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## The Curse of Old Age, an Evaluation of Current Medical Discrimination Based on Age and Future Directions in Resolving Ageism

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### Abstract

Ageism refers to the discrimination or bias held against people because of their age regardless of context. This phenomenon has been especially rampant in the medical context. Older patients past the age of 50 tend to receive less attention and care during their time at the hospital, both during diagnosis and prognosis. Aside from some general biased ideas, one of the most common factors influencing the degree of ageism experienced by people in a specific region is culture. Some cultures have high reverence for people older in age, while other cultures frantically praise youth and spurn the elderly. This has expanded beyond the medical context during Covid times, onto social media and into daily life, which have been damaging older adults' mental and physical health. The mind and body are connected, which means an unhealthy mental state can have an effect on the person's body. For example, anxiety can increase the chances of depression and insomnia. This anxiety is the result of both exterior and interior factors. In order to untangle this complicated web of culture, anxiety, discrimination, and self-awareness, this paper will outline and evaluate current circumstances of ageism, collect data from the Port Hope community in Ontario, Canada to investigate further, and eventually propose an evidence-based strategy and future directions.

### Keywords

Ageism, Anxiety, Medical Discrimination, Gerontology, Cultural Differences

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## Introduction

With the modern advancement of medical care and sanitization, people's average life spans have consequently accumulated to a higher point. In the last century, average life expectancy was merely around 40, and that number has since increased to around 80 (1). Five years ago, that number was merely achieved by 19 countries. Now, 14 more countries have joined this sequence of countries with aging populations. On top of that, around the world, two people celebrate their 60th birthday every second, which accumulates to an annual total of almost 58 million birthdays (2).

Although this gives everyone the opportunity to enjoy life longer, there are also some issues that accompany it (3). With the significantly increased life expectancy comes the increase in the number of elderlies in a society, and as a result, countries around the world are compelled to address the socio-economic impact brought by aging populations. Under this influence, stereotypes based on people's age, whether positive or negative, inevitably become more prevalent. Amongst all of them, ageism, the prejudice towards elderly based on their age, has gradually become an accumulating issue as our societies "age", especially during the pandemic and post-pandemic periods.

Before ageism came to public attention, many stereotypes had been falsely attributed to aging instead of diseases. Robert N. Butler, a redeemed pioneer in gerontology, was first defined in 1968. He made significant contributions to the establishment of geriatrics— a speciality in medicine concerned with providing care for the elderly. As a child, Butler was deeply troubled by the sudden decease of his beloved grandfather. The tragedy of his grandfather became an inspiration for Butler to aspire to a career as a doctor. Before Butler, aging research was significantly based on elderlies with chronic diseases at nursing homes and hospitals. This makes disease take prevalence compared to all other factors that could potentially impact elderly health such as social influence and mental pressure. Butler's research changed that. He was the first to prompt the revision of stereotypes that were originally attributed to aging and raised public awareness regarding this issue (4).

Butler contributed to the establishment of a field of medicine dedicated for the elderly, and his work also revealed the circumstances surrounding the elderly in the United States particularly. "Childhood is romanticized, youth is idolized, middle age does the work, wields the power and pays the bills, and old age, its days empty of purpose." (5). Ageism caused by cultural differences will be discussed more thoroughly in later sections, but it is evident the degree of influence culture has on people's perceptions of the elderly, with America being a representative example. People in their childhood and teenage years are "worshiped", because youths are considered to be the people with the most time, energy, and most importantly, potential. As people age, their time and potential gradually decrease, and thus others' respect towards them. This reaches a critical point when the person turns from middle age to an elderly, which,

although disrespectful, is also the point in life where a person is deemed “worthless” to the overall contribution to society and constrained in terms of personal growth.

Medical bias has become a prevailing issue that has been gaining increasing public traction (6), and a myriad of factors play a role in the formation of such biases. In order to address it, it is necessary to probe deep down into the reasons behind.

Ageism prevails in every aspect of modern society, one of the most prominent examples being social media. During the peak of the pandemic in 2019, older adults were amongst the demographic with the highest morbidity and mortality rate against Covid-19 (7). Abiding to common moral and ethical standards, people are usually expected to at least express empathy to some extent for the elderly population. However, a study conducted in 2020 suggested that almost a quarter of tweets related to Covid-19 and older adults expressed offensive tendencies towards people solely because of their age (7). Ageism is not only present in daily life, but also in a medical setting. The manifestation of such bias typically takes the form of a doctor’s lack of concern for the elderly patient. For example, the same condition would be normalized in patients of older age than those younger, which leads to a tendency of applying different levels of recognition for severity and subsequent treatment (8).

### **Ageism under different contexts: Culture**

Plenty of ageism behaviours can be attributed to the general attitude of which a specific culture treats the elderly with. Eastern cultures such as China, Korea, and Japan adopt the concept of “filial piety”, an obligatory tradition of which adults are expected to respect and care for their elderly, especially parents, as part of their culture. On top of that, aging is also generally associated with an increased reverence and greater bearing within society (9). On the other hand, Western cultures, represented by America, generally depict elderly as “incompetent, senile, feeble, and not contributing to society” (10). However, with the increasing prevalence of urbanization and the rapidly aging society, these views regarding the elderly underwent drastic change as well. Take Koreans for example, their life expectancies have increased by roughly 13 years for the past two decades; the proportion of elderly over 65 was expected to increase from 5.9% to 19.3% by 2030 (9). As the elderly population continues to increase, the amount of care they could obtain from their families or caregivers would consequently decline, thus resulting in a less significant social role. Speculating from the cultural difference stated previously, western countries seem to have a higher chance of ageism occurrence. Contrary to common belief, the supposed chance of ageism occurrence swapped roles between the two cultures: Korean youths seem to be demonstrating higher anxiety towards aging and a greater fear against old people. According to a study conducted in 2006 involving a sample of 153 Americans and 162 Koreans of various demographics, Koreans demonstrated higher anxiety in aging, fear of old

people, psychological concerns, physical appearances, and fear losses (9). There was a notable difference of anxiety towards age between male and female in the Americans, but not a significant difference in Koreans. Regardless, anxiety towards aging and age demonstrated a mildly strong positive correlation in the Americans sample ( $r = 0.60$ ), while the Korean sample demonstrated a strong negative correlation ( $r = -0.28$ ). In this study, Koreans tend to have greater anxiety towards aging at a younger age, but Americans tend to have less anxiety towards aging at a younger age. These trends demonstrate the exact opposite perceptions derived from the general cultural difference mentioned above (9). In addition, the Korean sample demonstrated a higher average anxiety in all of the criteria above with data sets mostly centered around the mean (table 3 of 2006 study).

The results above demonstrated the significant impacts a fast-aging society has on the perceptions of a culture towards the elderly. Regardless of this trend, what accompanies it is the lack of care and occupations for the increasing number of elderlies, and discrimination towards them simultaneously increases.

## Demographics

Studies have shown consistent evidence of an association between ageism and adverse health effects towards the elderly. In fact, both the discrimination based on age from other people and the self-perception of aging from the elderlies themselves significantly impact their health statuses. A study conducted very recently identified 3 types of ageism manifestations, which are: internalized ageism, the self-perception of age from the elderly individuals; ageism messages, specific textual references, either implicit or explicit, mocking certain aspects of the elder; and ageist interpersonal interactions, the tiny day to day interactions, either intentional or inadvertent, demonstrating a difference in treatment based on age. According to the study, comprising 2035 US adults of different sociodemographic characteristics, a total of 1915 adults (93.4%) ages 50-80 demonstrated that they regularly experience ageism on a daily basis (11). Internalized ageism is the most common amongst the 1915 individuals in the study (1664 reported, 81.2%). Internalized ageism is demonstrated in the increasing levels of anxiety expressed by elderlies themselves towards their progressively aging body. Common health concerns that accompany the aging body include: hearing loss, multiple osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, and dementia (2). On top of that, anxiety can increase the severity of depression, odds of gastrointestinal related diseases, and induction of insomnia (12). Elderlies who are often isolated are more susceptible to such types of anxiety induced health concerns (13), but it is often overlooked since the most prevalent form of ageism in many cultures and societies is external— the discrimination towards elderly from the outside environment (10). This phenomenon could be reflective of the general social values revolving around the concept of aging in a society. As mentioned above in the 2021 study (11), the general perception of the elderly in the US is negative. Not only the younger people are

influenced by such depictions, but also the elderlies themselves. This could be one of the reasons why such a large number of elderlies report internalized ageism. Whether willingly or not, after a long period of influence they eventually adopted the general social view regarding them, which has significant impacts on their mental and physical health (10).

## **Method**

In order to determine the extent of ageism experienced by the local Port Hope community, both a survey and interview approach are proposed. The survey and interview are aimed at both health professionals and elderlies of the community. The reason being that an insight inside both sides of the issue provides a more complete picture of the level of ageism inside the community. Questions in both are inspired and derived from various existing scales of ageism measurement. These scales include: The Lasher and Faulkender Anxiety about Aging Scale (AAS), an assessment of the participant's own fear and anxieties about aging (14); The Fraboni Scale of Ageism (FSA), a measurement of discriminatory attitude towards elderly (15); and Relating to Older People Evaluation (ROPE), a self-reported evaluation of type and frequency of ageist behaviours (16).

The subjects for the interview will be randomly selected elderly from nursing homes that demonstrate interests in my study. Ideally, this number should be less than 10% of Port Hope's population in order to ensure the independence of the trials. However, this number cannot be too small as it will not provide statistical significance. The responses would be categorized into 2 categories; for the elderly it is either they have experienced medical bias or they have not, and for the physicians it is whether they inadvertently demonstrated ageist behaviours or not. The number of both categories should be at least 10 individuals' responses.

On the other hand, the responses from the interview will be incorporated in paraphrased or quoted form into the written product without disclosing any information that can identify the individual participant. On the other hand, the responses from the survey would be weighted using iterative proportional fitting, or raking, according to the population size in order to avoid non-response bias or voluntary response bias in the results. Each data point would be assigned a weight based on the known population distribution.

Participants of the survey will be recruited through emails to contacts of various local nursing homes, the acquaintances of the Port Hope Public Library, and hospitals nearby. On the other hand, Interview participants will be recruited through me visiting local nursing homes in person and interviewing anybody that is interested. The specific nursing homes I will be visiting include: Roseglen village for Seniors, Extencicare Port Hope, Aspira Empire Crossing Retirement Living.

## **Purpose of Study**

Aging in society is a very broad topic, and it is of interest in this paper to take a look at the local community, which is a small town in Ontario named Port Hope known for one of the earliest theaters built in Canada. It is a relatively small town with merely an approximate of 16,500 residents, which is made up of elderly that have been living in the town for a long period of time. The most common places the elderly in the town would go to are the theater and library. Occasionally,

The author of this paper has done voluntary work with nursing homes in the local vicinity and would like to explore the aging issue at a local level in order to possibly address it on a much larger scale in the future.

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