a retirement home where they had chosen to live their last years of solitude and frailty. Our condolences go to those, who quickly and dramatically passed away without honour or glory in the saddest period our country has ever experienced, accompanied by a deafening silence like that of a

https://doi.org/10.1016/j.archger.2020.104111
Received 7 May 2020; Accepted 10 May 2020
Available online 13 May 2020

sudden and unexpected massacre.

As physicians, and as Italian geriatricians even more so, the moment we lived was, more than ever, a deep moment of mourning and reflection.

Adriana Servello*, Evaristo Ettorre
Department of Clinical Internal, Anesthesiological and Cardiovascular Sciences University of Rome, Sapienza, Rome
E-mail address: adriana.servello@uniroma1.it (A. Servello).

* Corresponding author.