In this paper I explore how biomedical iterations of the concept of frailty both operationalised and justified the rationing of medical care for older people in the UK during the COVID-19 pandemic.

COVID-19 was expected to overwhelm the National Health Service (NHS) in the UK. In March 2020, the National Institute for Health and Care Excellence (NICE) published the ‘COVID-19 rapid guideline: critical care in adults’, which advised that clinicians use the Clinical Frailty Score (CFS) to inform decisions about which patients over the age of 65 should be offered intensive care and ventilatory support.

I draw on a Foucauldian Critical Discourse Analysis of the NICE guideline and supporting online resources. In doing so I reveal how the guidance merchandises the CFS as a way of stratifying older people, which permits the allocation of resources along these lines. I explore how this is justified, through epidemiological discourses of risk, which are merged with the language of individual mortality prediction. I show that the pandemic has increased the uptake of the concept of frailty by healthcare professionals. The result of this is the effective obfuscation of the concept’s limitations and ambiguities; the ageism implicit in the response to COVID-19 in the UK; and the relative resource scarcity facing the UK’s NHS.

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