

Ageism and the Experience of Health Care



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There's no question that Canada's population is aging rapidly. According to the 2011 Census, 14.8% of the total population was aged 65 or older,¹ and the two fastest-growing age groups in the 2006–11 period were 60- to 64-year-olds and centenarians.² According to a recent report by the Canadian Institute of Actuaries, 60-year-old women and men in Canada can expect to live another 29 and 27 years, respectively.³ While seniors have always been important to Canadian families, this population growth and extended period of old age means that they are set to become an integral part of our society like never before.

Yet despite the importance of seniors to us as members of our families and communities, many report experiencing ageism in their everyday lives, as they are sometimes assumed to be inherently frail, incapable or “burdensome to society.” In a 2012 survey, 21% of Canadians said that “older Canadians are a burden on society” and more than one-third admit to engaging in ageist behaviour. In the same survey, more than half (51%) of respondents said that “ageism is the most tolerated social prejudice” when compared to gender- or race-based discrimination.⁴

When seeking health care, seniors report receiving unequal treatment because their health concerns are “normalized” by the medical system. In fact, 78% of surveyed seniors report that “health care professionals have dismissed [their] complaints as an inevitable part of aging.”⁵

This perspective and the accompanying assumptions can influence the care that seniors receive. For example, when older patients with multiple comorbidities are admitted to hospitals with atypical clinical presentations, they sometimes receive vague diagnoses, such as “acopia” (failure to cope). Their resulting designation as “non-medical” patients can lead to referrals to other professionals instead of

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receiving the comprehensive medical assessments they require.⁶

Older cancer patients, who require a significant amount of medical attention, have been found to be disproportionately affected by ageist attitudes and beliefs.⁷ Ageism can affect many aspects of seniors' health care experiences, including physician–patient information exchanges, screening procedures and treatment decisions.

Seniors and elders are entitled to the same health supports and access to medical services as any other age group. Biases against older Canadians seeking care – whether they're conscious or unconscious – can be harmful to their physical and emotional health and well-being. Recognizing and managing our biases that can affect seniors in Canada will help to ensure equal care and build a society free of discrimination.♥

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¹ Statistics Canada, “2011 Census: Age and Sex,” *The Daily* (May 29, 2012), accessed September 4, 2013, <http://bit.ly/K86kA2>.

² Statistics Canada, “Centenarians in Canada,” *Census in Brief*, Statistics Canada catalogue no. 98-311-X-2011003 (May 2012), <http://bit.ly/KUFRER>.

³ Canadian Institute of Actuaries, *Canadian Pensioners Mortality* (July 2013), accessed September 10, 2013, <http://bit.ly/199Ofit>.

⁴ Leger Marketing, *Revera Report on Ageism* (2012), accessed October 23, 2013, <http://bit.ly/U40Ueo>.

⁵ Ibid.

⁶ David Oliver, “‘Acopia’ and ‘Social Admission’ Are Not Diagnoses: Why Older People Deserve Better,” *Journal of the Royal Society of Medicine*, 101:168–74 (2008), accessed October 24, 2013, <http://1.usa.gov/1656jW5>.

⁷ Chelsea L. Simkins, “Ageism’s Influence on Health Care Delivery and Nursing Practice,” *Journal of Student Nursing Research*, 1:1–5 (2008), accessed October 25, 2013, <http://bit.ly/19EGeyC>.