

Ageism in Health Care: 72 is Not a Diagnosis

Phyllis A. Greenberg, Ph.D. MPA; Tarynn Johnson, B.S. (M.S. in Gerontology Student)

Abstract

Experts in aging often underscore the profound heterogeneity of the elderly population by saying, “If you’ve seen one 85-year-old, you’ve seen ONE 85-year-old.”

Unfortunately, the reported experiences of older adults suggest that health care providers remain prone to stereotyping older adults or “applying age-based, group characteristics to an individual, regardless of that individual’s actual personal characteristics” (Manicou, 2006). In Dr. Erdman Palmore’s Ageism Survey (2001) of community-dwelling older adults ages 60 to 93, 43% of respondents reported that “a doctor or nurse assumed my ailments were caused by my age” and 9% said they were “denied medical treatment because of age”.

Through education and eliminating stereotypes around aging, we can further provide better care for older patients, clients, and even family in order to ensure a holistic health care approach that considers more than just age.

Ageism

This term was coined in 1968 by Robert N. Butler, MD, a pioneer in geriatric medicine and author of the book *Why Survive? Being Old in America*. Butler was among the first to identify and describe the phenomenon of age prejudice, initially defining it as “a systematic stereotyping of and discrimination against people because they are old.” His work established that ageism was an authentic concern with disturbing implications, and it’s an “ism” that remains with us.



What do you think?

Is age an important factor when Diagnosing, Treating or Assisting an older adult?



How Can Ageism Impact Patient Care?

In a cross-sectional survey design, Davis et al. (2011) used the Expectations Regarding Aging Scale to assess primary care clinicians’ (PCP) perceptions of aging.

Most PCPs (physicians, nurse practitioners, physician assistants) agreed with the statements “Having more aches and pains is an accepted part of aging” (64%), and, “The human body is like a car: when it gets old, it gets worn out” (61%). More than half of PCPs (52%) agreed that one should expect to become more forgetful with age and one-third of the physicians agreed that increasing age was associated with worrying more and having lower energy levels.

These results demonstrate how pain, fatigue, cognitive impairment, depression, and anxiety could easily go undiagnosed and untreated if healthcare providers erroneously attribute these symptoms and conditions solely to advancing age.



“What do you expect?”

When a 72-year-old patient visited her physician about feeling tired and lethargic his response was – “What do you expect – you’re 72 years old.” This was a very vibrant woman – full of energy. Was this related to being 72? A few days later the same patient was admitted to the ICU for a bleeding ulcer.

“Is it always Dementia?”

A 90-year-old male was in a rehab center recouping from a fall. The staff called a family meeting because they thought the man had Dementia. They were recommending that he be discharged to a nursing home because some of his answers to questions “were off”. An outside person was asked to provide an informal assessment. What they found: his hearing aids needed to be cleaned and they needed to ask him questions that were relevant to him...Five years later still no dementia.



“Do you know today’s date?”

An 80-year-old patient was in the ICU. While there, a health care provider came into the room to do an assessment and asked “What is today’s date?” The patient responded. With a concerned expression, the provider told the family “I think the patient is very disoriented - she did not have the correct day/date. The family member asked the provider to look around the room. Upon seeing the white board, the provider realized that the day and date had been incorrect on the informational board that the patient had read.

Some Thoughts from Elders

Unfortunately, the reported experiences of older adults suggest that health care providers remain prone to stereotyping older adults or “applying age-based, group characteristics to an individual, regardless of that individual’s actual personal characteristics” (Macnicol, 2006).

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Something to consider...

Another common ageist misconception that can affect diagnosis and treatment of patients is that older adults are no longer sexually active. Physicians who are unaware of their older patients’ sexual health and behaviors often fail to address problems like decreased libido and erectile dysfunction, and miss diagnoses of sexually transmitted diseases, including HIV.

How can we Change Ageism in Health Care?

- **Education:** Health care providers in Gerontology/Geriatrics, Pharmacology, Social Work, any professions working with older adults
- **Communication:** With older adults (avoid elder speak), families, policy makers
- **Interdisciplinary interaction:** Care teams, shared knowledge, cross-learning

What Would You do to Address Ageism in Health Care?

Resources:
Austin, K. (2013). Elderspeak: Babytalk Directed at Older Adults. Culture Change, *Embracing Elderhood* blog.
Currey, R. (Winter 2008). Ageism in Healthcare: Time for A Change. *Aging Well, Volume 1, No.1*
Geriatrics Workforce by the Numbers. (2019). *Geriatrics Healthcare Professionals*. Retrieved from <https://www.americangeriatrics.org/geriatrics-profession/about-geriatrics/geriatrics-workforce-numbers>
How Ageism in Health Care is Affecting Society. (2019). *Senior Living*. Retrieved from <https://www.seniorliving.org/health/ageism/>
Ouchida, K. M. and Lachs, M. S. (Fall 2015). Not for Doctors Only: Ageism in Healthcare. *Generations Vol 39, No. 3*

