Supporting Geriatric Patients During a Global Pandemic

Tanya F. Panwala
Third-year medical student, Charles E. Schmidt College of Medicine at Florida Atlantic University, Boca Raton, Florida; email: tpanwala2019@health.fau.edu.

Leila C. Tou
Third-year medical student, Charles E. Schmidt College of Medicine at Florida Atlantic University, Boca Raton, Florida.

Taha A. Siddiqui
Third-year medical student, Philadelphia College of Osteopathic Medicine, Suwanee, Georgia.

First published online.

Acknowledgments: The authors thank Adam T.M. Wyatt, PhD, for his guidance throughout this process.

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.
To the editor: The onset of the COVID-19 pandemic in 2020 introduced a new series of challenges and fears, but also brought forth new opportunities to serve, protect, and value one another in a time where empathy and compassion were desperately needed. The pandemic reinforced the longstanding need to focus on the care of our most vulnerable populations—including geriatric patients.

Geriatric patients have a high risk of suffering adverse outcomes, with elevated rates of mortality from the SARS-CoV-2 virus. The protective effects of social integration of healthy lifestyle choices in elderly populations are well-documented. As geriatric patients already face cognitive decline as part of normal aging, lifestyle modifications such as social engagement, exercise, and participation in stimulating activities can slow the decline.¹ Senior leisure centers integrate recreational activities into members’ daily routines, which boosts their quality of life and helps them sustain independent living. Quarantine and the closure of these facilities during the pandemic increased social isolation and stress, created barriers to geriatric patients receiving care, and impacted various facets of their mental, physical, cognitive, and emotional health.² These abrupt changes inspired us to invent new ways of bringing them comfort, peace, and care.

To continue to provide geriatric patients with social stimulation, we video chatted with them. Through these interactions, we checked in on their mental and physical health while reminding them to stay physically active. Simultaneously, the patients received social support from the community that was lacking during the pandemic.

As medical students, we often feel a sense of helplessness, and that was compounded by the pandemic. Just as our educational world was replaced with virtual learning and physical isolation, geriatric patients also faced dissociation from their communities. Through this experience, we learned that in the face of rapid change, medical students can come together to
play an integral role in facilitating healthy living in the geriatric population, even when not on the front lines of care. The pandemic has reminded us of the vulnerability of the geriatric population, and we call upon medical schools to enhance education on healthy aging.

References
