**Too many people have been dying alone, frightened and in a terrible state**

*Dr Ximena di Lollo is coordinating MSF’s COVID-19 response in care homes in Spain and Portugal*

“The elderly are clearly a neglected group in this pandemic. In Spain, they just haven’t received the attention they deserve. Care homes received virtually no assistance at the beginning of the crisis, and a lot of staff and residents were essentially neglected. That’s why we knew we had to act and assist in whatever way we could.

We’re providing support in more than 200 care homes in Spain and 20 in Portugal, assisting with infection prevention and control and the proper use of personal protective equipment (PPE) and providing support to the care home workers.

All of this is vitally important work, but I think one of the most important actions we’ve taken during this pandemic has been promoting proper palliative care for residents who will not survive the disease.

Too many people have been dying alone, frightened and in a terrible state. People have been cut off from their families and have faced the end of their lives with no support and barely any family contact. That is completely unacceptable. Nobody should have to die like that.

It’s had a terrible knock-on effect on their families, on their children and grandchildren, and on the staff in the care homes. Some very ill residents were completely isolated and had no contact at all with their families in their final days. Some families didn’t even know if their loved one had been transferred to another institution or hospital.

As soon as we realised what was happening, we started helping the care homes organise themselves so that residents could stay in contact with their families. We helped them set up video call systems so that families can say goodbye to their loved ones and have contact in those final moments.

The impact of this video contact has been amazing. You can actually see the transformation in a patient when they have contact with their family. They might be sleepy, weak and unresponsive, but then they hear their family talking, or see their husband or wife or children on the video, and suddenly they’re responsive and alert. For some, their health even begins to improve. It’s an astonishing thing to witness. As a doctor, I’ve never seen anything like it.

Providing quality care at the end of life and ensuring that people stay in touch with their families is something that we owe to these people. They’re very old and they don’t have time to wait for us to think about it. We need to be doing it right now.

As a society, I think we will need to have a good think in the future about why the priority in this pandemic has been hospitals and other medical facilities, and why barely a thought has been given to the most vulnerable. That will need to change.

**A LOGISTICS EMERGENCY**

From the beginning of this crisis, I’ve been saying that this is not a medical emergency, it’s a logistics and humanitarian emergency.

The shortage of PPE means you don’t have what you need to protect yourself and your staff. But what’s so complicated about this emergency is that, even if you have all the equipment, if you don’t know how to use it, it’s worse than useless. That’s why we’ve also been so focused on training staff in care homes on the proper use of PPE. Using it properly gives you confidence, and that confidence is another tool to combat the fear that surrounds this pandemic. That fear is contagious, and we need to do everything we can to contain it. We are going to get through this.”

ENDS