

WE WILL HAVE TO MAKE PEACE WITH COVID-19

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FROM LEIDEN TO MEXICO CITY

My name is Raúl, I am a 38 year-old geriatrician from Mexico and an alumnus of the [master programme](#) at the Leyden Academy of Vitality and Ageing, class of 2013. I was born and raised in Mexico City and returned here after obtaining my master degree. I now live in the central-southern area of Mexico City with my boyfriend – who just recently moved in with me – and four cats. Soon after returning from Leiden to Mexico, I started working with the National Institute of Geriatrics. I am currently deputy director for epidemiologic and geriatric research. My main research interests include healthy ageing and health systems for older persons.

MEXICO HAS BEEN HIT HARD

The COVID-19 pandemic has affected every country in the world, and Mexico has been hit particularly hard. As of July 26, a total of 432,572 cases have been confirmed in the country, including 43,680 deaths. This places Mexico in the 6th place of countries with the most reported cases and the 4th place of countries with the most reported deaths. Our 10% case fatality rate is much higher than the global average for reasons that are not quite elucidated. Government officers claim that most of this mortality is due to the high prevalence of overweight, obesity, diabetes and hypertension amongst our population. While this may be true, it must also be taken into account that testing has been significantly limited and the actual magnitude of the denominator for the case fatality ratio is definitely underestimated. Late access to health care services and lack of proper health care at hospitals may also be a factor contributing to our high mortality.

WORKING FROM HOME

The National Institute of Geriatrics was founded in 2012 and has had several difficulties developing its infrastructure. As a result, the institute is not yet providing health care for older persons and its activities are limited to research and continuing medical education. As the pandemic began to gain momentum and isolation was recommended by national authorities, most of the institute's staff was sent to work from home. In my case, from April through June I worked at my office one week and from home two weeks in a row.

PROJECTS DELAYED

Now, while home office is a common practice in many workplaces around the world, in Mexico it was only customary in some private companies, mostly international ones. The public sector had virtually no experience with home office, so we had to learn fast. For the research division at our Institute, switching to home office meant a delay in most of our processes and research projects, while some had to be fully stopped. Research

projects that involved person-to-person interaction, people coming to our facilities, field and laboratory work had to be interrupted. Among the projects affected was a protocol of exercise for older persons with frailty which I am leading. Fortunately, most of our funding agencies have been sympathetic and provided deadline extensions for funded projects, such as my own.

VULNERABILITY OF OLDER PERSONS IN LONG-TERM CARE

One of the issues that became evident soon after COVID-19 hit Europe and the US, is the vulnerability of older persons living in long-term care facilities. This population is not only usually more affected by multimorbidity and a worse health status in general, but they also live in close contact with several other persons, including residents and staff, which sets the scenario for quickly-spreading outbreaks with high mortality. It became apparent to us at the National Institute of Geriatrics that older persons living in long-term care facilities were at a particularly high risk in our country and that the national response was not taking them into consideration.

STATE OF LONG-TERM CARE IN MEXICO

Long-term care for older persons in Mexico is fragmented, disorganized, unregulated, and disconnected from the health care system. There are a few public facilities that provide long-term care for older persons in the country, but most of them belong to the private sector. It is not even known how many older persons live in these facilities, although it is estimated that this number is less than 1% of all older Mexicans. Nursing homes are the predominant (if not the only) type of long-term care existent in the country. However, the lack of regulation results in a wide heterogeneity in terms of admission criteria, organization, type of services provided, intensity of care, quality, safety, costs, and health outcomes.

RECOMMENDATIONS FOR NURSING HOMES

Given the characteristics of long-term care services in Mexico and the lack of attention from the health authorities in charge of the response to COVID-19, the National Institute of Health launched an effort to assess and support nursing homes. We assembled a team of researchers and assistants led by our general director and started working on several tasks. Based on emerging international guidelines and published evidence, we produced a set of recommendations to prevent and control outbreaks of COVID-19 in Mexican nursing homes, prepared educational materials for distribution, and began developing an online training course for nursing-home staff which just recently kicked off with a numerous audience.

CREATING A NATIONWIDE REGISTRY

As for myself, I participated in the development of the recommendations, but my main contribution has been the design of a research project to assess the preparedness and response of nursing homes throughout the country in face of the COVID-19 pandemic. This proved to be quite a challenge, because we did not have a comprehensive registry or census of nursing homes in the country and we had to bring together several registries and databases. We were able to launch a first wave of telephone interviews and e-mail

questionnaires and received over 400 replies. In this initial questionnaire, we tried to determine the basic characteristics of residents and staff, as well as to assess whether any infection prevention and control protocols were in place before the pandemic, and whether any new or improved practices had been implemented in response to it. We also tried to determine whether they had enough supplies and facilities for providing proper care and isolation to suspected or confirmed cases of COVID-19. At present, we are performing a preliminary analysis of the data and try to assemble a single registry for nursing homes nationwide, so that a second wave can be undertaken that provides deeper insight into how nursing homes are coping with COVID-19.

NIGHT SHIFTS IN THE ER

At the same time, I made the decision to volunteer as attending staff at the hospital where I trained as an internal medicine and geriatric medicine resident, which was converted to provide care exclusively for COVID-19 patients. During the months of June and July I have worked some night shifts in the emergency room, alternating between triage and secondary assessment teams. This has been both an exciting and intense experience. Clinical work has always been my biggest passion and working once again at the hospital where I was trained felt like coming home. My last shift of July will be over by the time this piece is published. I expect that I will no longer be able to continue with this work, but it has been a great experience.

STATE OF CONSTANT ANXIETY

For me personally, the COVID-19 has meant a big emotional challenge. The fear of becoming ill as a result of my professional activities has been present from the beginning, even before I started doing night shifts in the emergency room, because I also work at my practice as a geriatrician and I often visit patients in their homes and in nursing homes. However, my biggest fear is not becoming ill myself, but having one of my beloved ones catching COVID-19. Except for my brother, my cousins and my boyfriend, all of my family are over the age of 60 and some have chronic health conditions. They have been lucky enough to endure the quarantine fairly well. Thankfully, they all remain healthy so far, including my dearest 95-year old grandpa. However, for the first two months of the quarantine I was living in a state of constant anxiety. Isolation did not help, although I stayed in touch with them all via telephone calls and videoconferences. Keeping in touch with friends was also key to maintain sanity. Having lived in a student house for a year in Leiden, I now have friends from all around the world. A few of them have remained particularly close and we have shared our experiences with the pandemic during the past weeks.

MAKE PEACE WITH COVID-19

As I write these lines, I think of the days to come. It is now clear that the world will have to learn to coexist with COVID-19 for a long time, perhaps years. Even if we are lucky enough to find a vaccine, it will take a while before the pandemic comes under control. We will have to learn to live with COVID-19 lurking around and we will have to make peace with it. We must realise that the risk will remain latent regardless of how careful we are, but we must make every effort to protect ourselves, our beloved ones and our communities. We must appeal to empathy and solidarity if we are to survive this challenge.

