Is ageism creeping into your care of older adults?

MAY 20, 2022

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“Well, you know you are getting older. You can expect these aches and pains.”

How many physicians have told aging patients that their medical complaints may be the result of aging, not specific conditions that require appropriate treatment? It’s too common, according to Karl Pillemer, PhD, an internationally renowned gerontologist whose research—including six books and over 150 scientific articles—focuses on improving the quality of life and care for older people.

Ageism is not strictly an American phenomenon, according to a World Health Organization (WHO) “Global report on ageism” issued last year.

“Ageism seeps into many institutions and sectors of society including those providing health and social care, in the workplace, media and the legal system. Health care rationing based solely on age is widespread. A systematic review in 2020 showed that in 85% of 149 studies, age determined who received certain medical procedures or treatments,” says the WHO report.

That comes as no surprise to Pillemer, who contributed to and helped review the report and has collaborated with the WHO in its global campaign to combat ageism.

“There’s no question that ageism affects care across a spectrum” of care, including “physicians, nurses, social workers and others,” said Pillemer, professor of human development at Cornell University and professor of gerontology in medicine at Weill Cornell Medical College. “In many cases, it results in an inclination to provide less care and attention. For example, older patients may not receive certain procedures because they are perceived as a lower priority.”

Ageism also manifests in other ways that affect medical matters. Older people may be excluded from research studies, which skews results, or shunted off to physicians or other health professionals with limited knowledge of gerontology or less experience in treating of older patients.

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“Studies indicated that age does dictate the level of care, compared to younger people,” he said, both in medical procedures and how patients are treated inside and outside the exam room.

“Medical conditions often present differently in older patients and should be seen in the context of each patient’s health. Not all older patients are alike in their health or history,” Pillemer said. “One size does not fit all in their overall level of health and older patients should not be lumped together.”

Age bias in patient care can have the appearance of “devaluing older people’s lives, not just evaluating their health,” he said.

In honor of Older Americans Month, the AMA celebrates senior physician members in the month of May. Learn more about Senior Physicians Recognition Month with the AMA.

Avoid “elder-speak”

Pillemer recommends that physicians avoid “elder-speak” and treating patients as though they do not have the same understanding of their own health as younger patients. Examinations also should be done respectfully.

For example, don’t call older patients by their first names unless you are invited to do so, and avoid oversimplifying discussions of their health issues. When discussing their overall health, try to present as positive an image of their health as possible.

“Studies have shown that a positive self-image contributes greatly to health,” Pillemer noted.

Physicians may also be victims of age bias in their own fields. Pillemer, 67, said he remains highly active with his research career and is far from retirement. Likewise, many physicians in their 60s also remain at the forefront of practice but may be perceived as slowing or winding down.

“The average physician is older than the average patient,” Pillemer said, noting “research that indicates that nearly 45% of practicing physicians are 55 or older. Though age discrimination in employment is illegal, there are often structural or personal discriminations that manifest.”

In an academic environment, older physicians may not be considered for promotions or prime positions on committees or in the academic structure. “You have heard the code. ‘We want to bring insomeone with fresh ideas,’ which means younger,” he said.

Learn about nine principles to guide physician competence assessment at all ages.

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Also, find out more about the AMA Senior Physicians Section which gives voice to, and advocates for, issues that affect physicians aged 65 or older, both active and retired.