

EDITORIAL

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Healthy Aging in the Time of Corona Pandemic

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ABSTRACT

Background: The key considerations for healthy aging are diversity and inequity. Diversity means that there is no typical older person. Policy should be framed to improve the functional ability of all older people, whether they are robust, care dependent or in between.

Objective: The aim of this article is to describe negative influence of Corona pandemic (COVID-19) for realization of the WHO project about Healthy Aging global strategy proposed in the targets "Health for all".

Methods: Authors used descriptive model for this cross-sectional study based on facts in analyzed scientific literature deposited in on-line databases about healthy aging concept of the prevention and treatment of the people who will come or already came to the "third trimester of the life".

Results and Discussion: Some 80-year-olds have levels of physical and mental capacity that compare favorably with 30-year-olds. Others of the same age may require extensive care and support for basic activities like dressing and eating.

Policy should be framed to improve the functional ability of all older people, whether they are robust, care dependent or in between. Inequity reflects a large proportion (approximately 75%) of the diversity in capacity and circumstance observed in older age is the result of the cumulative impact of advantage and disadvantage across people's lives.

Importantly, the relationships we have with our environments are shaped by factors such as the family we were born into, our sex, ethnicity, level of education and financial resources.

Conclusion: COVID-19 pandemic "celebrated" one year of existing in almost all countries in the world with very difficult consequences for whole population. But in the first risk group are old people who have in average 6 to 7 co-morbidities.

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Keywords: corona pandemic, healthy aging.

1. BACKGROUND

As Tedros Adhanom Ghebreyesus, Director General of the World Health Organization, recently said, the 2030 Agenda for Sustainable Development makes it clear that a healthy life and the right to health do not start or end at a specific age. They are applicable to all ages, including the later years of life. If we are to achieve the Sustainable Development Goals, we will therefore need to take account of the rapid population aging that is occurring in almost every country. This demographic transition is unprecedented and will impact almost all aspects of society. By 2050, one in five people will be 60 years or older, totaling 2 billion people worldwide (1). The Global strategy and action plan on aging and health was adopted by the Sixty-ninth World Health Assembly in May 2016 and provides a political mandate for the action that is required to ensure that everyone has the opportunity to experience both a long and healthy life. As well as outlining the action that needs to take place immediately, the strategy calls for us to work with partners to prepare for a Decade of Healthy Aging that will span from 2020 to 2030.

By implementing the Global strategy we can deliver a historic transformation that will ensure that we live both longer and healthier lives. Let us work together and invest in a future where all older people have this precious freedom (1). Immediately after those messages the world faced corona pandemic. The COVID-19 pandemic uprooted assumptions on which societies function, and profoundly changed daily life. In our previous publications we presented different results obtained directly or indirectly from complex field of corona pandemics (2-28). Because the disease disproportionately affected people older than 65 years, the pandemic generated a sense of vulnerability in many older people who were previously enjoying a newfound sense of healthy aging. Older adults face substantially higher mortality rates from

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COVID-19 compared with their younger counterparts and, even when they recover, present with more severe symptoms. Older people are also vulnerable to indirect impacts of COVID-19, including food insecurity, social isolation, and financial instability. These issues are even more devastating among residents of long-term care facilities that have become hotspots for COVID-19 transmission and mortality. Amidst the pandemic, we are living through a demographic transition reshaping the global population. We argue societies must undergo a shift in how we think about global aging, and remap the life course to look at unique opportunities to foster longevity (29). Another strategy that communities are using to build long-lived societies is fostering intergenerational connectivity, which builds purpose, belonging, worth, and mutual respect (29).

The Decade's action areas are (30): a) changing how we think, feel and act towards age and aging; b) developing communities in ways that foster the abilities of older people; c) delivering person-centered, integrated care and primary health services that are responsive to older people; and d) providing older people access to long-term care when they need it.

2. OBJECTIVE

The aim of this article is to describe negative influence of Corona pandemic (COVID-19) for realization of the WHO project about Healthy Aging global strategy proposed in the targets "Health for all".

3. METHODS

Authors used descriptive model for this cross-sectional study based on analyzed scientific literature deposited in on-line databases about healthy aging concept of the prevention and treatment of the people who will come or already came to the "third trimester of the life" regarding the Global strategy and action plan of WHO on aging and health.

4. RESULTS AND DISCUSSION

What is healthy functional ability and how does it relate to healthy aging?

World Health Organization (WHO) defines it as "the process of developing and maintaining the functional ability that enables well-being in older age" (30).

Functional ability consists of the capabilities that enable all people to be and do what they have reason to value. It refers to people's ability to: meet their basic needs; learn, grow and make decisions; be mobile; build and maintain relationships; and contribute to society. Functional ability is made up of the intrinsic capacity of the individual, relevant environmental characteristics and the interactions among them (30).

Every person, in every country in the world, should have the opportunity to live a long and healthy life. Yet, the environments in which we live can favor health or be harmful to it. Environments are highly influential on our behavior, our exposure to health risks (for example, air pollution or violence), our access to quality health and social care and the opportunities that aging brings (31).

What are the key considerations for healthy aging?

The key considerations for healthy aging are diversity and inequity. Diversity means that there is no typical older person. Some 80-year-olds have levels of physical and mental capacity that compare favorably with 30-year-olds. Others of the same age may require extensive care and support for basic activities like dressing and eating. Policy should be framed to improve the functional ability of all older people, whether they are robust, care dependent or in between. Inequity reflects a large proportion (approximately 75%) of the diversity in capacity and circumstance observed in older age is the result of the cumulative impact of advantage and disadvantage across people's lives. Importantly, the relationships we have with our environments are shaped by factors such as the family we were born into, our sex, ethnicity, level of education and financial resources.

How does healthy aging differ from active aging?

Healthy aging which is now in the focus in WHO, like active aging which used to be in the focus of WHO, emphasizes the need for action across multiple sectors and enabling older people to remain a resource to their families, communities and economies (31).

Nearly one in every seven Americans is 65 years or older and faces the day-to-day challenges of aging (32, 33). Demographic patterns in the U.S. have become dramatically more diverse, prompting a consideration of the ethnic and economic changes in health disparities of aging services and supports (34). A range of approaches for defining healthy aging from the perspectives of older adults and persons studying aging have been evaluated in the literature (35-38). These perspectives are rooted in distinct traditions of theory and empirical work that inform current practices to support aging (39).

The term healthy aging is widely used in academic and research circles, yet there is limited consensus on how it might be defined (40). Among related theoretical constructs studied historically, "successful aging" was defined by Rowe and Kahn as freedom from disease or disease-related disability, high cognitive and physical functioning, and active engagement with life (41). Similarly, "effective aging" was suggested by Curb et al., 1990 as an alternative to successful aging in order to emphasize the adaptation and rehabilitation that can occur even as older adults develop health deficits (e.g., chronic conditions, disabilities) (42). Finally, "optimal aging" was exemplified by Ryff's work focusing on psychological thriving and well-being (42-44).

Corona pandemic: how it affected healthy aging?

The Covid-19 pandemic seems to be acting as a catalyst for history or a factor that's changing the rules of numerous geopolitical, social and economic aspects of our lives. It is also a clear sign of our moral and civilizational relationship with crucial existential and social issues such as old age. In this regard, our western techno-materialistic and individualist society is showing its civilizational poverty when it comes to taking care of the elderly during this pandemic. All over the globe, the coronavirus mortality rate is highest among the elderly.

The western cult of youth and success represses any thought of a painful and lonely death, as the worst type of death, vividly illustrated in *The Death of Ivan Ilyich* by Tolstoy. The protagonist, trapped in his own pain, dies lonely and cut off from the world. Today, overmedicalization and palliative therapy often condemn people to a death reminiscent of Ivan Ilyich, while we forget that as much as three quarters of hospital patients die without the presence of a loved one.

Our relationship towards the so-called geriatric or elderly patients actually poses the ontological questions of how we pass away. Relatively recently, the most beautiful death, except the honorable battlefield death of a hero, was considered to be the painless death described by Fontemelle in 1757 as: “gentle, smooth, in a cloud of cotton and softness, in peace, with all pain vanished, in the presence of loved ones.”

It is true that the West never knew the “golden period of old age”. Despite the Christian tradition of compassion and respect for the elderly, old age and old people were more or less “disreputable”. Molière made fun of them and the renaissance despised them. Existentialism and contemporary times confirm the ambivalent relationship towards the elderly as a mirror of our own unavoidable fate of growing old. Simone de Beauvoir details in *Old Age* how we treated the elderly in different periods of history, by killing them or leaving them without respect. Today, we’re maybe less cruel but much more hypocritical. Only in the 18th century did old age gain recognition, which is mostly visible in the visual arts. Already in Rembrandt’s paintings (17th ct.) we can see the image of a noble patriarch surrounded by his descendants on his deathbed.

Every society is based on a certain model of the “ideal man”, and that model also determines the notions and views of old age. Of course, in Asian, Muslim and African societies, old age and the elderly figure have much greater societal status and value than in the West, with its predominant materialism and worshiping the effectiveness of youth. In classical antiquity, in Greece, where beauty and strength were worshiped, the elderly were attributed wisdom but still had inferior social positions, regardless of the care which was regularly provided for the elderly.

In the Greek mythology the god Geras (Senectus in the Roman pantheon) is the personification of old age. The Codex of Justinian from the 6th century, besides establishing hospices for the sick and the poor, sets up the first establishments for the elderly, the so-called gerontocomi (lat. Gerontocomium). In the Middle Ages, the elderly helped in various ways as much as they could, but were soon marginalized when they became physically infirm. We should also mention another cruel practice in antiquity, practiced on the island of Ceos. Those who turned sixty years of age were expected to drink poison in order to preserve food supplies for the young. This elimination process was considered *eunoia* (compassion) because it prevented major suffering and physical degradation. In that time there was no third life age, there was only life or death.

During the 14th century, the elderly gained more social prominence, causing criticism and different satirical representation, the most common being that of the marriage between an old man and a young woman. The renaissance rehabilitates the Greco-Roman aesthetics and ideals. In 1928 the UN demographic statistics mentions “population aging”, which begins to introduce Malthusian theory and the age category of measuring work activity and the strength of the social corpus. Youth and fertility become desirable categories in order to avoid the age pyramid with a dominant elderly population. Today, this negative perception is institutionalized as a kind of program of natural and age selection in the form of social Darwinism. Christianity, through its philosophical and theological prism, emphasizes the dignity of the elderly and stresses the necessity of respecting them and caring for them. The Saint John Paul II in his Letter to the Elderly in 1991 points out: “Old age is the final period of human maturity. It is an expression of God’s blessing.”

The generation of 68, obsessed with eternal youth, rejected the very idea of generational transfer. In that era, the levers of cultural, political and economic power were in the hands of older generations, but that rebellion against conservative gerontocracy slowly turned into gerontophobia, a fear of growing old and hate towards the elderly. In light of this, the writer Robert Redeker in his work *Bienheureuse vieillesse* (Blessed Old Age) points out that gerontocracy and gerontophobia are different sides of the same coin. In his work *Family I: The recoil of death: The advent of the contemporary individual* (2006) Paul Yonnet stresses that we live in a period of “retreating from death” in which the all-powerful individual becomes the center of the world, with a feeling of invulnerability based on an illusionary oblivion of death and inescapable aging. Facing death becomes an ever more uncommon experience because we spend most of our lives free of war and disease. The infinite extension of old age and trying to escape death often result in depression and mass consumption of medications (40 percent of elderly in retirement homes suffer from depression). It is time to change this paradigm.

How do we respond locally and globally?

A distinguished Croatian pensioner recently said that being a Croatian pensioner is a fate worse than death. There are numerous news stories about Croatian pensioners, most of them written in a pathetic tone, as well as numerous jokes, most of them dark. Beyond cruel jokes, the elderly are often the target of different kinds of ridicule and humiliation. Joe Biden, the American President, is 77 years old and we encountered two jokes about his age on the social networks. One depicts his vice-president Kamala Harris telling him that he has won the election, and he leans his ear towards her saying: “What?”. The other shows a scene from the movie *The Marathon Family*, where Pavle Vujisić leans over the death bed of the founder of his mortician family, the ancient Pantelija, who is lying pale and skinny as a living corpse, and tells him: “Your school colleague has won the American elections.”

Even Francis Bacon disagreed with elderly people holding leading positions, as he wrote that the elderly resent too much, think too long, take too few chances and are too quick to regret, besides rarely fighting to the end but tending to be satisfied with mediocre results. But the novel corona virus epidemic has caused a true eruption of hate towards the elderly. On the day with the highest death toll from the epidemic in Croatia, over a thousand people gathered on the Zagreb main square to protest the epidemic measures. “Corona is nothing but sneezing and a runny nose, enough of this nonsense” claimed one of the speakers; “The mortality rate is one percent”, said another, obviously meaning that the one percent is irrelevant; it’s only one person in a hundred. And they will probably be old. “Vaccinate your own mother, not me” is a famous banner which was raised this summer in front of the Croatian National Theatre in Zagreb, where hordes of young people gathered because the night clubs were closed. While many young people passively resisting the epidemic measures by not wearing a mask and not distancing, there are those who are actively resisting. Both in Europe and America we are witnessing protests of those who believe that the novel corona virus doesn’t exist. Likewise, Croatia has seen demonstrations under the slogan “Rights and freedoms”; and in one of the most perverse actions, the anti-vaxxers were touring homes for the elderly saying to the residents that COVID-19 “isn’t such a terrible disease”. That the residents of the homes have more sense than the conspiracy theorists was visible in the recently published wonderful article by Bojana Mrvoš Pavić, which was featured on the front page of the “Daily newspaper 24 sata” – no small feat in today’s sensationalist contest. The article was motivated by the crime section of the daily papers, because for several days the papers featured articles about elderly women who were victims of fires, traffic accidents and murders. One of the subjects said to the reporter: “In this corona epidemic, we elderly people are the walking dead for the rest of society. Those who live in residential homes are locked in because of the virus and they die there, and we who live alone are left to the mercy of others. We have no money, we’re forgotten, and when someone elderly dies from the corona virus, it is presented as natural.”

That the pandemic is especially dangerous for the sick and elderly was known from the beginning. In February, Chinese physicians estimated that COVID-19 is not dangerous in 80% of the cases, but that the mortality rate is 15% among patients older than 80 years, 8% among patients in their seventies and 3.6% among those in their sixties. That’s why we could see all around children and grandchildren taking care of the elder members of their families, thoughtfully leaving them supplies on their doorstep, trying to keep them safe from the virus. Consideration towards those who have been in this world longer than us prompted numerous critiques of countries carelessly approaching the disease with the conclusion that the virus should be allowed to spread and who survives - good for them. British prime minister Boris Johnson also hesitated with introducing measures,

counting that the natural selection process would be the most efficient, but he changed his mind when scientists explained that he would soon be facing more than 50 000 deaths (2). “In this corona epidemic, we elderly people are the walking dead for the rest of society.”

It turned out that we’re all connected, even though some of us are more vulnerable to the virus than others. The anti-vaxxer madness is shown to be completely selfish, especially towards the elderly, but the people promoting it are not giving up. One well known former parliamentary representative is malevolently relaying misinformation on supposed pensioner deaths in Italy caused by the flu vaccine; one current parliamentary representative refuses to wear a mask, she was just on TV; a retired Croatian biologist and immunologist falsely claims that the flu vaccine increases the risk of contracting the novel corona virus; he also claims, without any evidence, that it is impossible to contract both the flu and the corona virus at the same time, although there have been recorded cases in the USA. Such irrational people, cloaked in pseudo-science, perpetuate the idea that “vaccines are terrorism”, that “corona death cases are fabricated to control the populace”, that “the pandemic is caused by the 5G antenna network”, that “this is a conspiracy by the pharmaceutical industry”. In their fight against the deep state, for their freedom of movement and right to drink coffee in cafes, they are willing to risk the lives of the elderly – they’re only the 1%, as one of the protesters simply put it. Almost every day someone in the news talks about why should everything be closed, why should the restaurants lose money and the state lose the taxes, when the disease is not that dangerous. Nobody says aloud that part how it is not dangerous only for the young. The elderly are not reasonable enough, economically speaking, to close down businesses – they produce nothing, but rather only consume. As Vladimir Nazor wrote in his Evening notes, although he didn’t have the economy in mind: “It is difficult for a man when he starts to feel that come spring he no longer blooms.” And as Balzac bitterly put it, an old man is one who has finished his lunch and now watches others eat. And how bitter is it when others have to pay for his meal and when they feel he is actually eating their meal?

However, it is possible to bloom in older days and even in oldest days. I will never forget an episode of Oprah Show featuring a centenarian man who enrolled in elementary school when he was 98 years old – because he regretted his entire life never learning to read and write. When the show was recorded, he was 102 years old and in fourth grade; I remember he was reading without his glasses and that he said he got along with the other children – the old man becomes a child again, says the German playwright Friedrich Hebbel, but a child for the other world. Or maybe for this one: similar to the Oprah Show guest, whose name I have forgotten, our fellow countrywoman Agneza Štajer graduated from university when she was 78 years old. It’s perfectly clear that she doesn’t have a long and illustrious career in front of her – but in this age of viruses, earthquakes and terrorism, who among us is certain in their tomorrow? It is

important to make every day count, that Agneza Štajer achieved something beautiful and that she realized her dream. Although she worries that it is too late: “My brain is saying that I should be happy, but I don’t feel it because it took me too long.” She should relax, everything always takes too long. She reached the goal.

Compassionate society and emphatic civilization for the better future

Coronavirus induced syndemics have pointed to the dark side of globalization (45) and its tragic consequences, particularly on older generations. The COVID-19 syndemics is a cruel but crucial lesson for the future of humankind. As there is no health without mental health, it is quite clear that healthy and successful aging is related to promotion of resilience, antifragility, brain and mental health. Resilience and antifragility are similar concepts with some differences. Resilience refers to a set of protective and salutogenic, neurobiological as well as psychosocial and spiritual factors and processes that modulate positive outcomes in stressful and unfavorable life situations and adversities, during aging, and in illness. The anti-fragility is defined as ability or response of some people to take the opportunity of disaster to evolve, grow and thrive, becoming more resilient later (46,47). New research and insights into brain neuroplasticity give hope for increasing brain resilience and prevent negative consequence of aging. Promoting healthy and successful aging is very important, not only as a medical and humanistic, but also as social, economic and political issue. Health is a state of biological, psychological, social and spiritual well-being in which people cope well with the stresses and adversities of life, may realize their own potential, can function productively and fruitfully, and contribute to their communities. Psychogerontology is increasingly focused on recognizing the specific qualities and capacities of older people and their potential contribution to the community and society. According to Erikson’s theory of psychosocial development humans pass through eight distinctive stages, and the eighth and final stage which begins at age 65 and it is related to the integrity versus despair conflict. This conflict is about whether or not an individual has lived a meaningful and satisfying life and usually it is triggered by changes to major roles in life, e.g. retirement, facing the problem of mortality, terminal illness, the loss of a spouse, cousins, close friends, etc. Resilient and anti-fragile people who developed ego integrity and wisdom have sense of life satisfaction, proud and contentment with their accomplishment when look back at their life. Some people feel that they have been unsuccessful and that their life has been wasted so they suffer from feelings of bitterness and despair. Majority of people do not develop integrity (satisfaction) or despair all the time and experience balance between satisfaction and dissatisfaction with their past.

COVID-19 crisis can reorder our world in dramatic ways, for better or worse. It may force us to rediscover better version of ourselves and the world. What we need in time of pandemic is resilience and antifragility, not panic (45). Good news is that individual, fami-

ly and community resilience and anti-fragility can be enhanced through learning and training, also in older age. Research indicates connection between mental health and resilience/antifragility which can protect people against mental disorders. Personal mental health is based on personal resilience and antifragility, public mental health on compassionate society and community resilience/antifragility and global mental health on global resilience/antifragility and emphatic civilization (48). Humans are a species that has evolved to thrive on love, trust, empathy, compassion and solidarity associated with spirituality, interconnectedness, interdependency, trust and cooperation. Cultivating empathy, compassion and solidarity among people may significantly strengthen individual, family, community, national and international resilience and antifragility and overcome COVID-19 crisis quicker and more successfully (49). Spiritual brotherhood in humanity and rising of human goodness: empathy, compassion, altruism and generosity may significantly improve our world that is commonly a hostile place, full of insecurity, conflicts, dangers and discriminations of older people. COVID-19 syndemics may be an opportunity for better future if humankind accepts a real possibility of a collective hero’s journey to compassionate society and emphatic civilization (49, 50). Compassionate society and emphatic civilization involve healthy and successful aging to achieve wisdom and personal integrity in old age as well as better position and status of older people in their communities. It is not possible to create a perfect society or global world, but we can always make them better and continue to promote health for all generations.

Is COVID-19 pandemic one of the limitation factors for realization targets of WHO about healthy aging?

Today, it is very difficult to judge whether everything that was done to suppress the pandemic, really should have been done in the way it is. Despite all the WHO recommendations, some countries have introduced and continue to implement their national strategies and models to approach pandemic (e.g., Sweden, Netherlands, Germany, USA). Their approach to tackling COVID-19 pandemic and its consequences is, unfortunately, not uniform. Nevertheless, strong resistance and protests have been expressed in many countries over the measures taken, by referring to them as „restrictions on human freedoms“ (51). Numerous movements were formed with the aim of promoting civil disobedience, with incomprehensible resistance to the efforts of the scientific and academic community to break out of the vicious circle that leads to the collapse of the economy of all countries. The use of the vaccine (partly denied by the so-called anti-vaccine movement) has been plebiscitary accepted by the WHO as the only real way out of the hell of a pandemic. Alternatively, to fight only previous measures that have failed to control the infection for several reasons or promising vaccination that would radically interrupt the course of the epidemic is the only right way, and which is also the attitude and recommendation of WHO experts, by using evidence-based medi-

One of authors of this text was among the first 100 authors in February 2020, whose article on COVID-19 is stored in the largest biomedical database - Pubmed, and he warned of the consequences that will follow in a few months. The reason for this statement was the way to solve the pandemic from all aspects: strategic (given by WHO experts), tactical - all countries of the World, especially those that already „listen“ to the strategic recommendations of the WHO, and operational - which every healthcare system in those countries should implement it. From today's point of view, the intensity of the problem of solving the COVID-19 pandemic and the consequences of its inadequate solution turned out to be that most healthcare systems in the World, even in well-developed countries, did not respond adequately and the greatest burden was placed on the public health sector. Now all eyes are targeted on the vaccine and more than ten million people have already been vaccinated (the first doses) and the first effects are awaited. Within the first 10 countries are: China, USA, Great Britain, Israel, Germany, Canada, Bahrain, Russia, Poland and Italy. In China was vaccinated 4.5 million, in USA 2.79 million, in Israel was vaccinated more than a million people and the vaccination rate is 11.55 doses per 100 persons, Bahrain has 3.49 million, Great Britain has 1.47 million vaccinated (52). Total number of people died due to the COVID-19 infection in the world until now is 1.8 million and there are more than 60 million infected (52). But doubts and suspicions about their therapeutic and preventive outcome are suspicious, and many individuals in many countries express skepticism and an open refusal to be vaccinated (53). The threats that managers in all areas of life, including health care, publicly declare, even with the measure of introducing the „COVID passport“, about which the same author wrote 8 months ago, increase the doubt in the foregoing. On the other hand, economic losses are immeasurably greater during the COVID-19 pandemic, and the scale of the economic catastrophe will add up years later. The consequences of lock-down, the loss of loved ones, the consequences of illness, economic uncertainty, job loss, fear of an impending epidemic are numerous mental illnesses, depression, in short - life before and after COVID-19 will never be the same again (54-56).

5. CONCLUSION

After more than one year of existing Corona pandemic globally in the World it is very difficult to judge whether everything that was done to suppress the pandemic, really should have been done in the way it is. Despite all the WHO recommendations, especially regarding influence of corona pandemic and its consequences on health of old people and according preparation and realization a Decade of Healthy Aging project.

In the following sentences of one of our esteemed fellow retired professor and academician with rich medical and practical life experience, something is said that is striking, worrying, but also sad: „I now live according to my usual rhythm. I am dying out slowly, quietly, withdrawn, self-effacing, like an old oak... I have no desire

to expand my circle of friends and acquaintances, I stay away from people... I communicate only with my closest and most intimate friends, and there are fewer and fewer of them, because they are also slowly disappearing, as old age and illness have caught up with them or they have left long ago. Charles de Gaulle said nicely: „Age, it's a shipwreck“. Seneca's thought is wonderful: „Rarum est felix idemque senex“. It is rare that someone is happy and old at the same time. Old age is ugly, painful, difficult, ... In old age there is no word for the future... The word death is in many thoughts or in dialogue with closest friends, whether we like it or not, always present. And we don't know anything about death“. The product of this philosophical, sociological, ethical and medical approach to the thinking of our colleague and friend is largely a consequence of the „corona time“. Sapienti sat.

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