

# For the middle-aged, by the middle-aged: how the responses to COVID have ignored the preferences of those most affected

*The young and the old are by far the most harmed by COVID-19 policies, says **Paul Dolan (LSE)**. They tend to have a stronger preference for quality over quantity of life than middle-aged people, who have been the ones making the decisions.*

It is well documented that the morbidity and mortality risks of COVID-19 are trivial for younger people. Less than 1% of COVID deaths in the UK have been in people under 40. Yet every policy measure in response to the pandemic, from the closure of schools to the decimation of the night-time economy, has caused the greatest economic and social harm to younger people. We are witnessing one of the biggest redistributions of resources from those who have the worst lifetime prospects to those who have already had the best prospects in human history.

Even more disturbingly, perhaps, the policy responses are probably not even in the best interests of older people if anyone cared to ask them. Not only are older people often more strongly in favour of prioritising younger over older people in resource allocation decisions in healthcare, but they are also more willing to trade-off life expectancy for better life experiences. I have been involved in several large-scale general population studies that sought to elicit trade-offs between life expectancy and life experience in order to inform resource allocation decisions in healthcare. Our research found a pronounced U-shape in age in these trade-offs, with younger and older people having a much stronger preference for quality over quantity than those in middle age.



Matt Hancock leads a press conference in No 10 on 10 December 2020. Photo: [Number 10](#) via a [CC-BY-NC-ND 2.0 licence](#)

Young people don't think about their mortality, but many older people have accepted the proximity of death and want to live out their remaining time as happily as possible. More than anything else, they want to spend as much time as possible with their loved ones, especially near the end of their lives. Contrast this with the restrictions imposed on those who are living in care homes, where even immediate family have been kept away. This has been nothing short of inhumane.

The explicit focus on life preservation during the pandemic has undoubtedly impeded our collective ability to come to terms with death. Terminally ill patients who know about and accept their prognosis experience less mental suffering in the time leading up to death. In contrast, higher levels of death distress (fear of death, avoidance of death or death anxiety) have been shown to be associated with a host of psychological issues, including increased susceptibility to anxiety and depression in the dying person and higher levels of burden in those caring for them.

The policy responses to the pandemic, then, have been harmful to younger and older people alike. This is interesting, because they have been enacted by those in middle age. Almost without exception, the key decision-makers and their advisors in the UK have been people in or around their 50s. This is exactly the age at which we value quantity of life most highly relative to quality of life and when we are most scared of dying. So the psychological benefits from reducing COVID risks are greatest among the middle-aged people who are most closely involved in recommending and implementing virus suppression policies.

At the same time, the costs of social distancing measures are lowest for those in or around their 50s. Many middle-aged people can work from home and avoid a miserable commute. In so doing, they are not as lonely as younger and older people, and most of them have stopped clubbing. The decisions we take as private citizens or public officials can never be completely cleansed of self-interest, and so it should concern us all that decisions that are having such a profound effect on every age group are being made by those whose demographic arguably has most to gain from suppression policies, and certainly the least to lose.

Considerable attention has rightly been devoted to the lack of diversity in decision-making and how better judgements can be made when a greater range of perspectives are accounted for. I voiced concerns in March about the narrowness of the disciplinary perspectives advising government: COVID represents as much an economic and social crisis as it does a health one, and yet health experts continue to dominate. I didn't realise then just how potentially important it is to have a diverse age range involved in advising and deciding on policy. Any response to COVID will have more legitimacy if those most affected by it (older people) and the responses to it (younger people) are properly consulted about what they consider to be the best course of action.

So not only should the government have sought advice from social scientists as well as medical scientists, it should have engaged with experts and non-experts of all ages. Given the very different effects of COVID-19 and the policy responses by age group, I am pretty sure that a consensus would have quickly emerged to allow younger people to live as normally as possible while also doing more to protect older people. I could be wrong, but the important point is that decisions that affect people of all ages should be informed by those of all ages, and not just those in middle-age, who are currently acting in their own best interests and not properly accounting for the preferences and welfare of younger and older people alike. This is one of the many lessons that should be learned from this pandemic as we plan for future crises.

*This post represents the views of the author and not those of the COVID-19 blog, nor LSE.*