AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 604
(A-24)

Introduced by: Senior Physicians Section

Subject: Confronting Ageism in Medicine

Referred to: Reference Committee F

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1 Whereas, research has shown a strong link between ageism, in the form of negative
2 stereotypes, prejudice and discrimination, and risks for one's physical and mental health[1]; and
3
4 Whereas, ageism refers to the stereotypes (how we think), prejudice (how we feel) and
5 discrimination (how we act) towards others or ourselves based on age. Structural ageism is the
6 way in which society and its institutions sustain ageist attitudes, actions or language in laws,
7 policies, practices or culture per the World Health Organization (WHO) and AGE Platform
8 Europe[2]; and
9
10 Whereas, ageism affects everyone by stereotyping and/or discriminating against, at both the
11 structural level (in which societal institutions reinforce systematic bias against older persons)
12 and individual level (in which older persons take in the negative views of aging of their culture)
13 especially when it exists in an environment of disproportionate power and privilege[3]; and
14
15 Whereas, ageism can be internalized by elders putting them at risk for diminished access to
16 physical and mental health care and/or suboptimal care; and
17
18 Whereas, ageism thereby negatively impacts health, longevity and well-being of elders while
19 having far-reaching economic consequences[4]; and
20
21 Whereas, the percentage of people worldwide aged 65 and over is projected to increase to
22 nearly 17 percent of the world's population by 2050[5]; and
23
24 Whereas, research has paid little attention to the intersectionality of aging and gender
25 influences whereby socio-economic inequalities can be vastly different for men versus women
26 over time[6]; and
27
28 Whereas, advocacy, beginning with education about and prevention of ageism by the AMA, can
29 help to prevent negative subconscious attitudes, i.e. stigmas, from developing or continuing;
30 therefore be it
31
32 RESOLVED, that our American Medical Association adopt the following definition of ageism
33 based on the World Health Organization (WHO) and AGE Platform Europe: "Ageism refers to
34 the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards
35 others or oneself based on age; structural ageism is the way in which society and its institutions
36 sustain ageist attitudes, actions or language in laws, policies, practices or culture" (New HOD
37 Policy); and be it further
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39 RESOLVED, that our AMA establish a definition of "age equity," and consider adoption of the
40 AGE Platform Europe vision: "Age equity is an inclusive society, based on well-being for all,

1 solidarity between generations and full entitlement to enjoy life, participate in and contribute to
2 society. At the same time, each person's rights and responsibilities throughout their life course
3 have to be fully respected" (Directive to Take Action); and be it further
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5 RESOLVED, that our AMA review all existing policy regarding discrimination, bias and
6 microaggressions, and add age or ageism if not already mentioned (Directive to Take Action);
7 and be it further
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9 RESOLVED, that our AMA routinely incorporate intersectional approaches to ageism (Directive
10 to Take Action); and be it further
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12 RESOLVED, that our AMA conduct ongoing (1) advocacy for hospital and regulatory policy
13 changes focused on individual physicians' care quality data rather than their age; and (2)
14 educational outreach to AMA members (i.e. starting with a Prioritizing Equity episode panel
15 discussion to be posted on Ed Hub™ for CME, as a video and podcast, and promoted through
16 the UCEP/GCEP channels) (Directive to Take Action); and be it further
17
18 RESOLVED, that our AMA work with the World Medical Association (WMA) and other interested
19 stakeholders to have AMA's work significantly inform the global health organization's work on
20 ageism. (Directive to Take Action)
21

Fiscal Note: $47,934: Initial cost to review and report back on existing policy and develop educational session for CME, plus annual costs for continued advocacy and education.

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REFERENCES

1. Burnes, D., Sheppard, C., Henderson Jr. C.R., Wassel, M., Cope, R., Barber, C., & Pillemer, K. (2019). Interventions to Reduce Ageism Against Older Adults: A Systematic Review and Meta-Analysis. American Journal of Public Health, 109 (8), E1-E9.
2. Europe, A. P. Age Platform Europe Position on Structural Ageism.(2016). (AGE_IntergenerationalSolidarity_Position_on_Structural_Ageism2016.pdf (age-platform.eu)
3. Europe, A. P. Age Platform Europe Position on Structural Ageism.(2016). (AGE_IntergenerationalSolidarity_Position_on_Structural_Ageism2016.pdf (age-platform.eu)
4. Levy, S. R., Lytle, A., & Macdonald, J. (2022). The worldwide ageism crisis. Journal of Social Issues, 78(4), 743-768.
5. NIH (2016, March 28) World's Older Population Grows Dramatically?National Institutes of Health (NIH) [Press Release]
6. Holman, D., Walker, A. Understanding unequal ageing: towards a synthesis of intersectionality and life course analyses. *Eur J Ageing* 18, 239–255 (2021). https://doi.org/10.1007/s10433-020-00582-7

RELEVANT AMA POLICY

H-65.951 Healthcare and Organizational Policies and Cultural Changes to Prevent and Address Racism, Discrimination, Bias and Microaggressions
Our AMA adopted the following guidelines for healthcare organizations and systems, including academic medical centers, to establish policies and an organizational culture to prevent and address systemic racism, explicit and implicit bias and microaggressions in the practice of medicine.

GUIDELINES TO PREVENT AND ADDRESS SYSTEMIC RACISM, EXPLICIT BIAS AND MICROAGGRESSIONS IN THE PRACTICE OF MEDICINE
Health care organizations and systems, including academic medical centers, should establish policies to prevent and address discrimination including systemic racism, explicit and implicit bias and microaggressions in their workplaces.
An effective healthcare anti-discrimination policy should:

- Clearly define discrimination, systemic racism, explicit and implicit bias and microaggressions in the healthcare setting.
- Ensure the policy is prominently displayed and easily accessible.
- Describe the management's commitment to providing a safe and healthy environment that

actively seeks to prevent and address systemic racism, explicit and implicit bias and microaggressions.
- Establish training requirements for systemic racism, explicit and implicit bias, and microaggressions for all members of the healthcare system.
- Prioritize safety in both reporting and corrective actions as they relate to discrimination, systemic racism, explicit and implicit bias and microaggressions.
- Create anti-discrimination policies that:
  - Specify to whom the policy applies (i.e., medical staff, students, trainees, administration, patients, employees, contractors, vendors, etc.).
  - Define expected and prohibited behavior.
  - Outline steps for individuals to take when they feel they have experienced discrimination, including racism, explicit and implicit bias and microaggressions.
  - Ensure privacy and confidentiality to the reporter.
  - Provide a confidential method for documenting and reporting incidents.
  - Outline policies and procedures for investigating and addressing complaints and determining necessary interventions or action.
- These policies should include:
  - Taking every complaint seriously.
  - Acting upon every complaint immediately.
  - Developing appropriate resources to resolve complaints.
  - Creating a procedure to ensure a healthy work environment is maintained for complainants and prohibit and penalize retaliation for reporting.
  - Communicating decisions and actions taken by the organization following a complaint to all affected parties.
  - Document training requirements to all the members of the healthcare system and establish clear expectations about the training objectives.

In addition to formal policies, organizations should promote a culture in which discrimination, including systemic racism, explicit and implicit bias and microaggressions are mitigated and prevented. Organized medical staff leaders should work with all stakeholders to ensure safe, discrimination-free work environments within their institutions.

Tactics to help create this type of organizational culture include:
- Surveying staff, trainees and medical students, anonymously and confidentially to assess:
  - Perceptions of the workplace culture and prevalence of discrimination, systemic racism, explicit and implicit bias and microaggressions.
  - Ideas about the impact of this behavior on themselves and patients.
- Integrating lessons learned from surveys into programs and policies.
- Encouraging safe, open discussions for staff and students to talk freely about problems and/or encounters with behavior that may constitute discrimination, including racism, bias or microaggressions.
- Establishing programs for staff, faculty, trainees and students, such as Employee Assistance programs, Faculty Assistance Programs, and Student Assistance Programs, that provide a place to confidentially address personal experiences of discrimination, systemic racism, explicit or implicit bias or microaggressions.
- Providing designated support person to confidentially accompany the person reporting an event through the process.

[Res. 003, A-21]

H-65.946 Towards Diversity and Inclusion: A Global Nondiscrimination Policy Statement and Benchmark for our AMA

Our AMA reaffirms its commitment to complying with all applicable laws, rules or regulations against discrimination on the basis of protected characteristics, including Title VII of the Civil Rights Act, The Age Discrimination in Employment Act, and the Americans with Disabilities Act, among other federal, state and local laws, and will provide updates on its comprehensive diversity and inclusion strategy as part of the annual Board report to the AMA House of Delegates on health equity.
[BOT Rep. 5, I-22]

H-65.965 Support of Human Rights and Freedom
Our AMA: (1) continues to support the dignity of the individual, human rights and the sanctity of human life, (2) reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges and responsibilities commensurate with his or her individual capabilities and ethical character because of an individual's sex, sexual orientation, gender, gender identity or transgender status, race, religion, disability, ethnic origin, national origin or age; (3) opposes any discrimination based on an individual's sex, sexual orientation, gender identity, race, appearance, religion, disability, ethnic origin, national origin or age and any other such reprehensible policies; (4) recognizes that hate crimes pose a significant threat to the public health and social welfare of the citizens of the United States, urges expedient passage for appropriate hate crimes prevention legislation in accordance with our AMA's policy through letters to members of Congress; and registers support for hate crimes prevention legislation, via letter, to the President of the United States.
[CCB/CLRPD Rep. 3, A-14; Reaffirmed in lieu of: Res. 001, I-16; Reaffirmation: A-17; Modified: Res. 013, A-22; Reaffirmed: BOT Rep. 5, I-22]

H-25.996 Retirement and Hiring Practices
It is urged that physicians, individually and through their constituent, component, and specialty medical societies, continue to stress the need to reappraise policies calling for compulsory retirement and age discrimination in hiring from the standpoint of health among older people, and that they participate actively and lend medical weight in the efforts of other groups to create a new climate of opportunity for the older worker.
[Committee on Aging Report, I-62; Reaffirmed: CLRPD Rep. C, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed CSAPH Rep. 2, A-08; Modified CCB Rep. 01, A-18]