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Does vaccine ageism amount to “gerontocide”?

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“Gerontocide”, listed in most dictionaries as “the killing or euthanasia of older people”, is an obscure term. It is sometimes referred to as “senicide” (with unfortunate associations to senility) or even “grannicide” [1]. A search on Medline produces a single hit: a German language paper on criminology published in 1989 [2]. Outside of the health sciences, the term has occasionally been applied to describe the alleged practices of exotic cultures. The Encyclopaedia of World Problems and Human Potential observes that gerontocide is an uncommon practice limited to what it describes as “primitive societies” [3]. Has this obscure term become more relevant during the COVID-19 pandemic?

During the first year of the pandemic there was a powerful discourse that younger people were “paying the price” for older adults, through social distancing, reduced income and other sacrifices. This built on a wider discourse of intergenerational injustice that had been fermenting before the pandemic [4]. An analysis of 82,629 tweets relating to older people and the pandemic identified over 1,300 “death jokes” making light of the pandemic since it mainly affected older adults [5]. A more specific issue was rationing access to acute COVID-19 treatment on the basis of age, in a context of resource scarcity and a need for brutal pragmatism. All things being equal, people at older ages are less likely to respond positively to treatment and therefore some age-rationing may have maximised years of life saved. As such, the ethical and legal bases for describing many of these decisions as ageist, let alone as gerontocide, are open to contention. Nevertheless, some practices may have gone beyond what is ethically acceptable: a study in India found the median age of people admitted to a tertiary level hospital for COVID-19 was just 33.5 [6].

In all countries for which we have robust data, COVID-19 case fatality increases exponentially beyond the age of 60. Despite this, national approaches to prioritising COVID-19 vaccination have been very diverse. High-income countries and some low and middle-income countries (LMICs), such as Brazil, have given high priority to those at the oldest ages. Other countries, including India and the Philippines, have taken a much less age-focussed approach, either in policy or in practice. In India, more people aged under 45 are being vaccinated than those aged 60 or more, even though about half of the latter are yet to receive even a single dose. Unlike age-based triage for acute COVID-19 care, this vaccination policy will not save lives: it will contribute to thousands, potentially millions of avertable deaths. In the Philippines, where only 8.5% of people aged 60 or more had been fully vaccinated as of June 29 2021, the focus of vaccination has now shifted to younger “working age” adults.

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Focussing COVID-19 vaccination on people at younger ages is mainly justified by governments on the grounds of economic necessity and ageist stereotypes of older people as unproductive burdens. Or as the Encyclopaedia of World Problems and Human Potential puts it: “where the existence of an extra mouth to feed becomes especially critical when that person is unproductive.”

Throwing around accusations of “state-sanctioned gerontocide” may seem like unbecoming shrillness. But how else should we describe what is happening?

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