Ageism in medicine a pressing problem

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Sometimes, doctors do it subtly, and probably unintentionally. "They will turn their head and talk to the family members, even if the patient is completely intact and able to answer their own questions," says Dr. Tricia Woo, an associate professor of geriatric medicine at McMaster University. Other times, it is more obvious. For example, health care professionals have all heard the pejorative term "bedblockers."

Ageism in medicine is a reflection of society, says Woo, who has practised as a geriatrician for 14 years. "If you look at fashion magazines, it's always a celebration of youth, not a celebration of getting older gracefully."

It doesn't help that overworked health care professionals see the same older patients again and again. "What you see are physicians and health care providers under so much stress, just with the volume, that they can become hardened," says Woo. She has seen patients not being offered certain treatments or tests because of advanced age.

Failure to thrive and failure to cope ("acopia") are also pejorative terms that, like bedblockers, are used less often than in years past but still exist to put "the blame on the older adult, rather than putting the blame on our system for not being able to care for that older adult," says Dr. Jillian Alston, a Toronto-based geriatrician.

Another problem is that medical students and residents often get a skewed perspective if they are exposed to only the sickest older patients. "If you are leaving it up to internal medicine, you are only seeing the sickest of the sick and you get a different flavour of what the older adult looks like," says Alston. "If you were to come to clinic with me, you would see a way different scope of what caring for the older adult means."

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In health systems struggling to serve aging populations, use of pejoratives such as "bedblockers" shifts blame to seniors.

Advocates say better education in medical school is part of the solution to combat ageism and improve care for older adults, and the time to act is now. According to Statistics Canada, more than one fifth of the Canadian population will be 65 years or older by 2026.

The Canadian Geriatrics Society has been pushing for better training for more than a decade. In 2008, it published a list of 20 core competencies in the care of older persons that should be taught in all medical schools. In 2012, *CMAJ* followed up with the article "Arm-twisting medical schools for core geriatric training," which noted that "the four-year-old effort appears to have yielded little in the way of change."

Today, there is still no mandatory national geriatric curriculum. A follow-up evaluation by the Canadian Geriatrics Society earlier this year showed that, on average, Canadian medical schools are teaching 68.5% of the 20 core competencies. "There is wide variation in the amount and focus of geriatric education," the authors note.

The challenge is adding anything new to packed medical school curricula. However, it is not enough to see older patients only within other rotations and say you have geriatric training. "There is a

difference between exposure and actually getting some skills," says Woo. "It is also the attitudinal part."

Woo hopes change will come as Baby Boomers age and demand better care. In her work, Alston says she has already seen more interest in geriatrics from students and watched a new crop of geriatrics fellowships emerge in emergency medicine, oncology, cardiology and nephrology.

The push for change to education isn't just from the top down. The Canadian Federation of Medical Students voted for seniors' care and aging as the topic for their annual day of action in Ottawa on Feb. 4, 2019. "There was enormous support for the topic," says Glara Rhee, a fourth-year University of Ottawa medical student who is helping plan the day of action in her role as co-chair of the National Geriatrics Interest Group. "The health care system design just doesn't match the population today."

Rhee received two weeks of instruction dedicated to geriatrics in second year and she was hooked. The University of Ottawa scored well in geriatrics education in the Canadian Geriatrics Society study (which Rhee coauthored), meeting 80% of core competencies. Rhee hopes to match to a residency in internal medicine this winter and then pursue geriatrics. "I feel like geriatrics is where I can cultivate my own path and do so much to make changes."

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