

# The Subtle and Silent Issue in Older Adult Care

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The treatment of elders in the community and ageism in our society has been an issue often overlooked. However, since the onset of the COVID-19 pandemic, poor treatment of elders in the community and long term care homes has been brought to light. During the beginning of the pandemic, long term care homes in Canada accounted for around 80% of all COVID-19 related mortalities.<sup>1</sup> This situation is due to an amalgamation of factors leading towards the ultimate neglect of the elderly population, including the governance of long term care homes in Canada, the stigma against the elderly population, and the commonly misconceived clinical picture of a 'frail' senior by the medical community.

A factor contributing to the increased exploitation of long term care facilities, involving overcrowding, and poor infection control stems from Canada's history in governance, wherein long term care homes and personal nursing were excluded from the Canada Health Act, which required all provinces to ensure healthcare coverage for medically necessary hospital and physician services.<sup>2</sup> Due to this, lack of proper funding and regulation for long term care facilities has inadvertently resulted in: (1) an employment model wherein personal support workers

were overseeing multiple residents, such as up to 40 residents at a time, (2) lack of pandemic preparation, with multiple residents sharing bedrooms and lacking facilities for physical distancing and (3) low pay grades for personal support workers, who then travel between long term care homes to take on multiple jobs and increase the spread of COVID-19.<sup>3,4,5,6</sup>

A second impact of COVID-19 on the elderly population is in the increased appearance of stigma towards such a population. The increased need for protection of vulnerable populations such as the elderly during the pandemic has been met with negative regard in their treatment. For instance, an evaluation of the perception on social media of older adults during COVID-19 revealed that individuals had implied that the life of older adults were 'less valuable', conveying ageist remarks.<sup>7</sup> In today's society, it can be common to shift blame onto older adults, as they are often seen as the 'reason' for heavy public safety restrictions in cities, and thus an antagonizing figure and an obstacle for normal living.<sup>7</sup>

While COVID-19 has ultimately highlighted the gap in care for the elderly, ageism in society has been a pre-

existing notion explored in literature before the pandemic. For instance, previous literature has displayed a link between the reverse golden section hypothesis and aging populations, which demonstrate that certain elderly identities evoke negative connotations in a ratio of 2:1 negative to positive.<sup>8</sup> This connotation can extend to the medical community, where there is a common picture of a ‘frail’ and ‘unfit’ older individual when seeing geriatric or ageing patients.

Elderly patients can be stereotyped as sickly, incompetent, senile, lonely and asexual.<sup>9</sup> Especially since medical professionals in acute settings may be seeing a skewed image of older patients with complex health issues, the medical community is particularly prone to issues associated with ageism.<sup>10</sup> For instance, sexual needs and mental health of the older population is often neglected.<sup>11</sup> Younger populations do not view the older population as an ‘in-group’, and instead, view them as a group far removed -- one who does not participate in sexual activities or whose problems are unrelated to their own. Physicians may also provide fewer medical treatments to older adults than to younger population, or physicians may falsely attribute certain medical conditions to the natural course ageing.<sup>12</sup> Lastly, although older adults are the largest group for the targets of drugs and medications, they are consistently excluded from clinical trials as deemed ‘unfit’.<sup>13</sup>

Because the concept of ageism in medicine is prevalent and often goes unnoticed, ageism is also often internalized by older adults. A study examining ageism in the medical context noted that older adults “tend to accept many of the negative stereotypes about old age associated with their age group given to them by the younger population. For example, some older patients suggested that it might be their own fault for ageist behaviour from their physicians due to self-attribution of negative ageist stereotypes.<sup>10</sup> Since this issue can take on a subtle appearance, doctors may not realize when they take on detrimental stereotypes of the older population. They may prompt older adults to feel helpless and less independent by addressing family members instead of themselves directly, even if it is done unintentionally. According to Dr. Tricia Woo, a geriatrician and associate professor at McMaster University, ageism is a reflection of society: “if you look at fashion magazines, it’s always a celebration of youth, not a celebration of getting older gracefully”.<sup>11</sup>

It is especially important to teach concepts of ageism in medical training, when the primary population group of Canada is ageing. It has been shown that participation in geriatric programs in instruction and electives with the older population has improved perceptions of the older population.<sup>11</sup> Furthermore, medical humanities education programs such as collaborative storytelling mediums with dementia patients in pre-clerkship curriculum in the United States has been used to develop a deeper understanding of the colourful complexities and rich experiences of the geriatrics population beyond the ‘frail’ clinical picture taught in class.<sup>12</sup> Through firsthand exploration of geriatrics in undergraduate medical education, the Canadian medical system can improve its road to providing better care to our primary population -- and one that is too often overlooked.

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