Understanding Ageism – Part 2

Have you ever heard the following comment from a healthcare professional..."What do you expect; you're old." In this article, we'll review some issues associated with ageism in healthcare.

For years, we have known that the demographics of aging necessitated more doctors with a specialty in geriatrics, but that hasn't yet happened. Many physicians in training haven't received positive reinforcement from their teachers or their experiences to think that geriatrics is interesting or important enough to consider. For a long time, medical schools only utilized nursing facilities or hospitals for training, leaving out older adults living in the community. Luckily, that is changing here in West Michigan with WMU's new medical school having community based service learning opportunities. In fact, we at the Area Agency on Aging are pleased to have 5 first year med students working with us and 3 second year students finishing their experience!

We must also look at the reimbursement system for healthcare, noting that adequate payments for visits to a geriatrician for assessment and follow-up just haven't been available in our healthcare system. This is another deterrent to physicians choosing geriatrics.

Negative or just erroneous views of aging by healthcare professionals can lead to both under-treatment and over-treatment of older adults. Assumptions that depression, social isolation, dementia, pain and fatigue are part of growing older aren't true for everyone, but oftentimes this is the attitude of medical providers and guides their diagnosis.

Did you know that clinical trials for most drugs have not included older adults, making it difficult to sometimes hit the mark on appropriate antibiotics or pain relief?

So what can be done? All medical schools should require some geriatric education and rotations that include community elders. To address the geriatric physician shortage, physician assistants and nurse practitioners should be encouraged to obtain geriatrics training and certifications. Adequate reimbursement for geriatrician assessments should be available in all insurance plans.

Clinical trials need to include older adults to test new drugs.

Finally, all of us need to consider our own attitudes and how that affects talking to medical professionals. Don't be afraid to tell your provider about those aches and pains as they might be related to a medical condition that can be easily addressed. Don't be afraid to question a diagnosis, especially if it's prefaced by an ageist statement. In the end, it's your quality of life that is most important, and your medical provider plays a big role in that.