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**COVID-19: A STUDY OF ITS IMPACT WITH SPECIAL REFERENCE  
TO MEDICO- LEGAL RIGHTS OF SENIOR CITIZENS**

<sup>1</sup> *Arti Sharma*, <sup>2</sup> *J.K.Mittal*

<sup>1</sup> PhD Research Scholar under the supervision of Professor. J.K Mittal, Professor Emeritus,  
Amity Law School, Amity University, Uttar Pradesh

<sup>2</sup> Professor. J.K Mittal, Professor Emeritus, Amity Law School, Amity University, Uttar  
Pradesh. [jkmittal@amity.edu.in](mailto:jkmittal@amity.edu.in)

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**ABSTRACT**

The Research topic under the captioned title is of essence. The Epidemic in the form of Covid-19 escaping from Chinese Laboratory in Wuyan engulfed most parts of the globe. The Medical Experts consider among others the older people vulnerable to the virus. The Covid-19 virus has proved itself to survive in all the temperatures causing doubt to natural emergence on one side and obligation of China as a State under International Law responsible for Un-natural use of Lab & Resources in germinating the virus, its escape causing loss of life irrespective of territorial areas and/or race or religion. The Expert opinion world over is consensus on threat to senior citizens, in the process, curtailing their freedom by confining them within four walls of residential enclosures. Not only the right to freedom and other rights of Senior citizens is under challenge but even right to medical care and due cremation in case of death is on denial mode. In Socio-Theological Society like India these rights are indispensable. The senior citizens have Constitutional protection generally among others in Articles 21 of the Constitution of India read specifically with other Article 41 of the constitution requires the state to give public assistance to elderly people. Besides, the statutory protection in State Legislations like Maintenance and Welfare of Parents and Senior Citizens, Act 2007. The Covid-19 has put senior citizens to risk and aggravated their health hazards including the right to live. The Country responsible seems unconcerned, behaving like rouge, while the country of residence has no cure known for the epidemic. Senior citizen is on test to survive or suffer even in presence of national laws and

global conventions/declarations. Accordingly, the Research topic is deliberated by adopting doctrinal methodology and using both the primary and secondary source of data for analysis and in arriving at conclusions and suggestions.

### **Introduction**

The demographic changes that have taken place over the last few years, increased life expectancy and a reduced birth rate have led to a very significant increase in the ratio and impact of the elderly in our society. This increase has been accompanied by a greater diversity within the community of senior citizens, in terms of their age, health and social conditions, and by a new discourse; that of the active elderly person. While becoming old is a natural phenomenon, the problems associated with it are also inevitable. It is at this stage of life that one needs housing, healthcare and financial care more than ever. Every day thousands of people around the world hit the age of 65 and start the road of living as a senior citizen . The Registrar General of India forecasts the share of older persons (age 60 years and above) in the total population to rise from 6.9% in 2001 to 12.4% in 2026. The United Nations projections put the estimated number of elderly in India in 2000 at 77 million. The projection for the year 2025 is 168 million and for 2050 it is 326 million. These are frightening numbers: an elderly population of 20 million in 1951 increasing to 326 million in 2050. Census data 2001 about the elderly population showed that as many as 75% of elderly persons were living in rural areas. About 48.2% of elderly persons were women, out of whom 55% were widows. A total of 73% of elderly persons were illiterate and dependent on physical labour. One third was reported to be living below the poverty line, i.e., 66% of older persons were in a vulnerable situation without adequate food, clothing, or shelter. About 90% of the elderly were from the unorganized sector, i.e., they have no regular source of income. It also shows that over 78% of the elderly work force is engaged in agricultural activities. In the case of female workers, the figure is over 84%.

### **Medical Ethics & Biological Research:**

"Ethics" is gotten from the Greek word, ethos, which implies custom or character. Ethics is an understanding of the nature of conflicts arising from moral imperatives and how best we may deal with them. It manages the decisions we make and our activities corresponding to those decisions. It manages the decisions made by the two clinicians and patients and the obligations and commitments of clinicians to their patients. Clinical morals additionally manage the decisions made by society, the circulation of assets, and admittance to medical services, and the problems emerging from them. An issue, essentially for the non-industrial nations, has been the degree to which moral standards are viewed as all-inclusive or as socially relative – the Universalist versus the pluralist see. The test to worldwide exploration morals is to apply widespread moral standards to biomedical examination in a multicultural world with an assortment of medical care frameworks and extensive variety in norms of medical care.

## **PRINCIPLES OF ETHICS IN MEDICAL RESEARCH**

### **Principles of essentiality:**

Alludes to whether the exploration is viewed as significant after a due thought of the current logical information in the proposed zone of examination. This should be investigated by an autonomous and capable assortment of people who, after cautious thought, reach the resolution that the examination is probably going to profit the mankind or climate .

Principles of voluntariness, informed consent, and community agreement:

Examination members should be completely informed about the exploration and the related dangers and advantages. The members should be educated regarding the option to keep away from the examination or pull out assent whenever. Where examination involves treating any network, the standards of intentionality and educated agree apply to the network overall and to every individual part. On the off chance that an individual is unequipped for giving assent, a lawfully satisfactory gatekeeper should give the educated assent.

Principles of non-exploitation:

The members should be completely informed about all the potential threats that may emerge during the exploration so they can value all the physical and mental dangers. Each examination ought to incorporate an in-fabricated component for remuneration for the human members either through protection cover or by some other proper intends to cover predictable and unforeseeable dangers, and give healing activity and complete aftercare.

### **Principles of Privacy and Confidentiality:**

The character and records of the members are quite far kept private (aside from when needed for legitimate reasons) This is to avoid any form of hardship, discrimination or stigmatization as a consequence of having participated in the research.

Principles of precaution and risk minimization:

Due care and caution should be taken at all stages of the research and experiment to ensure that the research participant and those affected by it including the community are put to the minimum risk, suffer from no known irreversible adverse effects, and generally, benefit from the research or experiment. There should be a plan for interim reviews to detect whether any intervention arm (active or control) is associated with increased risks, so that undue harms are avoided by stopping the research.

Principles of Accountability and Transparency:

The research or experiment should be conducted in a fair, honest, impartial, and transparent manner after full disclosure is made by those associated with the research or experiment of each aspect of their interest in the research, and

any conflict of interest that may exist. Full and complete records of the research should be retained for such reasonable period as may be prescribed or considered necessary for the purposes of post-research monitoring, evaluation of the research, conducting further research, and scrutiny by the appropriate legal and administrative authority, if necessary.

**Obligations of State in International Scenario:**

Dissecting the circumstance and lawful security given to the senior residents in India, India being the Most LAWFUL nation has got established just as Legislative insurance (which nobody knows)

The Basic protection given to a senior citizen, Now for India a senior citizen is a person more than the age of 60 years, are by the means of various concessions and facilities to its senior citizens. There are various schemes to give National Awards to senior citizens and National awards to senior citizens who have worked for prevention of alcohol and prevention of Drug abuse etc .

Each senior citizen gets a concession of 30% in voyaging vide public vehicle. We additionally have guidelines and concessions in INCOME TAX for senior residents. So talking comprehensively government has taken consideration on paper however all the gigantic awards given by the public authority, we as a whole know where they go.

Presently examining the enactment for senior residents, The Maintenance and Welfare of Parents and Senior Citizens Act 2007, is pointed toward serving the old live in confidence and harmony. The Act to be meeting incorporates arrangements to watch India's senior residents other than explicitly recommending the State's part in dealing with them. The Bill additionally puts a legitimate obligation on youngsters and family members to keep up the senior resident or parent to encourage seniors with an ordinary life. This commitment applies to every Indian resident, including the individuals who live abroad. The posterity and family members of seniors will be needed to offer adequate help for senior residents, while the state governments will make mature age homes in each area.

**Presently the Act accommodates:**

Maintenance of Parents/Senior Citizens by youngsters/relative made required and legitimate through Tribunals.

Revocation of move of property by senior residents in the event of carelessness by family members

Penal arrangement for relinquishment of senior residents

Establishments of Old Age homes for Indigent Senior Citizens in each region.

Adequate clinical Facilities and assurance of life and property of Senior Citizens.

Presently to begin the conversation, the enactment commands the state to take up issue in their grasp and the Act resembles an expansive structure or the Skelton. Presently for working of this Act the states need to make rules, So out of 28 (as of late got 29) states in India just 23 have embraced this enactment here and out of that lone 13 to be specific Chhattisgarh, Goa, Gujarat, Haryana,

Karnataka, Kerala, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Tamil Nadu, Tripura and West Bengal and 1 Union Territory specifically NCT of Delhi have made guidelines there under. No move yet has been made anywhere. So where do we stand. We are unable to safeguard the rights of the people to whom we owe our existence, the government is just sitting naive and passing legislation's one after another. Is this what is the need? Do we even have the mechanism to fulfill all the promises the governments are making through these legislation's?

### **WHO Guideline for Senior Citizen:**

COVID-19 and violence against older people Violence against older people has risen sharply since the beginning of the COVID-19 pandemic and imposition of lockdown measures. This document presents what can be done to address violence against older people during the COVID-19 response .

Maintaining basic wellbeing administrations: operational direction for the COVID-19 setting This record is expected for chiefs and directors at the public and sub public levels. It underpins nation usage of focused activities to rearrange and keep up admittance to protected and excellent basic wellbeing administrations. There is a segment; Part2: Life course and infection thought that incorporates more established individuals.

Clinical the executives of COVID-19 this refreshed direction report is planned for clinicians thinking about COVID-19 patients including more established individuals during all periods of their illness. There are a few new segments, for example, restoration, palliative consideration, moral standards, while the section on more seasoned individuals has likewise been extended.

Infection Prevention and Control (IPC) guidance for long-term care facilities in the context of COVID-19 Direction report on Infection counteraction and control during medical care in long haul care offices. This direction is proposed for the chiefs of the LTC offices and IPC central individual at the office. This is a nonexclusive record with direction that is significant for all populaces including more established people.

Mental health and psychosocial considerations during the COVID-19 outbreak WHO guidance on "Mental health and psychosocial considerations during the COVID-19 outbreak" as part of risk communication and community engagement technical guidance for COVID-19 response. Includes detailed messages for older adults, people with underlying health conditions (e.g., dementia) and their care's.

### **Indian Situations regarding Protection of Senior Citizens:**

#### **Legislative Protections:**

1. The Government of India endorsed the National Policy for Older Persons on January 13, 1999 to quicken government assistance gauges and engaging the old in manners valuable for them. This approach incorporated the accompanying significant advances:

(I) Setting up of an annuity reserve for guaranteeing security for those people who have been serving in the disorderly area,

- (ii) Construction of mature age homes and day care communities for each 34 regions,
  - (iii) Establishment of asset focuses and reemployment agencies for individuals over 60 years,
  - (iv) Concessional rail/air charges for movement inside and between urban communities, i.e., 30% markdown in train and half in Indian Airlines.
  - (v) Enacting enactment for guaranteeing mandatory geriatric consideration in all the public medical clinics.
2. The Ministry of Justice and Empowerment has announced regarding the setting up of a National Council for Older Person, called age well Foundation. It will seek opinion of aged on measures to make life easier for them.
  3. Attempts to sensitise school children to live and work with the elderly. Setting up of a round the clock help line and discouraging social ostracism of the older persons are being taken up.
  4. The government policy encourages a prompt settlement of pension, provident fund (PF), gratuity, etc. in order to save the superannuated persons from any hardships. It also encourages to make the taxation policies elder sensitive.
  5. The approach likewise concurs high need to their medical care needs.
  6. As indicated by Sec.88B, 88D and 88DDB of Income Tax Act there are markdown in assessment for the older people.
  7. Life Insurance Corporation of India (LIC) has also been providing several schemes for the benefit of aged persons, i.e., Jeevan Dhara Yojana, Jeevan Akshay Yojana, Senior Citizen Unit Yojana, Medical Insurance Yojana .
  8. Former Prime Minister A.B.Bajpai was also launch 'Annapurna Yojana' for the benefit of aged persons. Under this yojana unattended aged persons are-being given 10 kg food for every month.
  9. It is proposed to allot 10 percent of the houses constructed under government schemes for the urban and rural lower income segments to the older persons on easy loan.

The policy mentions: The layout of the housing colonies will respond to the needs and life styles of the elderly so that there is no physical barriers to their mobility; they are allotted ground floor; and their social interaction with older society members exists.

Despite all these attempts, there is need to impress upon the elderly about the need to adjust to the changing circumstances in life and try to live harmoniously with the younger generation as far as possible.

It very well might be brought up that as of late the Madurai Bench of the Madras High Court has decided that the advantages presented on a Government representative, who is debilitated during his/her administration period, under Section 47 of Persons with Disabilities (equivalent chances, security of rights and full interest) Act, 1995 can't be restricted just seven sorts of ailments characterized as 'handicap' in the Act. The seven ailments are visual deficiency, low vision, leprosy cured, hearing weakened, locomotor incapacity, mental hindrance and dysfunctional behaviour.

A Division Bench comprising Justice F.M.Ibrahim and Justice K.Venkataraman said : “We feel that the court cannot shut its eyes if a person knocks at its doors claiming relief under the Act. In a welfare State like India, the benefits of benevolent legislation cannot be denied on the ground of mere hyper technicalities. It may be noted that this Act is not directly related to aged person but seven medical conditions which prescribed in this Act are the common symptom of the aged person.

Need For a Change in Approach:

In the older times, after the completion of 50 years of life, one had to detach oneself from the responsibilities of a ‘Grihastha’ and switch over to the third stage of human life which was known as ‘Vanpristha’ which referred to the devotion of the next 25 years of life by the ‘Vanpristhi’ by mana, vachana and karma to the selfless service of the suffering humanity and the larger society in return to the services received form society during the first 50 years of life.

Certain methodologies and approaches at various degrees of strategy making, arranging and programming and so on should be received to outfit this tremendous human asset for advancing the inclusion and investment of senior residents in financial improvement measure on a lot bigger scope.

This investment should bring about a finish to their social detachment and an expansion in their overall fulfilment with their life. Any endeavour to make sure about the assistance of the old in contribution their support of the country should all the while guarantee a type of bundle of administrations pointed toward orchestrating them a superior personal satisfaction and an all-around planned federal retirement aide network for the senior resident. The general public and the state in India need to acknowledge the demand of their successfully concentrating on the accompanying twin issues of:

(I) How to give a reasonable arrangement to the senior residents with the goal that they can calmly, valuably and sufficiently pass their lives; and

(ii) How to use the immense fortune of information and rich beneficial experience of the more established individuals with the goal that they can use their excess energies and add to the overall advancement of their country.

Palliative Care: Need of the hour: According to a pilot survey, 70% of city’s elderly population is undergoing some kind of medication. The average spending per day ranges between Rs. 3 to 200. However, nearly half of the money goes waste. The reason is absence of proper palliative care in the country. World Health Organization has marked October 7 as a day to create awareness about the importance and need for hospice and palliative care. “Access to the best quality care, while facing terminal illness is a human right. Ironically, many people in the world are denied this right. The bitter side is that government in many countries does not even realize the important of this right” said geriatric physician Dr. Abhishek Shukla.

### **Senior citizens & Vulnerability:**

“What I observed during my recent Gurugram visit was a sad story of neglect and isolation,” says Satinder Mahajan, president, Senior Citizens’ Council of Ludhiana. “An emaciated old man – his face listless and unresponsive – would

be wheeled to the park where I did my exercise every morning. I engaged his attendant in conversation. I was told that the 87-year-old senior citizen stays with his son and daughter-in-law. My desire to help the senior citizen was stronger than my initial reluctance. Slowly, I gathered more information about him. The man was unable to speak. So, he was not spoken to at all. He was given meals three times a day. The meal time would always be synchronised with that of his son's. I tried interacting with the octogenarian. Questions about his past evoked a glimmer of life in his eyes. There seemed to be some hope. I tried contacting his son but not much came out of it," Mahajan explains, sharing with us the details of the case which is not an isolated one.

There are a few such instances of the older confronting misuse and disregard. In a study led in 2018 by HelpAge there was an inquiry on what comprises Elder Abuse. Most older folks (at the public level) accepted that disregard (51%), obnoxious attack (42%), being dismissed (32%), established the maltreatment. One-fourth referenced monetary misuse as well. The extraordinary types of misuse, for example, beating/slapping (20%) were additionally existent in the public arena, said the overview discoveries. (Helpage India Report 2018).

The Covid-19 pandemic has emphasized the weakness of the older. Aside from wellbeing sway, it is prompting social and actual segregation that is increased by the advanced gap in the public arena, with the matured having less openness to computerized advances.

"We need to guarantee obligation to pride and the privilege to wellbeing for the older. Reinforcing social incorporation and fortitude during physical removing is additionally urgent," says Mahajan. As indicated by SP Karkara, resigned government employee who is the leader of the Senior Citizens' Welfare Association, Ludhiana, mindfulness is a principle weapon. "Neighbourhood social orders can assume a major job in guaranteeing fast and successful intercession in instances of old maltreatment and disregard," he says.

### **What the UN believes:**

The Covid-19 pandemic is causing "untold dread and languishing over more seasoned individuals across the world. Past its nearby wellbeing sway, the pandemic is putting more established individuals at more serious danger of neediness, segregation and disconnection. It is probably going to have an especially destroying sway on more seasoned individuals in agricultural nations". (UN Secretary-General António Guterres)

A survey conducted over the urban population in India has revealed that senior citizens are the most vulnerable sections of the society affected by the COVID-19 pandemic .

The survey also showed that there was low penetration of insurance among senior citizens. A majority of these people live independently in either their own houses or rented houses, the report stated.

As many as 30 percent of respondents in the urban regions of India feared to get contracted with the novel coronavirus infection, reported Business Standard

citing the survey conducted by Antara, a wholly-owned subsidiary of Max India Pvt Ltd.

The survey was conducted across urban India, with the focus on north (Delhi-NCR), west (Mumbai and Pune), and south (Chennai, Bengaluru, and Hyderabad).

In the survey, it was also shown that 29 percent of the population seemed to be impacted by social isolation due to restrictions on account of the coronavirus-induced lockdown.

An investigation including in excess of 44,000 COVID-19 contaminated cases uncovers that the wiped out and older individuals convey the most danger. This is the most point by point investigation of COVID-19 led so far since the pandemic's flare-up in China towards the finish of 2019. The investigation reports give us profoundly helpful bits of knowledge on what's going on right now around us as COVID-19 pandemic is spreading quick asserting its tremendous cost of lives and tainting an enormous people across a few topographies. Here are a couple of helpful details we gain from the investigation with respect to the most feared pandemic of our occasions.

Result analysis of the study: The investigation by Chinese Centre for Disease Control and Prevention (CCDC) shows that an absolute number of 1,023 passing's had occurred among the 44,672 affirmed cases uncovering a casualty pace of 2.3%. The 80+ age bunch revealed the most noteworthy case casualty rate at 5.1%. The casualty rate was likewise high in instances of patients with prior ailments like cardiovascular illnesses, diabetes, constant respiratory infirmities, hypertension and disease.

Findings in Italy: Corona-virus infection study results from Italy, a country whose population is composed of a bigger percentage of elderly shows that among the 105 patients who died from the virus, the average age was 81. An ICU physician said in the country that till the date when the results of infections were analysed, there had been only two deaths of people who were below the age of 50.

The findings in Italy squared with the other best data regarding the risks of COVID-19 infection published by the Centre for Disease Control in China. Comparing between the two results from Italy and China, we discover that the disease appears to cause more deaths in people with every passing decade. Hence the conclusions go that elderly are at an increased risk of dying from the new corona-virus infections.

Possible reasons why corona-virus is more dangerous for senior citizens: Earlier examinations identified with SARS and MERS have likewise affirmed that the casualty rates were higher if there should arise an occurrence of more established grown-ups. Falling inside a similar classification of Covid, SARS, MERS and COVID-19 have all caused a larger number of passing in the older casualties than in the more youthful ones.

Most senior citizens contacting corona-virus infections have other chronic health conditions like COPD (chronic obstructive pulmonary disease), diabetes or other cardiovascular diseases that make it difficult for their bodies to cope up with the damages caused by the corona-virus. This can be understood in

relation to the fact that year on year, a majority of flu deaths are found to occur in people who are 65 years or older.

Immune system weaken with age

The immune system weakens with age. Especially this is true with people's ability to fight corona-virus. The flu virus causes most of the damages to the body on its own. On the other hand, most of the symptoms connected to corona-virus infections are actually the result of the body's immune response. Though more studies are required in the lines of characterizing these reactions, the fact remains that corona-virus makes the older immune systems to trigger extra inflammation, which can bring about a cascading effect.

### **Conclusions:**

It may be concluded by saying that the problem of the elderly must be addressed to urgently and with utmost care. There is urgent need to amend the Constitution for the special provision to protection of aged person and bring it in the periphery of fundamental right. With the degeneration of joint family system, dislocation of familiar bonds and loss of respect for the aged person, the family in modern times should not be thought to be a secure place for them. Thus, it should be the Constitutional duty of the State to make an Act for the welfare and extra protection of the senior citizen including palliative care.

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