Consider the following:
A 78-year-old man sees his primary care provider for an annual appointment. He comments that he is getting more tired lately. The provider says, “Henry, what do you expect? You are getting older.”

A 73-year-old woman sees her primary care provider for a 6-month checkup. She indicates that recently she has had more pain in her knees. The provider comments, “Mary, aches and pains are part of growing older. You just need to pace yourself now.”

An 84-year-old woman, accompanied by her daughter, visits the primary care office for her annual appointment. “How are you doing, Helen?” the provider asks. “I’m fine,” she responds. The daughter interjects, “She doesn’t seem fine to me. She doesn’t seem to have the desire to get out and do things lately. She stays in the house all day and doesn’t seem to have much energy. I am concerned.” The provider replies, “Well, she is 84 and getting frailer.”

These situations can affect quality of life and all of the conditions are likely treatable. By initially dismissing patients’ issues as being related to old age, care providers’ responses reveal the negative effects of bias. The better approach would be to explore each of these current problems through thoughtful questioning to determine the best approach to managing these problems.

The executive summary by the Alliance for Aging (n.d.) makes the point that ageism, similar to other forms of prejudice, is cultivated in our society and shared by all of us, including health care providers and even older patients and their families. Age discrimination is based simply on individuals having reached a chronological age that society defines as “old.” Bias, commonly unconscious, occurs automatically as the brain makes rapid judgments about individuals and situations, as a result of personal experiences, background, and environment (Levy, 2001).

Although a universal trait and important for survival, unconscious or non-conscious bias can reflect a negative perspective that reveals one’s knowledge, beliefs, and expectations about a particular group, such as older adults. In addition, these attitudes can translate into behaviors such as health care providers dismissing or minimizing the health complaints of older adults. Even educated individuals with the best intentions can display unconscious bias (Stone & Moskowitz, 2011) that is discriminatory or prejudiced against aging.
Addressing the issue of unconscious bias related to ageism in health care poses many challenges as well as opportunities. The executive summary by the Alliance for Aging (n.d.) notes five essential aspects of ageism that contribute to the failure of our health care system to address the needs of older adults:

1. Inadequate education and training of health professionals on all aspects of aging result in less than optimal care for older adults.

2. A focus on preventive care and screening for health problems, emphasized in younger populations, must be at the forefront of our health care initiatives in an aging population.

3. Early intervention reduces the personal, social, and financial costs associated with disease, and improves the quality of life of older adults.

4. Clinical trials must include older adults so that more can be learned about what is effective or not effective in the delivery of care to this population.

5. Demonstrated effective interventions for health problems in this patient population are either not known or often dismissed, resulting in less than optimal care for older adults.

Over the past several decades, there has been a growing shift in examining how we, as a society, view aging—a shift that is refocusing more on the aspects of successful aging, maintaining health, and preventing illness (Martin et al., 2015; Stowe & Cooney, 2014) rather than the assumption that illness is synonymous with aging. Functional ability is a better indicator of aging than chronological age. Recognizing and managing unconscious bias and ageism is imperative as the general population continues to age because they will enable care provided to future generations of older adults to be of a high quality.

Managing unconscious bias is an integral part of the education of health professionals and institutions that provide care for older adults. Workshops and educational modules assist and challenge health care professionals to learn about unconscious bias, its manifestations, how to recognize subtle forms within themselves (Levy, 2001), and ultimately how this influences care delivery. Woolf and Dacre (2011) commented that the ability to recognize unconscious bias with its effects of negative beliefs and attitudes will change behaviors that can have a significant effect on the lives of many older adults.

REFERENCES


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