

The COVID-19 Pandemic and Ethical Issues in Elderly Cancer Patients

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ABSTRACT The coronavirus disease-2019 (COVID-19) pandemic, which led to a substantial rise in anxiety and despair among the global population, severely disrupted the quality of life of elderly cancer patients. The strict measures enforced during lockdown restrictions on social life, heavy burden on the healthcare system, and isolation conditions might have caused individual, familial, and social negative consequences on elderly cancer patients. Some of these negative effects can be considered as situations that may create ethical dilemmas. In addition to the social and cultural norms of the countries, the educational, cultural, economic, and familial characteristics of elderly cancer patients can further add diversity to these ethical issues in the COVID-19 pandemic. In the present study, we attempted to classify these ethical issues according to the characteristics of elderly cancer patients.

Keywords: Cancer patients; elderly; COVID-19; ethical issues

Toward the end of December 2019, a cluster of atypical pneumonia cases emerged in the Wuhan province of the People's Republic of China; this disease caused by a lethal virus then rapidly spread throughout the whole world.¹ Based on research studies, the virus was identified to belong to the coronavirus family and showed similarities with coronavirus, the causative agent of severe acute respiratory syndrome (SARS).¹ Hence, the virus was named SARS coronavirus 2, and the disease was designated as coronavirus disease 2019 (COVID-19).¹

Following this crisis, an increasing number of scientific studies were conducted not only on developing appropriate treatment strategies but also on understanding the molecular structure of the virus, the pathogenetic mechanisms of the disease, prophylactic vaccine application, and psychosocial experiences related to the disease. However, studies reflecting clear results and recommendations on protecting el-

derly individuals from COVID-19 and its fatal consequences, including social and psychological aspects, were not initially included in the ongoing research.^{2,3} In the subsequent periods, particularly before the increase in the number of cases, which started again after the summer months, an approach was proposed not only to protect the elderly people from COVID-19 but also to comprehend their psychological and social issues.^{3,4}

Because of the comorbid risks elderly individuals' face and their polypharmacy characteristics, they are at a high risk of developing COVID-19; hence, it is essential to develop effective measures to protect elderly individuals from possible contact and transmission of COVID-19. Elderly individuals constitute a substantial proportion of the current global population; therefore, an increasing number of measures for these individuals have been studied.³⁻⁵ Based on these studies, cancer, one of the comorbid conditions, was

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found to be a factor that increases the mortality risk of elderly individuals with COVID-19 because of immunosuppression.²⁻⁵ Moreover, various complications related to COVID-19 have emerged in (1) elderly patients with end-stage cancer, (2) elderly individuals with recovery from cancer, (3) elderly people who are diagnosed with cancer but are in the stage of remission, and (4) elderly patients who are still receiving anticancer systemic or local treatments for curative or palliative purposes.^{2,6}

Guidelines for managing elderly cancer patients in terms of cancer treatment and palliative care services have been controversial even during normal times because of the lack of appropriate evidence.⁷ This is related to the inability to obtain sufficient clinical data because elderly cancer patients are a disadvantaged patient group in terms of comorbidity, polypharmacy, and performance status and because they do not meet the criteria for inclusion in clinical trials. The lack of evidence regarding the diagnosis, treatment, follow-up, palliative care, and end-stage care of elderly cancer patients during the COVID-19 pandemic has stretched this complexity to a point where ethical, medical, and legal dilemmas can arise.^{3,6,7}

The COVID-19 pandemic, which led to a substantial rise in anxiety and despair among the global population, severely disrupted the quality of life of elderly cancer patients.⁷ The strict measures enforced during the lockdown restrictions on social life, heavy burden on the healthcare system, and isolation conditions might have caused individual, familial, and social negative consequences on elderly cancer patients. Some of these negative effects can be considered as situations that may create ethical dilemmas.^{3,6} In addition to the social and cultural norms of the countries, the educational, cultural, economic, and familial characteristics of elderly cancer patients can further add diversity to these ethical issues in the COVID-19 period.³⁻⁵ In the present study, we attempted to classify these ethical issues according to the characteristics of elderly cancer patients.

1. ELDERLY CANCER SURVIVORS

This group includes elderly individuals diagnosed with cancer but without metastasis or recurrence and

who have been followed up after curative treatment of any cancer.⁸ These patients may have a recurrence risk from their primary malignancies as well as a risk of developing another primary cancer due to genetic and environmental risk factors and long-term side effects of previous cancer treatments.⁸ Because they are cancer-free, it is considered that these individuals experience similar pandemic-related issues as other elderly individuals without cancer.^{4,6} However, because these individuals are now recognized cancer patients, they are more likely to experience psychosocial problems due to both anxiety and the risk of developing cancer as compared to other older individuals with no cancer diagnosis. It is predicted that in these individuals, who have been diagnosed with cancer before but are considered to be recovered from cancer, conditions such as “admission to the intensive care unit,” “intubation indication,” and “do-not-resuscitate order approach” will create ethical problems, as they are now recognized cancer patients.^{4,6} These ethical issues are discussed below by dividing this group of patients into subgroups.

1a. Individuals who are actively self-employed:

The biggest ethical issue in this group is that, although they are still economically independent, they have anxiety about not being able to perform their job (trade, consultancy, education, family business, individual art, etc.) because of pandemic-related measures.^{3,5} Their problems include the psychology of being useless, the feeling of loneliness from being isolated from loved ones, and the feeling of dependence on others due to uncertainty related to the future situation of their ongoing job.^{3,5} How long and to what extent do they perceive these problems to have negative effects on their lives, and what precautionary measures do they adopt to avoid COVID-19-related death? It will entirely depend on their educational, social, cultural, and economic conditions. The most important ethical dilemma created by these problems is the deterioration of domestic peace; the anxiety and stress associated with uncertainty of continuity of economic income; negative consequences on the psychological, cognitive, and physical well-being; and the risk of suicide.³⁻⁶ Similarly, young family members taking over the business, particularly in terms of business sustainability, may result in the

prominence of secondary income within the family, which may include inheritance or other familial legal processes, and this new development may cause elderly individuals with cancer to feel worthless because of “loss of job satisfaction.”^{3,5,6}

Ib. Retired individuals: These individuals have similar ethical issues to all other elderly individuals without cancer. Isolation and limitation in social life can lead to “feeling worthless” and “spending the end of life in loneliness”; it could also deteriorate their physical and psychological well-being.^{3,5,6} Although the personal, psychological, social, and health needs of these individuals who live far away from their children or grandchildren are met by volunteers, health professionals, and social workers, the fact that special situations, secrets, and needs are met far from their first-degree relatives may create ethical dilemmas.^{3,5,6} These ethical dilemmas could hinder the delivery of humanitarian aid and support. The inability to reach these individuals who stay far from their loved ones or to approach them in the same environment as their loved ones can lead these older individuals to question themselves regarding the worthiness of their lives and to withdraw from life by introspection. This situation may be reflected by different psychological behaviors, such as anger and irritability due to both familial and social problems.^{3,6}

Ic. Individuals staying in a nursing home or elderly care home despite having a family: For elderly individuals staying in a nursing home or elderly care home voluntarily, the most important ethical issue is that they may experience psychological problems during the pandemic process; there might also be inheritance concerns in the family. It is possible that these individuals, who live in isolation and are deprived of visits of their loved ones, may experience cognitive and psychological problems; they may also become more dependent on the staff in nursing homes or elderly care homes in terms of physical, health, and psychological needs. In this case, professional abuse and the use of this situation for secondary gains may cause ethical and legal problems.^{4,6}

Id. Orphans and individuals staying in nursing homes or elderly care homes: The ethical issues faced by these elderly individuals can be quite distressing

because of their conditions. Even if they have normal decision-making skills, because of the psychological problems created by the pandemic-related measures, the decisions they make for themselves may be ethically and legally debatable. To ensure ethical gain, research studies in many fields avoid the inclusion of this group of individuals on a compulsory or voluntary basis.^{3,4} To overcome this issue, it may be necessary for the relevant administrative units to clearly draw ethical and legal boundaries and to prevent secondary gains and abuse through regulations such as training, audit, and business strategic plan.

Ie. Lonely and homeless individuals: These groups of individuals face ethical, humanitarian, and legal issues to derive benefits from national social services and health services during the pandemic. Conducting thorough ethical and legal audits regarding their paid or compulsory or voluntary inclusion in clinical trials may prevent ethical dilemmas.^{3,4,6}

If. Individuals living alone: For elderly cancer individuals who prefer to live alone voluntarily because of their lifestyle, necessities of life, or familial or social conditions, the most important ethical dilemmas during the pandemic are living without their own preferences during isolation and separation from social life. It is possible that their decision-making abilities and psychological and cognitive health could deteriorate due to feelings of alienation, devaluation, and deep loneliness. In this case, the risks of being abused, being used for secondary purposes, and being included in pandemic research on a compulsory or voluntary basis are ethical issues.^{3,5,6}

2. ELDERLY INDIVIDUALS WITH CANCER WHO HAVE JUST COMPLETED EARLY-STAGE CANCER TREATMENT

The most important ethical issue in elderly individuals with cancer who have just completed their treatment through surgery, radiotherapy, or systemic anti-cancer drugs may be in determining the process for the follow-up of their cancer status and treatment side effects. According to the international cancer guidelines, early-stage cancer patients whose treatment has been completed should be periodically examined by their oncologist and should undergo regular laboratory and imaging tests.^{3,6,7} Requesting

other non-routine consultations or further tests in case of any doubt is an important issue for the early detection of cancer recurrence. Travel restrictions and isolation imposed on elderly individuals during the pandemic have led to the development of specific procedures that these patients must undergo for their health checks.^{6,7} As these individuals are also aware of the pandemic-related process and their cancer status, their concerns such as developing infection and dying from COVID-19 may cause perceptions of delaying the control of their situation. This poses an important ethical dilemma in the management of cancer patients. The risk of transmission of COVID-19 is quite high because of conditions such as transportation to the hospital, hospital-related procedures, and common areas of use particularly imaging centers.⁷ This situation creates an ethical dilemma between the desire to diagnose cancer recurrence early and an increase in the risk of death of the patient due to COVID-19. Although many international guidelines have recommended the follow-up of patients with cancer during the COVID-19 pandemic, these guidelines include ethically and legally controversial points because of the lack of clear decision-making evidence.⁷ Due to the differences in the level of burden on the healthcare system and healthcare services, it may be easier to overcome these ethical dilemmas if countries offer suggestions in accordance with their own situations. A clear delineation of “clean hospital” and “pandemic hospital” for cancer patients can reduce these dilemmas. Similarly, telemedicine should be made more accessible, and the patients should equally benefit from healthcare services, although they do not have clear legal and ethical boundaries. In the telemedicine approach, it is important for elderly individuals to be aware of their technical equipment competence, education, and cultural levels.^{3,4,7}

CONCLUSION

Regardless of the social status and loneliness of elderly cancer patients, during situations such as a pandemic that can negatively affect their quality of life in many ways, it is important to enable access to healthcare services for patients who are survivors or in re-

mission and for those who are being actively treated.⁹ To ensure these conditions are fulfilled, it is critical to strengthen the awareness and perception of healthcare personnel, healthcare managers, and patients on this topic. In conclusion, the anxieties experienced by elderly people with cancer during the COVID-19 pandemic can grow like an avalanche through the contribution of social, psychological, and economic problems to their already existing cancer-related problems. Cognitive and psychological problems experienced by this patient group, who are at a high risk of COVID-19 because of their cancer, may adversely affect their decision-making abilities; moreover, ethical problems may arise because they are in the elderly age group and have cancer. The risk of mandatory or voluntary inclusion of elderly patients with advanced or end-stage cancer into clinical trials needs to be closely monitored. Simultaneously, the exclusion of elderly cancer patients from clinical trials for which they are suitable because of pandemic-related precautions and concerns can be counted as an ethical dilemma. Elderly cancer patients with challenging situations associated with isolation, social distancing, and economic and future concerns may have negative feelings such as loneliness, hopelessness, self-destruction, and devaluation during the pandemic; this may affect their decision-making abilities regarding their lives, loved ones, and cancer treatment. Because of all these factors, obtaining domestic or environmental secondary economic gains is an ethical dilemma faced by these individuals. During the pandemic, society, as a whole, should consider a social, administrative, and humanitarian duty to protect elderly people with cancer from the adverse effects of COVID-19 and from ethical violations as much as possible.

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Conflict of Interest

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