AMA
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Research report

Experiences of ageism among senior physicians: A qualitative study

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How the AMA supports senior physicians

Through ongoing advocacy, education and resources, the American Medical Association continues to support older physicians in their careers, and in their personal and professional well-being. This includes advocating for organizational policies that employ evidence-based cognitive screening processes for physicians and eschewing policies that mandate age-specific screening requirements.[30] **The AMA Senior Physicians Section (SPS)** gives voice to and advocates for older physicians, including those working part time, full time or who are retired. The AMA-SPS provides a way for older physicians to remain active and involved with the AMA and the medical community. Find more information about the AMA Senior Physicians Section here.

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Introduction

The American Medical Association has adopted the following definition of ageism from the World Health Organization: Ageism refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age; structural ageism is the way in which society and its institutions sustain ageist attitudes, actions or language in laws, policies, practices or culture.[1] The following report explores the concept of ageism and its related constructs and effects, summarizes the findings of a qualitative study the AMA conducted to evaluate experiences of ageism among physicians aged 65 and older, and describes implications and recommendations arising from the study findings.

The workforce and ageism

U.S. adults are living longer than ever, and while life expectancy increases are slowing, by the year 2050, adults will live to an estimated average age of 80 years.[2] Not only are adults living longer, they remain in the workforce for more years than in the past. The proportion of Americans age 65 or older still in the workforce amounts to about 19%, compared to 11% 40 years ago.[3] Their wealth of experience and acquired knowledge contribute to their value in many fields. Among physicians, nearly one-quarter (23.2%) of actively practicing physicians were 65 or older in 2022.[4] As the U.S. faces impending physician shortages,[5] these physicians are and will remain important in ensuring continued access to care for patients across the nation.

Despite representing a large and important portion of the overall workforce, U.S. adults aged 65 or older across industries experience ageism in ways that threaten not only their personal and professional well-being but also the sustainability of the workforce.[6] Ageism can take many forms but is driven in large part by age stereotypes and age discrimination, which we describe further here.

Age stereotypes

Age stereotypes, assumptions about people based on their age, have existed for hundreds of years, if not more, but literature shows they have worsened or become more negative over time.[7] Stereotypes about older individuals tend to fall on a continuum ranging from negative to positive or unfavorable to favorable. For example, older people may be viewed as being less competent and of poorer health, in addition to having worse memory. On the other end of that spectrum, older people may be stereotyped as warm, wise and tolerant.[8] For some people, older individuals may serve as reminders of their own mortality, which can elicit fear and discomfort, leading to avoidance and dismissal of the older population.

As societies evolve and populations age, changes in cultural and societal factors can influence the perception of the older population. For example, Western cultures tend to be more individualistic, placing more on individual contributions to society over those of the collective. Some cultures are fast-paced and information-driven, while others place more emphasis on a slower way of life and more time for leisure. In societies like that of the U.S., that are, for better or worse, more youth-centric[9] and fast-paced, there may be a common belief structure that one's worth is determined by their ability to work productively, their capacity to contribute to society, and how quickly they can create and respond to information. These cultural norms run counter to circumstances for many (but not all) older adults who may not work full-time due to retirement, lifestyle choices or declining abilities and may depend more on others for support and care as they age. The discord between these constructs likely drives negative perceptions of the older and elderly population in the U.S.

Age stereotypes can result in differential treatment in a variety of ways; treatment of older individuals in any way other than how one would treat others, based on certain notions or attitudes about that age group, can result in perceived benefits or disadvantages for those individuals. Deferential or solicitous treatment of an older person may result in reverence for knowledge or accumulated wisdom, preferential treatment when waiting in lines or riding public transportation, or assistance with physical tasks. On the other hand, age stereotypes may lead to discrimination, resulting in the loss of job responsibilities, limitations in opportunities, alienation from colleagues or team members, or restrictions on activities that would otherwise be normal.

While it may seem clear which of these are "favorable" and which are "unfavorable," whether something is perceived by the recipient as a benefit or harm is highly subjective, meaning that what one person may consider courteous and respectful treatment may be perceived as demeaning or insulting to another. While the intent may be well-meaning, how the behavior or treatment is perceived is what matters.

Age discrimination

In the United States, older adults are among the classes of people protected by discrimination laws. The Age Discrimination in Employment Act (ADEA) of 1967 protects individuals 40 years of age and older from discrimination on the basis of age in hiring, promotion, discharge, compensation or other employment terms or conditions.[10]

Despite legal protection, reports of age-based discrimination are common. Two-thirds (64%) of workers aged 50 or older have reported seeing or experiencing age discrimination in the workplace.[11] These experiences may include exclusion or limitations based on assumptions that older adults are less tech-savvy (33%) or are resistant to change (25%), insufficient acknowledgement of older employees' accomplishments or expertise (22%), making jokes about different generations (22%), and showing preference for younger employees for training (20%).[11] Studies have observed a decline in perceived employability as age increases,[12] in part due to the perception that older employees are more expensive compared to younger employees. There may also be assumptions that older workers are not in tune with the latest knowledge and advances in a given field. Among health care workers, this perceived low employability is directionally associated with, and predictive of, age discrimination among older workers.[12] For older physicians, this may be evidenced by constant pressure to retire and closer scrutiny of their patient and practice outcomes.

Effects of ageism

Ageism can have devastating effects on affected individuals and entire populations. For older adults, ageism has been associated with worse physical and mental health,[13] social isolation and loneliness,[14] and financial insecurity.[11,15] Ageism is strongly associated with depression, anxiety and stress among older adults.[16] A large-scale meta-analysis showed that globally, ageism at the structural and individual levels consistently has adverse effects on health outcomes, leading to reduced longevity.[17]

Ageism has economic costs as well. Age discrimination has been estimated to cost U.S. GDP a collective $850 billion each year due to individuals being removed from or prevented from promotion within the workforce, resulting in lost labor supply, productivity and wage earnings.[18]

In the health care system alone, ageism (measured by discrimination aimed at older individuals, negative age stereotypes, and negative self-perception of aging) costs $63 billion each year in health care spending for eight of the 10 most expensive health conditions.[19]

AMA study

In health care, studies of ageism have largely focused on age discrimination targeted at patients by health care workers. Studies of ageism and age discrimination experiences among health care workers are limited, yet for older physicians, age discrimination in the workplace may lead to adverse experiences that affect their livelihood and well-being. As part of its efforts to learn about drivers of professional dissatisfaction and to inform solutions to improve physician well-being, the AMA sought insights on experiences of ageism through a 2024 survey of physicians aged 65 and older. Sample data was generated from the AMA Physician Professional Data. More than 168,000 (168,296) physicians aged 65 and older were invited to participate, and 10,090 responses were received.

Survey participants were asked an open-ended question* to indicate examples of experiences of ageism they have had, if any. Following a data cleaning process to remove invalid entries, including blanks and non-responsive text, 6,042 participant responses were received. Many participants provided multiple answers, resulting in a total of 6,589 responses included in the analysis. The text-based answers were individually analyzed, coded, and classified into themes identified and mutually agreed upon by AMA research staff. Select quotations extracted from the participant entries are included in this report to demonstrate examples of the identified themes. This study was reviewed by the University of Illinois Chicago Institutional Review Board and determined to be exempt from human subjects research review (Study ID 2023-1538). All participants provided consent to participate after reviewing an information sheet and before initiating the survey.

** Survey question: Ageism has been recognized as a potential risk factor of physical and mental health. Ageism is defined as age-based discrimination, prejudice, and stereotyping that older adults encounter in their day-to-day lives. The AMA is interested in learning about experiences of ageism you may have had. We understand that different cultures have different attitudes towards age and ageing, but none is free of age bias. In the space below, please describe a situation in which someone treated you differently because of your age.*

Survey participants

Survey participants were similar to the initial study population in gender and age, but a slightly larger proportion of respondents were female and between the ages of 81–88 than in the initial sample. Survey participants also comprised a higher percentage of fully retired physicians and a lower proportion of international medical graduates. Participant demographics can be found in Table 1 with comparison to the initial study population where data was available. (Table 1)

Demographic characteristics	Survey participants[1] N=6,042		Initial study population[2] N=168,296	
	Count	%	Count	%
Gender				
Male	4,368	72.3%	134,091	79.7%
Female	1,595	26.4%	34,189	20.3%
Genderqueer, nonbinary, other	24	0.4%	-	
Prefer not to answer	41	0.7%	-	
Missing	14	0.2%	16	-
Age in years				
Median[2]	-	-	72	
65–72	2,949	48.8%	86,398	51.3%
73–80	2,076	34.4%	58,305	34.6%
81–88	866	14.3%	17,927	10.7%
>89	151	2.5%	5,666	3.4%
Practice status				
Fully retired from medical practice	2,933	48.5%	54,679	32.5%
Practicing part- or full-time	3,109	51.5%	113,299	67.3%
Missing or unclassified	-	-	318	0.2%
International medical graduate				
Yes	811	13.4%	48,933	29.1%
No	5,230	86.6%	119,363	70.9%
Missing	1	0.0%	-	-
Geographical setting of residence				
Rural	839	13.9%	-	-
Suburban	3,352	55.5%	-	-
Urban	1,844	30.5%	-	-
Did not answer	7	0.1%	-	-
Race and ethnicity (multiple selection)				
White	4,947	81.9%	-	-
Asian or Asian American	281	4.7%	-	-
Multiple race/Ethnicity	229	3.8%	-	-
Other	153	2.5%	-	-
Hispanic or Latina/Latine/Latino/Latinx	148	2.4%	-	-
Prefer not to say	131	2.2%	-	-
Black or African American	108	1.8%	-	-
Middle Eastern or North African	27	0.4%	-	-
American Indian, Alaska Native, Indigenous or Native American	11	0.2%	-	-
Native Hawaiian or Pacific Islander	5	0.1%	-	-
Did not answer	2	0.0%	-	-

1. Self reported data from survey

2. Source data: AMA Physician Professional Data

Experiences of ageism

More than one-third of all respondents (37.5% or 2,268 individuals) indicated they had never experienced ageism or ageist treatment. Eighteen domains emerged from analysis of the remaining 3,774, varying across personal, social and professional domains. Following analysis, responses were assigned to one of the following categories. (Figure 1)

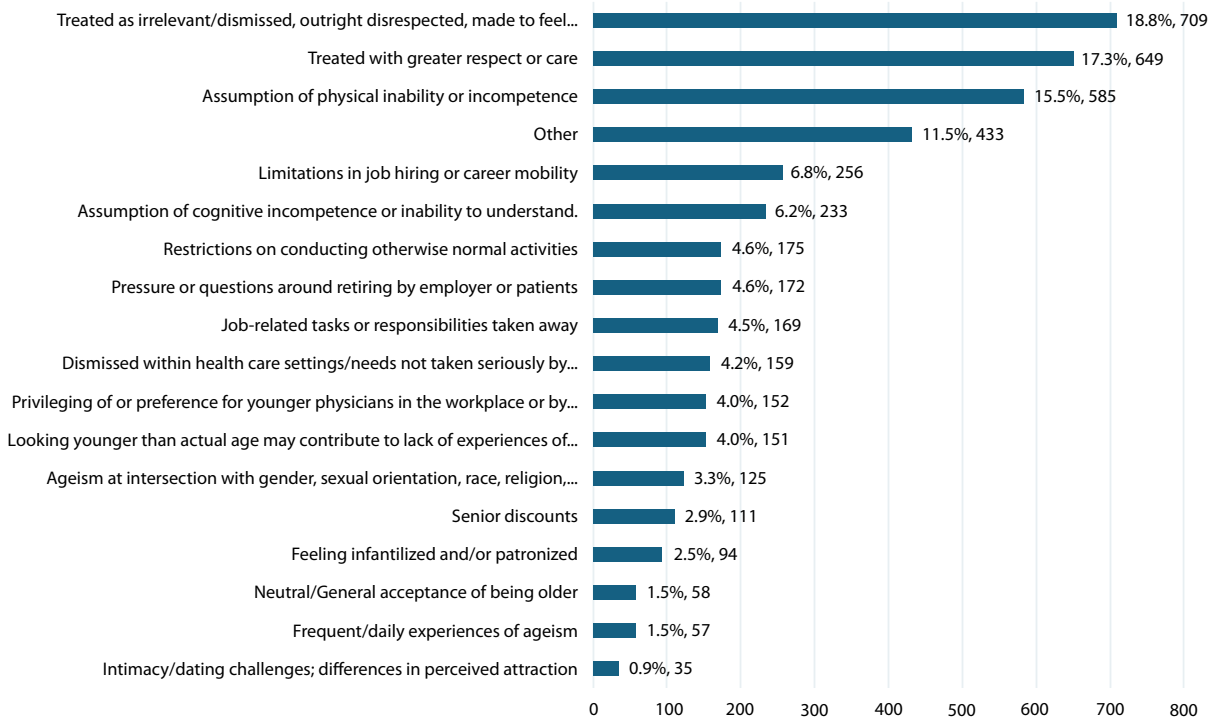
Figure 1. Domains identified

DOMAINS	PERSONAL	PROFESSIONAL	SOCIAL
Intimacy/dating challenges; differences in perceived attraction	✓		
Frequent/daily experiences of ageism			✓
Neutral/General acceptance of being older	✓		
Feeling infantilized and/or patronized	✓		✓
Senior discounts			✓
Ageism at intersection with gender, sexual orientation, race, religion, disability			✓
Looking younger than actual age may contribute to lack of experiences of ageism			✓
Privileging of or preference for younger physicians in the workplace or by patients		✓	✓
Dismissed within health care settings/needs not taken seriously by health care practitioners			✓
Job-related tasks or responsibilities taken away		✓	
Pressure or questions around retiring by employer or patients		✓	
Restrictions on conducting otherwise normal activities	✓	✓	✓
Assumption of cognitive incompetence or inability to understand something that younger people can		✓	✓
Limitations in job hiring or career mobility		✓	
Assumption of physical inability or incompetence			✓
Treated with greater respect or care		✓	✓
Treated as irrelevant/dismissed, outright disrespected, made to feel invisible		✓	✓
Other	✓	✓	✓

Among the respondents who reported experiencing some type of differential treatment due to age, the most frequently reported experience was being treated as irrelevant or dismissed, disrespected, or made to feel invisible, which was noted by nearly one in five (18.8% or 709 respondents). Almost as many (17.2% or 649 respondents) reported being treated with greater respect or care due to their age.

More than one out of five perceived being treated in a way that assumed they were physically unable (15.5%) or cognitively incompetent (6.2%). More than 15% of respondents experienced ageism related to their job, workplace or career: 6.8% experienced limitations in career mobility or hiring, 4.2% felt pressured by employers or patients to retire, and 4.5% had job responsibilities taken away due to their age. Figure 2 shows the distribution of responses in the 18 domains. (Figure 2)

Figure 2. Frequency of experiences of ageism*



* Total > 3,774 due to multiple responses from some individuals

Notable themes

Isolation and dismissal

The most frequently reported experiences of ageism were those in which the participant felt intentionally ignored, dismissed or treated as irrelevant by those around them. This included experiences in the professional setting as well as within social or family settings. In the professional setting, this often manifested in team settings where the individual felt they were not included in group activities or meetings because of their age or that their input wasn't valued because of their age.

"My team is about half my age and there are times when I feel I should step aside, or they are being polite but not inclusive."

—Male, part-time practicing physician

"In my most recent position my opinions were consistently disregarded and I felt 'unheard.' For a long time I did not understand why and one day it occurred to me that I was significantly older than those on my team and even older than those 'in charge.' I now know that my opinions and input were devalued because of my age. My experience, if it were heeded, could have prevented many of the issues and problems that they encountered."

—Female, retired physician

"I believe that residents in general do not feel I have anything to contribute to their education and do not respect my decisions."

—Female, full-time practicing physician

"Supervisees in medical setting discount my knowledge/experience. Adolescent patients sometimes find me irrelevant."

—Female, part-time practicing physician

Being ignored or dismissed was reported in the context of personal and social situations as well.

"When socializing at my temple, it's rare for younger people to hold conversations with my partner and me. My experiences may be summed up as feeling invisible."

—Male, part-time practicing physician

"There are times I feel invisible or simply tolerated in social settings with family members and in public places without a genuine interaction with those around me. The younger adults and children have different lives, social values, and social interactions than myself; and much of what I may have to offer in wisdom or guidance seems unimportant."

—Male, retired physician

"I am in a church singing group where the members under age 30 never say a word to me whereas the members age 40 on up talk to me regularly."

"I feel that I am often not noticed or looked past in group settings where there are younger people. I used to be an 'in demand' person, whether it was at church or participating in sports or at a party. Now I tend to be ignored unless I initiate a conversation or activity."

—Female, part-time practicing physician

Assumptions of cognitive impairment

In a profession that requires and thrives on the accumulation of immense amounts of knowledge, it could be expected that being perceived as incompetent or having one's knowledge and expertise questioned would be unfavorably received. Many survey participants expressed experiences of others questioning their competence in their field of expertise and otherwise. This often happened in the context of using technology, particularly with EHRs, computers and cell phones. They primarily attributed this diminished respect for their competence and expertise to the assumption that because they were older, they were no longer knowledgeable about

anything or didn't stay current on the latest clinical developments. Also frequently reported were experiences of being forced to submit to cognitive tests based solely on age rather than any evidence of cognitive decline. Participants felt strongly that these exams were discriminatory by nature.

"[I am] seen as less competent due to my age, talked down to by nurses when I see my medical provider, etc."

—Female, retired physician

"Although fairly competent at the use of computer, I constantly hear from staff or others that 'you better help him with this or that because his generation cannot handle computers well.'"

—Male, full-time practicing physician

"Younger people often think older people are incompetent when it comes to technology."

—Female, part-time practicing physician

"Some people at my work tend to treat me as incompetent or senile."

—Male, part-time practicing physician

"People sometimes assume because I am old that I am stupid and try to do things for me."

—Male, part-time practicing physician

"People at stores assume I cannot understand new technology, etc."

—Male, part-time practicing physician

"When I show familiarity with technical and digital devices young people are often amazed and will say so because they don't expect someone my age to be technically conversant."

—Male, retired physician

"I was just asked to provide the names of 10 people who know my clinical work to verify that I am competent to practice medicine and serve as a chief."

—Female, full-time physician

"[The] hospital requiring cognitive testing/evaluation solely based on age."

—Male, full-time practicing physician

"I was required to take cognitive testing to maintain hospital staff privileges because of my age alone."

—Male, retired physician

"My university hospital and medical school where I am a full professor has demanded a cognitive test on every physician 70 yrs or older or they can't teach or keep their academic position. I have refused, which means that I will have to resign my position and no longer contribute my knowledge and experience to residents. I work 60 hours a week in my private practice. This is age discrimination where there is no evidence for diminished capacity."

—Female, full-time practicing physician

Assumption of physical inability

Survey participants frequently reported being offered assistance with physical tasks they felt capable of handling on their own. These experiences were interestingly met with different levels of appreciation, demonstrating that oftentimes, a certain type of treatment, like physical assistance, can be perceived as positive or negative by different people. This observation supports the notion that when it comes to ageism, how a behavior, attitude, or treatment is received or perceived is more important than the way it is intended.

For example, having someone hold the door open for them or offer to carry something heavy was perceived by many physicians as helpful and kind; however, by others, it was perceived as unnecessary and based on an assumption that they were physically incapable of opening a door or carrying anything substantial.

"I have mostly experienced good treatment like people opening or holding a door for me, offering to help carry something heavy for me."

—Male, retired physician

"I kind of like that folks let me sit down on a bus ... and hold a door open for me."

—Female, part-time practicing physician

"[I] hate it when being offered a seat on the bus or needing a hand to cross a street."

—Male, full-time practicing physician

"People hold doors open for me more often but I don't want them to."

—Female, part-time practicing physician

"Some[one] insisted on carrying something that I was perfectly capable of carrying."

—Male, retired physician

"Have had offers of unnecessary help to carry heavy objects."

—Male, retired physician

In the workplace

Although not the most frequently reported experience of ageism, many physicians did experience having their job responsibilities taken away or changed due to their age. Many others indicated they believed they were passed over for promotions, new responsibilities or new roles because of their age. Further, there were many experiences of being pressured to retire by colleagues and leadership. These experiences, possibly driven by a misguided perception of low employability of older workers, are perhaps some of the most challenging forms of ageism that affect physicians. While relatively infrequent among this group, it is important to emphasize due to its serious implications for the physician workforce and physician well-being.

"My previous division chief wanted to give me a leadership role based on my accomplishments but when she learned my age she withdrew the offer."

—Female, full-time practicing physician

"[I was] passed over for leadership roles or participation in initiatives where I have significant experience."

—Female, full-time practicing physician

"Incrementally I have given over leadership roles and am finding that I am less often included in planning for new programs etc."

—Male, part-time practicing physician

"OR [operating room] team tends to want younger surgeons to work more and take my patients."

—Female, full-time practicing physician

"I have been told on several occasions You need to try to make your (current) job work, because if you would go out on the job market (seeking other employment), you will find that it is very difficult for a person of your age (69 years-old) to get hired. They want younger people, who have a longer time horizon. Why would they hire you, knowing that you're going to fully retire in the next 3–4 years?!"

—Male, full-time practicing physician

"I was accepted for a job in … and it was retracted a week later because a partner complained about my age."

—Male, full-time practicing physician

"I was laid off from my last job after having worked there part time for 12 years. I had more seniority than other physicians (younger) who held on to their jobs. I retired after losing that job."

—Female, retired physician

"I have been told that I will not be considered for certain positions that I was interested in taking on within my institution that I have previously done and done well because they should be reserved for a younger person."

—Female, full-time practicing physician

"I have been told to let the younger generation handle a situation. The 'younger generation' was a nurse practitioner. [This] was told to me by a supervisor. Another supervisor called me a dinosaur."

—Female, part-time practicing physician

"I was told that I am too old to be the principal investigator on clinical trials in our center; and should give my trials to new younger faculty to let them have a chance."

—Female, full-time practicing physician

"I have been discriminated [against] in the workplace because of my age too many times to count ... I have been in meetings where people comment about me being here a long time and when am I going to retire and move on. If I bring this to my superiors' attention, I will be fired. I am an at-will contractor with no legal standing. Filing an EOC complaint is a joke and a complete waste of time."

—Male, full-time practicing physician

When the physician is the patient

Study participants noted many instances of being treated unfairly or dismissed by physicians or other clinicians while being treated as a patient in a health care setting. This finding is consistent with other research showing that older adults experience ageism and age discrimination at the point of care or other points within their patient care experiences[20] and that health care workers' attitudes toward older patients can be negative for a variety of reasons.[21] Many times this manifested in the patient's concerns being written off as irrelevant, the patient's symptoms being dismissed as "just part of aging," or the patient being advised against or refused a procedure due to their age. The effects of this can be devastating, leading to sub-standard care[21] and subsequent risk for the organization.

"I was in a rehab center after I had cardiac failure. My cardiac health had improved [but] I was having worsening back pain and blurred vision in my left eye. I complained and actually told nurses [and] NPs about the pain which I localized at T8. I was treated like I was a nutty old lady. I woke up 1 morning paralyzed from the waist down. I had a spinal mass at T8 and my visual symptoms were from my detached retina. I think ageism applied in my case. I am alive but severely disabled."

—Female, retired physician

"When I asked physical therapist about imaging, i.e., MRI, he asked me what for—what was I going to do about anything at my age?"

—Female, part-time practicing physician

"I have encountered ageism in the role of being a patient. My goal for retirement was to hike more. I have ankle instability and was dismissed and given palliative measures and dismissed the option for surgery. I felt this was all due to age and no other explanation. I do not want to be denied the opportunity of being as active as possible without pursuing this further. I also do not like being talked to in a diminutive fashion [b]y medical assistants and some nurses. I am older, but not diminished. It seems like a put down. Unfortunately, most of these … interactions come from the medical profession."

—Female, retired physician

"As an elder woman, doctors often discount my concerns and complaints."

—Female, retired physician

"When I was being treated for non-Hodgkin's lymphoma I was discouraged from thinking about a bone marrow transplant 'because of my age.' I was 64 at the time."

—Male, retired physician

"[My] cardiologist jokingly said "It's all downhill from now on." I felt this to mean that he wasn't much invested in my staying healthy."

—Male, retired physician

"I tore my ACL in a fall that occurred when snow skiing in 14 inches powder. I was refused an ACL repair due to my 'advanced age' of 67 years. This has significantly impaired my being able to enjoy the activities that I enjoy, particularly skiing."

—Female, retired physician

"In spite of the fact that I was a board certified physician, I was ignored when I told the staff that I had a pulmonary embolism and earlier 2 episodes of urosepsis and had to have my mother call and threaten them with legal action before they would get an ambulance to take me to hospital."

—Male, retired physician

"This is a serious issue. It is particularly problematic amongst healthcare providers. Doctors are worse than nurses. I worked in the emergency department full-time until the middle of covid. I can't tell you how many times I had to tell nurses not to call older patients 'dearie' or 'sweetie.' Doctors are not quite as bad at using terms like dearie or honey … But I find in my own situation when I go in to see a physician who does not know me that I'm automatically assumed to be frail, borderline senile, etc. I had a terrible experience with an orthopedist recently who sent his young resident in to see me first after a shoulder fracture. The young man was so condescending. He called me 'dear' and I almost slugged him. I told him I needed some forms filled out to get the refund for my ski pass. He looked at me incredulously and said, 'You still ski!'

—Female, part-time practicing physician

Positive perspectives on aging

Survey responses were nuanced, as is typical in qualitative studies, and various shades of perspectives were reflected across the responses. While many participants reported adverse effects of ageism, some others expressed pleasure with the benefits or deference they experienced as a result of their older age. Many expressed enjoyment of the increased respect and the discounts they receive for services or dining.

"At my clinic I am treated very well; in fact, I am allotted one full hour for each patient visit! And I have a wonderful nurse who helps with all the computer details. My age turns out to be a benefit! Also, when I play golf I am able to get a 'handicapped' golf cart because of my age; this cuts down on my needs to chase balls all over the place."

—Male, part-time practicing physician

"I'm respected because of my age."

—Female, retired physician

"People treat me better because of my age. They are more [open] to starting a conversation and are more receptive to my comments. My age has broken down some long existing barriers to relating to other people, especially strangers in chance encounters. I feel more free to begin conversations with strangers that I encounter in stores, restaurants, shopping, post office, etc. I love this part of aging but not so thrilled with some other issues, especially that my time is running out."

—Male, part-time practicing physician

"I have felt more valued the older I've gotten."

—Female, full-time practicing physician

"…generally people treat me with more respect when they learn about my age. They also tend to value my wisdom gained from many years of living."

—Female, part-time practicing physician

A notable few study participants expressed a sense of advantage in their age, highlighting that others seem to respect the wisdom and experience they have gained in their time.

"I do not see myself as old. Though I have white hair and wrinkles, I see those features as well-earned [over] time that gave me the confidence and wisdom to move forward which other younger people do not have. I still have much to give, though I still have vivid dreams of working as a physician in my office, I have also moved on. I have found so many options to move forward with other work that needs me and have advanced so much in my learning as participant in public work."

—Female, retired physician

"For the most part when I have been treated 'differently' it has been in a positive way where I have been valued for my experience, recollections and even 'wisdom.'"

—Male, full-time practicing physician

"I feel treated appropriately because of my age. I sometimes say, 'It has taken me many years and stress to earn the respect that my gray hair distinguishes for me.'"

—Male, retired physician

Other perspectives on ageism

Although not a common position among participants and not the position of the AMA, some made it clear they do not acknowledge ageism as a real phenomenon. Attitudes like this were reflected in responses that dismissed ageism as a tendency of our modern culture to create problems where none exist, suggested ageism is an agenda being pushed by political interests or claimed that ageism is invented by "victims" who should accept reality.

"You have stated and implied that ageism and discrimination exists throughout society, which is an emotionally derived impression that has no scientific basis of factuality. [This is] similar in many of the delusional ideas that woke leftist agendas have been pushing for years ... that targets an aging population into believing they are 'discriminated' against is basically pushing the idea of victim hood and uselessness."

—Male, retired physician

"We can imagine all kinds of 'attitudes toward age' but it is no more than our imagination."

—Part-time practicing physician, unreported gender

"Ageism is another new term, but may or not have anything to do with discrimination or prejudice. Of course it is so OBVIOUS that age is a risk factor for physical and mental health ... everyone has known this for centuries. Aging is reality and putting a new term on this does not change reality. We are older with less physical and mental capacity. As for discrimination, do I want an 80-year-old to put on a new roof, or a demented older person to do my taxes. Is that bias or reality?"

—Male, retired physician

"Being treated appropriately to my age is not a social problem. Adding a new class of Victimhood accomplishes little, as it has for all the other victimhoods in America."

—Male, retired physician

Implications and recommendations

The experiences of ageism described in this study are a snapshot of a subset of physicians in the U.S. The problem of ageism extends far beyond this population, but from this study, we can glean a notion of how the problem manifests. We can also gain a sense of the ways that society and the health care system can help combat the phenomenon, for both physicians and patients.

At a societal level, combatting ageism needs to be an ongoing process driven by individuals, institutions (e.g., government bodies) and organizations. Major cultural and attitudinal shifts within the U.S. are needed. As a people, we can do more to acknowledge and respect the experiences and knowledge that older adults, including older physicians, contribute to society, our systems, and our daily lives. In our youth-centric society, an overhaul on attitudes about aging is in order. Aging should be normalized, particularly given its inevitability and the reality that at any given point in time, each one of us is getting older. Even the language we use when discussing older adults can help promote respectful, more equitable attitudes toward this group.[22]

Institutions can implement policies and initiatives that promote equitable opportunities and fair treatment across physician cohorts, such as government bodies and associations like the AMA that represent groups of people. Increasing knowledge about aging has been shown to improve expectations about aging and reduce ageism.[23] Some initiatives have shown promise in educating people, increasing empathy, and encouraging open discussion about aging and the aging population. Interventions such as informational videos and intergenerational programming such as digital storytelling, followed by discussion and reflection, can be effective in changing attitudes and effecting change in perceptions of aging.[24-26]

At the industry level, acknowledging the presence of ageism within health care is an obvious first step. Next, identifying and reforming policies that favor younger health care workers can help promote equity. Medical schools can build more time into their programs for teaching and understanding aging and the care needs of older adults. In addition, retaining older physicians in academic medicine and in clinical care can help ensure new physician generations are learning from experienced individuals with diverse backgrounds and that patients receive high-quality care from experienced and invested physicians.

Health care organizations should maintain an open-door environment in which physicians feel safe expressing concerns about how they've been treated. Enforcing a zero-tolerance policy for age discrimination in every setting is not only the best way to ensure inclusion, but it also helps organizations avoid running afoul of the law. In addition, acknowledging and capitalizing on the valuable contributions of physicians older than the traditional retirement age can keep them in the workforce, which could prove to be vital in the nation's efforts to avoid a physician workforce shortage. Organizations have an opportunity to contribute not only to the well-being of this particular physician population, but also to the substance and capacity of the entire physician workforce.

Finally, acknowledging the sub-optimal ways that older patients may be treated[27] and working to improve processes and protocols for treating these patients could be meaningful tactics in reducing ageism in health care. This starts with changing attitudes toward older patients across the continuum, including reforming policies that favor younger patients and avoiding dismissal of patient concerns as "just part of aging." Changing attitudes of those responsible for patient care begins with education and consistently challenging stereotypes through shifts in language and culture.

Conclusions

Experiences of ageism varied widely among this cohort of older physicians in the U.S. More than one-third of participants reported not having experienced ageism and many who experienced differential treatment perceived that treatment was beneficial or favorable to them. While this finding is encouraging, diligence in addressing ageism as an ongoing public health issue is prudent. Although no causal or correlative relationships with adverse outcomes were explored in this qualitative analysis, we hypothesize, based on other research described earlier in the report, that ageist treatment of some older physicians may lead to feelings of isolation and loneliness, diminished sense of worth, poor physical health, decreased life satisfaction, and mental health concerns like depression and stress. Given the potential for related adverse outcomes and the documented benefits of remaining connected and engaged with others,[28,29] it is especially important to pay attention to how older physicians may be experiencing feelings of dismissal and inequitable treatment both in their professional and personal lives. Further study should be pursued to evaluate the differences in ageist experiences across genders, practice types and specialties, as well as potential relationships between ageism and adverse outcomes among physicians over the age of 65.

Limitations

This study has limitations. Its qualitative nature provides anecdotal insights only, prevents generalizability to the overall senior physician population, invites risk of researcher bias in the data interpretation, and does not explore statistical correlations between ageism and other factors. This study did not explore experiences of ageism at the intersection of age and other constructs, such as gender or race.

References

1. American Medical Association. Policy H-65.939 Confronting Ageism in Medicine; 2024. Accessed on March 26, 2025. policysearch.ama-assn.org/policyfinder/detail/H-65.939?uri=%2FAMADoc%2FHOD.xml-H-65.939.xml

2. Institute for Health Metrics and Evaluation. Increases in U.S. life expectancy forecasted to stall by 2050, poorer health expected to cause nation's global ranking to drop [press release]. Seattle, Wash.; Dec. 2024.

3. Fry R, Braga D. Older Workers Are Growing in Number and Earning Higher Wages. Pew Research Center; Dec. 14, 2023. Accessed on March 26, 2025. www.pewresearch.org/social-trends/2023/12/14/older-workers-are-growing-in-number-and-earning-higher-wages/

4. Association of American Medical Colleges. U.S. Physician Workforce Data Dashboard. 2023. Accessed on March 26, 2025. www.aamc.org/data-reports/data/2023-key-findings-and-definitions

5. Association of American Medical Colleges. The Complexities of Physician Supply and Demand: Projections From 2021 to 2036. March 2024. Accessed on March 26, 2025. https://www.aamc.org/media/75236/download

6. Petery GA, Grosch JW. Broadening the View of Workplace Ageism. *Work Aging Retire*. 2022;20(4).

7. Ng R, Allore HG, Trentalange M, Monin JK, Levy BR. Increasing negativity of age stereotypes across 200 years: evidence from a database of 400 million words. *PLoS One*. 2015;10(2):e0117086.

8. Rothermund K, de Paula Couto MCP. Age stereotypes: Dimensions, origins, and consequences. *Current Opinion in Psychology*. 2024;55:101747.

9. Berger R. Aging in America: Ageism and General Attitudes toward Growing Old and the Elderly. *Open Journal of Social Sciences*. 2017;5(8).

10. United States Congress. Age Discrimination in Employment Act of 1967. *VII*. Vol 29 U.S.C. § 621 et seq.

11. Perron R. Age Discrimination Persists Among African American, Hispanic and Asian American Workers 50-Plus. AARP. October 18, 2024. Accessed on March 26, 2025. www.aarp.org/pri/topics/work-finances-retirement/employers-workforce/age-discrimination-workplace/

12. Pak K, Furunes T, De Lange AH. Age Discrimination and Employability in Healthcare Work: A Double-Edged Sword for Older Workers? *Sustainability*. 2022;14(9):5385.

13. Allen JO, Solway E, Kirch M, et al. Experiences of Everyday Ageism and the Health of Older US Adults. *JAMA Network Open*. 2022;5(6):e2217240-e2217240.

14. Gendron T. The Impact of Ageism on Elders' Mental Health. *Generations Journal*; April 2024.

15. Nezich H. The Real Effects of Ageism – Financial, Emotional, and Health. American Society of Employers. Oct. 1, 2024. Accessed on March 26, 2025. www.aseonline.org/News-Events/Articles/the-real-effects-of-ageism-financial-emotional-and-health

16. Lyons A, Alba B, Heywood W, et al. Experiences of ageism and the mental health of older adults. *Aging & Mental Health*. 2018;22(11):1456-1464.

17. Chang ES, Kannoth S, Levy S, Wang SY, Lee JE, Levy BR. Global reach of ageism on older persons' health: A systematic review. *PLoS One*. 2020;15(1):e0220857.

18. AARP. The Economic Impact of Age Discrimination. 2020. Accessed on April 14, 2025. https://www.aarp.org/content/dam/aarp/research/surveys_statistics/econ/2020/impact-of-age-discrimination.doi.10.26419-2Fint.00042.003.pdf

19. Levy BR, Slade MD, Chang E-S, Kannoth S, Wang S-Y. Ageism Amplifies Cost and Prevalence of Health Conditions. *The Gerontologist*. 2018;60(1):174-181.

20. Rogers SE, Thrasher AD, Miao Y, Boscardin WJ, Smith AK. Discrimination in Healthcare Settings is Associated with Disability in Older Adults: Health and Retirement Study, 2008-2012. *J Gen Intern Med*. 2015;30(10):1413-1420.

21. Chrisler JC, Barney A, Palatino B. Ageism can be Hazardous to Women's Health: Ageism, Sexism, and Stereotypes of Older Women in the Healthcare System. *Journal of Social Issues*. 2016;72(1):86-104.

22. Morrison S. Don't call me "old": Avoiding ageism when writing about aging. Research and Funding Blog, National Institute on Aging; Dec. 27, 2023. Accessed on March 26, 2025. www.nia.nih.gov/research/blog/2023/12/dont-call-me-old-avoiding-ageism-when-writing-about-aging

23. Palsgaard P, Maino Vieytes CA, Peterson N, et al. Healthcare Professionals' Views and Perspectives towards Aging. *Int J Environ Res Public Health*. 2022;19(23).

24. Sljivic H, Sutherland I, Stannard C, Ioppolo C, Morrisby C. Changing attitudes towards older adults: Eliciting empathy through digital storytelling. *Gerontology & Geriatrics Education*. 2022;43(3):360-373.

25. Marshall L. Thinking Differently About Aging: Changing Attitudes Through the Humanities. *The Gerontologist*. 2014;55(4):519-525.

26. Ragan AM, Bowen AM. Improving Attitudes Regarding the Elderly Population: The Effects of Information and Reinforcement for Change. *The Gerontologist*. 2001;41(4):511-515.

27. Strazewski L. Is ageism creeping into your care of older adults? American Medical Association; May 20, 2022. Accessed on March 26, 2025. www.ama-assn.org/delivering-care/population-care/ageism-creeping-your-care-older-adults

28. Martino J, Pegg J, Frates EP. The Connection Prescription: Using the Power of Social Interactions and the Deep Desire for Connectedness to Empower Health and Wellness. *Am J Lifestyle Med*. 2017;11(6):466-475.

29. Seppala E. Connectedness & Health: The Science of Social Connection. Stanford Medicine; May 8, 2014. Accessed on March 26, 2025. ccare.stanford.edu/uncategorized/connectedness-health-the-science-of-social-connection-infographic/

30. Smith T. 9 principles to guide physician competence assessment at all ages. American Medical Association; Aug. 19, 2024. Accessed on March 26, 2025. www.ama-assn.org/delivering-care/health-equity/9-principles-guide-physician-competence-assessment-all-ages

Appendix

Related AMA policy

The American Medical Association believes in preserving dignity and self-respect of all individuals at all ages and believes that people should not be set apart or isolated on the basis of age. The AMA believes that the experience, perspective, wisdom and skill of individuals of all ages should be utilized to the fullest. (AMA Policy H-25.997)

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. (AMA Policy H-25.996)

Guidelines for screening and assessing physicians across the professional continuum should be based on evidence of the importance of cognitive changes associated with aging and other factors that may impact physician performance. Some physicians may suffer from declines in practice performance with advancing age, acquired disability or other influences. Research suggests that the effect of age on an individual physician's competency can be highly variable. Since wide variations are seen in cognitive performance with aging, age alone should not be a precipitating factor. (AMA Policy H-275.916)

AMA opposes the inclusion of questions about age on residency or fellowship applications. (AMA Policy H-310.919)

Our American Medical Association will establish a definition of "age equity" and consider adoption of the AGE Platform Europe vision: "Age equity is an inclusive society, based on well-being for all, solidarity between generations and full entitlement to enjoy life, participate in and contribute to society. At the same time, each person's rights and responsibilities throughout their life course have to be fully respected."

Our AMA will review and amend policies regarding discrimination, bias and microaggressions, and add age or ageism during the sunset review process.

Our AMA will routinely incorporate intersectional approaches to ageism.

Our AMA will conduct ongoing:

a. advocacy for hospital and regulatory policy changes focused on individual physicians' care quality data rather than their age; and

b. educational outreach to AMA members (i.e., starting with a "Prioritizing Equity" episode panel discussion to be posted on Ed Hub™ for CME, as a video and podcast, and promoted through the UCEP/GCEP channels).

Our AMA will work with the World Medical Association and other interested stakeholders to have the AMA's work significantly inform the global health organization's work on ageism. (AMA Policy D-65.978)