

From bare life and necropolitics to a feminist care ethic: ageism in the COVID-19 pandemic and future directions

DDD17: Politics of Death

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Based on a recent paper, an edited collection and monograph

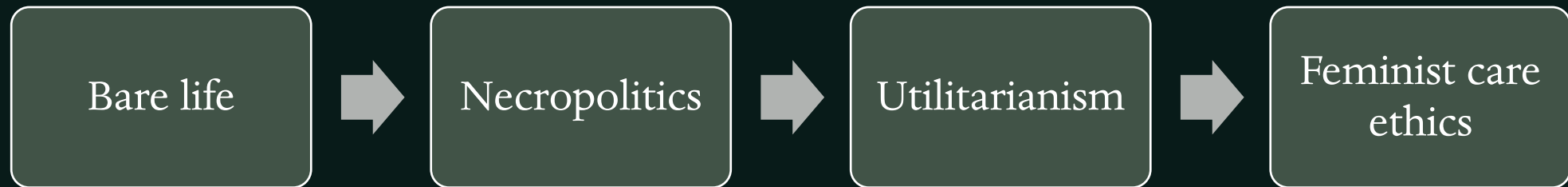
- Simmonds, B. (2024) 'From bare life and necropolitics to a feminist care ethic: ageism in the COVID-19 pandemic and future directions', *Frontiers in Sociology*, 9, <https://doi.org/10.3389/fsoc.2024.1372926>
- Edited Collection (2024) 'Intersections of ageing and disability during the COVID-19 pandemic', will be published imminently in *Frontiers in Sociology*. I argue for an anti-ableist and anti-ageist ethics of care' to ensure human rights and dignity in society. [Frontiers | Editorial: Intersections of ageing and disability during the COVID-19 pandemic \(frontiersin.org\)](#)
- Simmonds, B. (2021) *Ageing and the crisis in health and social care: Global and National Perspectives*, Bristol: Policy Press.

Political commitment to produce useful knowledge that will make a difference to the lives of those suffering injustice (Letherby 2003)

Ageism is ubiquitous in society, and operates at every level (micro, meso and macro) (Ayalon and Tesch-Römer 2018)

Older people have been 'othered' and invisibilised (Fraser et al. 2020; Søråa et al. 2020)

Future direction for care for older people



‘Bare life’ conditions

“Unknown” and “ineligible” subjects and, in turn, professionals become “not responsible” for their care (Waring and Bishop, 2020: 171)

Political decision making has made the system precarious and increases in funding have not been adequate (Simmonds, 2021)

Biopower and Necropolitics

- ‘It is no longer a matter of bringing death into play in the field of sovereignty, but of distributing the living in the domain of value and utility’ (Foucault 1978, 144)
- Necropolitics (Mbembe 2003) extends Foucault’s conceptualisation of biopower insufficient to capture the late modern state’s techno-spatialised capability of power to exert death over the living
- Life and death decisions were based on age as a proxy measure for population health, without considering the social implications, human rights and intersecting structures of inequality (Colombo 2021; Travaglia and Robertson 2021)

‘Exceptional’ practices

- ❑ Discharging older patients into care and residential homes without confirming their negative COVID-19 status via testing
- ❑ Not being transferred into hospital despite it being clinically necessary
- ❑ ‘Score of three domains’ triaging tool was used to ration access to intensive care treatment
- ❑ Blanket ‘Do Not Resuscitate’ orders for all residents in residential and care home settings (AIUK 2020, 2021; CQC 2020, 2021; Calvert and Arbuthnott 2021)
- Rationing of health care based on intersections of age and disability is not unique to the pandemic, it has intensified, and in many ways normalised, its practice, no longer being seen as ‘exceptional’
- The UK Covid Inquiry heard evidence from senior advisors claiming that the Prime Minister had stated that the virus was, ‘just nature's way of dealing with older people’ ([UK Covid-19 Inquiry](#), 2023)

Utilitarianism; a critique

- Utilitarian medical philosophical conceptualisation of ‘need’ is not just based on the individual assessment but on the overall benefit to society, and age has been used as a blunt proxy measure for health (Travaglia and Robertson, 2021)
- Older people in health care spaces and times can be seen to inhabit ‘death worlds’, where spatialised control of populations are at the whim of states deciding over their life and death (Mbembe 2003)

Feminist care ethic (Tronto, 1993)

- Feminist care ethic needs to be central to the ways in which our future health and social care systems are configured
- ‘Ethic of Care’; attentiveness, responsibility, competence, responsiveness, integrated in organising and doing care, to receiving feedback
- Strong sense of justice, open discussion and one which acknowledges the need to equalise power relationships; involves political discussion and consensus

Radical alternative system

Care giving and receiving is fluid and interdependent, not binary dependent or autonomous (Tronto 1993)

Care provision must be relational, therapeutic and reciprocal, integrating the care ethic characteristics of attentiveness, responsibility, competence and responsiveness within caring networks (Care Collective 2020; Simmonds 2021; Tronto 1993)

Care systems and nuclear family configurations that rely on the exploitation of women's' labour is 'unreliable and unjust' (Care Collective 2020:17)

The pandemic could provide the impetus to renew impetus to design a just and reliable system which enables ethical care practice.



References

Can all be found here open access:

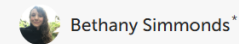
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This perspective paper begins with discussing how COVID-19 magnified the pre-pandemic 'bare life' conditions which exposed older people's lives to risks and indignities in the health and social care system. Then, by using the concept of Necropolitics, the life and death decisions, based on age as a proxy measure for population health during the pandemic, are discussed. This discussion includes examples of 'exceptional' practices that were implemented in the UK

Thank you

Any
questions/comments?

