

# The Ides of March

*Pete & Shelley Aarssen - March 2026*

Many of us may recall learning about the Ides of March in school; historically known as the mid-point in March that heralded the new year in the ancient Roman calendar and that they associated with significant astrological and religious occasions.

One of the more ominous events connected with the Ides, or March 15th specifically, was the assassination of Julius Ceaser on that date in 44 A.D. Wikipedia describes his murder as the major turning point in Roman history. In today's Canadian culture, we often associate the Ides of March with the impending doom of a late winter snow or ice-storm. While not apparent to many of us, March is also a month of highly elevated mortality. In fact, the entire Canadian winter is a period of elevated statistical deaths and this 'winter upturn' in deaths primarily affects the elderly, especially those over the age of 85.

There are many factors attributed to the seasonality of elevated deaths among the aged. Underlying health conditions like chronic respiratory and cardiovascular issues heighten an elder's susceptibility to the effects of cold, wintery conditions.

The seasonal onset of influenza, even when one is proactive to get vaccinated also has more dramatic consequences on the aged than upon any other demographic.

We found it odd that where an elder lived is the third most common factor in the high seasonality of elder deaths in winter months. People living alone and those living in long-term care facilities are more vulnerable to death in winter.

There isn't much that we can do to change elder's long established, underlying health conditions nor to control the prevalence of influenza but there are some things that we can do to mitigate the negative effects of an elder who lives or who feels they are living alone.

Elders who live with a spouse or with at least one other person don't statistically suffer the same degree of seasonal deaths as those who live alone.

When you consider the benefit of another person sharing with you your hopes and dreams, your concerns, having a second pair of eyes on your diet and activity level, whether you are taking your prescribed medications or even dressing appropriately for the weather, it makes perfect sense. An elder living alone doesn't have the benefit of someone else's considerate oversight nor do many elders in long-term care facilities experience adequate socialization. The positive impact of companionship; the genuine interest of another person in one's life is impossible to overstate. Sure, adequate nutrition, hydration, exercise and medication as we age is important but there are no professionals that we know who prescribe frequent visits to the aged.

Winter is no longer or shorter in duration than the other three seasons, but it has much more consequent, negative effect upon an elder's well-being.

With that in mind, as winter winds down, let's think of the elders we may know of who are living alone or who reside in long-term care facilities and use the coming March break to extend one to them; to interrupt the negative effects of winter upon those living alone or who may be lonely, a welcome lift in their spirits. It could take the form of a visit to deliver a thoughtful gift, a short excursion out and about with us or even to share a short stay in our home where suitable. Any one of those efforts might be just what the doctor ordered, if a 'Companionship Doctor' for the elderly were to be found.