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Ageism in Healthcare: Why It Has To Stop

Summary: Ageism can be defined as stereotypes, prejudice and discrimination towards people because of their age. An authority on ageism in healthcare highlights the challenges and opportunities in the sector.



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How serious/prevalent is the problem of ageism within healthcare and where do you think this stems from?

I don't think that the problem of ageism is pervasive only in healthcare, but in each and every aspect of our lives. I think it's better to regard ageism as being manifested in a variety of settings and a variety of levels; the micro, the meso, and the macro-level rather than limiting the focus to just the healthcare system. I do think it's a major issue in the healthcare system and maybe one reason why it is so is because we have a limited amount of money. There is only one cake that has to be divided among different consumers and different clients. Old people are closer to death, and we know that the last year of life is usually the most expensive year. Healthcare providers and the healthcare system, I think, associate old age with depletion of the healthcare system. At least one explanation for the very pervasive manifestation of ageism in the healthcare system is because old people are looked at as consuming too much of healthcare resources.

Another explanation is, I think, that we have a general tendency to disassociate from people who remind us of our own mortality. Old people, especially in the healthcare system, are usually there when they are very frail and fragile. I think that both healthcare providers and the general public try to disassociate from frailty and from people who are sick and ill because it really reminds them of their own imminent death.

How can healthcare ageism have a detrimental impact on delivering effective care?

We see it in a variety of levels in the healthcare system. Basically, we know that old people usually are the ones who receive less expensive and less innovative treatments compared to young people. We also know that there are very few healthcare providers, or at least fewer healthcare providers, who wish to work with old people compared to working

with young people. We know that old people are often banned from participating in clinical trials, even for conditions that actually are more likely to occur in old age, such as dementia or heart failure. We also know that physicians and other healthcare providers would treat the exact same disease differently based on the age of the patient. I think these are all ways healthcare ageism impacts the care provided to old people.

Are there any countries or regions that have been successful in mitigating the impact of healthcare ageism?

There was recently a systematic review and meta-analysis that tried to look at different interventions to address ageism. What they found was that both educational interventions and inter-generational contact are quite effective in reducing ageism, but I think that ageism is really a worldwide problem. The reason that it is really so prominent in each and every country is what led the WHO to initiate the campaign in 2016 to combat ageism to make sure we all live in a world for all ages.

In brief, can you provide examples of successful case studies/pilots where healthcare ageism has been encountered?

I think that when we are encouraging inter-generational contact on equal basis, that is one place where you could potentially target ageism. If people of different generations learn to work together and like each other and appreciate each other's strengths and weaknesses that's one place. I think we have a long way to go to really utilise this resource but it's definitely a resource. We also know that education can be effective. However, I would say that there is reason to show that actually much of the time, people who work with old people, geriatricians for instance, become more ageist with time rather than less ageist. I think that education alone is not enough and we really have to process attitudinal changes as well if we want to combat ageism.

What projects are you focusing on right now in the field of countering healthcare ageism?

We recently concluded a systematic review that looked at the psychometric properties of different measures to assess ageism. What we found was that there aren't any measures of good enough psychometric properties to assess ageism. This has led us to the understanding that now we have to develop a very good measure of assessment. I think the first step in fighting ageism would be to find a way to operationalise it and to assess it well enough to capture this very complex construct before we do any interventions.

Conversely, where is it less obvious but still damaging?

I think that there is a distinction between explicit ageism and implicit ageism, and we are not all aware of ageism yet, it might really affect our own behaviours towards our own ageing and our behaviours towards others ageing. I would say that implicit ageism is still quite damaging and the way people think about their own ageing definitely has an effect on their health. There is enough research to show that thinking negatively about your own ageing makes an impact. People who think negatively about their own ageing are more likely to have frequent falls, they are less likely to recover from illness, more likely to report impaired mental health and even more likely to die before people who think positively about their own ageing.

I would say that definitely implicit ageism can really guide our health behaviours and affect our health. I would say that this is very pronounced both on the consumer end but also with providers. Many healthcare professionals are not even aware that they are being ageist but they will operate based on their ageist assumptions. They will allocate resources differently and might ban old people from participating in rehabilitation, for instance, simply because of their age.

What advice would you give to the C-suite/management level on the topic of fighting healthcare ageism? How damaging can it be to a hospital's operations for example? Is it a case of management isn't aware it exists or do they simply not know how to address it?

I think that there needs to be a lot of education and actually the next step after developing very good tools to assess ageism would be to test different messages to counteract ageism. Perhaps there are going to be messages across cultures so different

types of healthcare providers will have to receive different types of educational materials and target them to specific markets.

But, I think that awareness is not enough because people might be aware of being ageist, yet they might think that this is justified. There needs to be more than awareness and education on the impact of ageism. People need to understand that unlike the other two –isms, sexism and racism, ageism really affects each and every one of us. We all have an age and that is why ageism has to be in the best interest of the entire society to fight. We are not there yet but I think that is the message that people should internalise in order to eventually fight and address ageism.

If healthcare management/personnel aren't more aware of ageism, what problems could they face five or ten years from now?

I hope that it will become illegal to discriminate against people based on age. We know that there are many rules and regulations that allocate rights and responsibilities to people based on their age. I think that if we managed to change that so that ageism becomes illegal, then there will be some consequences to that. We are at the beginning of a revolution. Just like in the 60s there was the feminist revolution, now we are at the beginning of the revolution of anti-ageism. ■

KEY POINTS



- Ageism can manifest in a variety of settings not just within the healthcare system.
- Healthcare ageism can have a detrimental impact on delivering effective care.
- Educational interventions and inter-generational contact can be effective in reducing ageism.
- There are currently no measures, with good enough psychometric properties, to assess ageism.
- The way in which people think about their own ageing can impact their health.
- There needs to be more awareness on the impact of ageism.



REFERENCES

WHO (2016) The Global strategy and action plan on ageing and health. Available from who.int/ageing/global-strategy/en/