

Piotr Michalak
Andrzej Zarzecki
Joanna Zarzecka

AGEISM: A PROBLEM OF THE TWENTY FIRST CENTURY

Introduction

People all over the world live longer. Nowadays, most people can expect to live to the age of over 60. A longer life brings opportunities, not only for the elderly and their families, but also for societies as a whole. Additional years of live give opportunities to continue their activities, such as further education, new career or pursuing a long neglected passion. Older people also contribute in many ways to the development of their families and communities. However, the extent of these possibilities depends on their health. The aim of the presented paper is to analyse the literature on discriminatory behaviour due to age, or so-called ageism, with particular emphasis on behaviour within the area of healthcare, including dental care. The term of ageism has been known since 1969. However, it should be noted, that in an ageing population and the accompanying risks associated

PIOTR MICHALAK MA, Department of Conservative Dentistry with Endodontics, Institute of Stomatology, Faculty of Medicine, Medical College, Jagiellonian University; correspondence address: ul. Montelupich 4, 31-155 Kraków, Poland; e-mail: piotrek.michalak@uj.edu.pl; <https://orcid.org/0000-0002-7165-2220>

ANDRZEJ ZARZECKI MA, Krakow Bar Association; correspondence address: Dembowskiego 10, 30-540 Kraków Poland; e-mail: andrzejzarzecki@op.pl; <https://orcid.org/0000-0002-9439-0457>

PROF. DR. HABIL. JOANNA ZARZECKA, Department of Conservative Dentistry with Endodontics, Institute of Stomatology, Faculty of Medicine, Medical College, Jagiellonian University; correspondence address: ul. Montelupich 4, 31-155 Kraków, Poland; e-mail: j.zarzecka@uj.edu.pl; <https://orcid.org/0000-0003-0268-9713>

with the Covid-19 infection the public's knowledge and sensitivity to this type of behaviour is insufficient. It is often assumed that older people are weak, dependent and a burden for their society. Public health and society as a whole must take on these and other ageist attitudes that can lead to discrimination, influence policy and the opportunities in which older people can experience healthy ageing.

1. Characteristics of the elderly population

The ageing of society refers to the increased share of elderly people within the total population. This phenomenon is a global process which has been observed for many years and is currently gaining strength. It has been predicted that, during the period 2015-2050, the percentage of individuals aged 60 and over will nearly double, growing from 12 to 22%. This means that the number of people in this age group will increase from 900 million to 2 billion.¹ Demographic changes are occurring in all European countries, but are less intense in Western and Northern than in Central and Eastern Europe, including Poland.²

The quality of ageing is an important parameter within this process. The optimal trajectory is that of healthy ageing. Sweden and Malta are characterised by the longest healthy life expectancy. In Sweden, the life expectancy of a healthy male is almost 14 years longer compared to the European leader (Malta); for women, the difference is smaller, somewhat less than 10 years.³ In Poland, despite forecasts of average life expectancies in 2030 of 84.0 years for women and 77.3 for men, these values, as well as those for healthy life expectancy, fall below the European average.

Maintaining good health at advanced ages makes it possible for elderly people to participate in the functioning of societies, and contributes as well to the production and maintenance of equivalent types of networks, e.g. family, neighbourhood, peer, and intergenerational. Surveys measuring

¹ World Health Organization [hereinafter: WHO], *Ageing and health*, 2018.

² Główny Urząd Statystyczny [hereinafter: GUS], *Miasta w liczbach 2016*, <https://stat.gov.pl/obszary-tematyczne/inne-opracowania/miasta-województwa/miasta-w-liczbach-2016,3,8.html> [accessed: 17.11.2021].

³ GUS, *Trwanie życia w zdrowiu w Polsce w latach 2009-2019*, <http://stat.gov.pl/> [accessed: 17.11.2021].

self-assessment of the health of Poles over 65 indicate that only 1% of respondents assess their health as being very good, and only 29% are satisfied with it.⁴

The progressive ageing of the population leads to increases in the incidence of chronic diseases and disability. According to the European Health Interview Survey, the incidence of disability increases sharply after the age of 50. This causes an increase in the demand for medical services, resulting in an increase in expenditures aimed at satisfying the health needs of patients, as well as influencing lifestyle changes and the reduction of social ties in individuals with disabilities.⁵

The European countries, including Poland, are attempting to keep up with demographic changes through creating a policy for seniors and through financing projects aimed at the oldest segment of society, including Regulation No. 282/2014 of the European Parliament and of the EU Council, the WHO Global Strategy and Action Plan on Ageing and Health, and the Senior Plus and Active Plus programmes of the Polish government.

In planning public health programmes in response to worsening demographic problems, actions that affect health, motivate seniors, and protect them from being excluded should be considered. One factor with a significant impact on the potential for proper implementation of these projects is appropriate preparation of the environment of the elderly, including the elimination of ageism.⁶

2. Methodology

With the aim of assessing the degree of ageism in medical care, placing particular emphasis on the COVID-19 pandemic, a review was conducted of the English and Polish subject literature, based on the internet search engines Pubmed and Scopus, as well as internet material from WHO. Statistical data on the ageing of society was analysed based on the most recent publications of the Central Statistical Office; the number of cases

⁴ GUS, *Jakość Życia Osób Starszych w Polsce – Na Podstawie Wyników Badania Spójności Społecznej 2015*, <http://stat.gov.pl/> [accessed: 17.11.2021].

⁵ GUS, *Trwanie życia w zdrowiu w Polsce w latach 2009-2019*.

⁶ WHO, *Ageing and health*.

and fatalities due to COVID-19 was based on data obtained from worldometers.com. The following combinations of keywords were used: ageism, age discrimination, geriatric dentistry, dental, student, COVID-19. Articles published up to 15 January 2021 were subjected to analysis. The review was based on the 27 most valuable publications meeting the criteria for the corresponding types of publication.

3. Ageism

Ageism is prejudice or discrimination against people due to their age. Defined by Robert Butler in 1969 [Achenbaum 2014, 6-12], this phenomenon is based on three criteria: 1) negative attitudes towards the elderly, old age, and the ageing process; 2) discrimination against or unfair treatment of the elderly; 3) implementation of policies and practices that strengthen negative stereotypes towards the elderly.

Ageism has been observed on every continent, irrespective of gender, race, and ethnicity. However, differences have been noted in the frequency and intensity of stigmatising behaviours, depending on cultural determinants. Among less developed countries such as Nepal, positive examples of relationships with elderly people can be found, whereas in China, because of the support that children are expected to give their parents, the attitude towards elders is less positive [Lyons, Alba, Heywood, et al. 2018, 1456-464].

Stereotype embodiment theory (SET) explains how distinct but interrelated components of ageism can influence health. According to SET, ageism has a negative impact on the health of the elderly in psychological, behavioural, and physiological terms [Levy 2009, 332-36]. The negative relationship between ageism and health appears to be more consistent than the influence of racism. Elderly people living in less developed and less well-educated countries are particularly vulnerable to the negative health effects of ageism.

Ageism can thus be an important factor influencing the health and well-being of elderly people, which should be considered in the design of strategies aimed at supporting healthier and happier ageing [Lyons, Alba, Heywood, et al. 2018, 1456-464].

4. Legal aspects of ageism

Article 32 of the Constitution establishes that all are equal before the law, unequivocally indicating that no one can be discriminated against on any grounds whatsoever. The authors of the act also provided special safeguards in Articles 67 and 68 of the Constitution. The former establishes the right to social security during periods of incapacity for work due to illness or disability as well as upon attainment of retirement age. Importantly for the elderly, Article 68 of the Constitution also provides special healthcare for elderly individuals.⁷

The basic law was passed over twenty years ago; as well, many acts and legal acts have been created to ensure and extend protection of the elderly in Poland.

As foreseen by the Central Statistical Office, the number of people aged 60 and over will increase to over 40% (i.e. 13.7 million) by 2050. Therefore, legal solutions must be introduced as soon as possible. This was expressed by legislators in a document entitled “Social policy towards the elderly, 2030: Security, Participation, Solidarity,” adopted by the Council of Ministers on 26 October 2018. This document provides for the implementation of a number of measures for the elderly, including, for the first time, dependent elderly people.⁸

It is worth mentioning that it is not only national legislation that provides for the protection of the elderly. The United Nations has begun work on the preparation of a Convention on the Rights of Older Persons, a legal act aimed at protection of their rights and encompassing the fight against discrimination.⁹

To summarise, the growing number of elderly people is a phenomenon with which we had no need to deal in the past. For us, this phenomenon

⁷ Constitution of the Republic of Poland of 2 April 1997, Journal of Laws No. 78, item 483 as amended.

⁸ As elaborated by the Central Statistical Office, based on the results of current population balances and research in the field of natural movement and migration, as well as data on this topic for other countries (Eurostat database).

⁹ Open-ended Working Group on Ageing, OEWGA.

demarcates new areas for improvement, *inter alia* pension systems, health-care, and care services, including legal rights.

5. Ageism in medical care

Ageism, cited as one of the major challenges faced by elderly people in accessing health care, is unconscious yet widespread among health care providers and institutions, exerting a negative impact on the quality of care for the elderly through, *inter alia*, influencing the selection of benefits and the manner of presenting this selection to an elderly person as well as the implementation of treatment [Schroyen, Adam, Marquet, et al. 2018].

A survey of the Polish population showed that 26% of participants aged 65 and over considered their peers to be the victims of discrimination, whereas 8% had personally witnessed discrimination.¹⁰ In the vast majority of cases, age was a factor influencing qualification for and selection of treatment method [Chang, Kanno, Levy, et al. 2020]. One example is an analysis of the medical history of patients waiting for breast cancer surgery. Retrospective studies found that, compared to younger women, elderly women were much more likely to be refused treatment by experienced physicians [Madan, Aliabadi-Wahle, and Beech 2001a, 29-32; Madan, Cooper, Gratzner, et al. 2006, 37-38, 41; Madan, Aliabadi-Wahle, and Beech 2001b; 282-84]. Elderly people were also excluded from research in the fields of cardiology, internal medicine, nephrology, neurology, prophylaxis, psychiatry, rheumatology, oncology (including breast cancer), and urology¹¹ [Chang, Kanno, Levy, et al. 2020].

As a result of this approach, 95% of studies devoted to ageism in health-care also report secondary negative relationships between the health of senior patients and ageism. This phenomenon has been described among seniors in Australia, China, Germany, and the United States.

Elderly people resisting negative age stereotypes experienced suicidal thoughts, anxiety, and post-traumatic stress disorder (PTSD) to a lesser extent [ibid.]. On the other hand, the pressure of ageism can cause, as well as influence the severity of, depression [ibid.; Brooke and Jackson 2020].

¹⁰ GUS, *Jakość Życia Osób Starszych w Polsce*.

¹¹ Ibid.

A relationship has also been observed between the physical fitness of patients and ageism. Seniors subscribing to negative age stereotypes have lesser chances for recovery following serious injury or long-term hospitalisation than those with a positive attitude towards their age. It is also disturbing that patients who are victims of ageism are characterised by lesser awareness and willingness to participate in preventive examinations, including those specifically targeted at their age group [Chang, Kannoht, Levy, et al. 2020].

Prejudice and discrimination against older people on the part of service providers may therefore have an impact on the life expectancy of patients. Ageism among healthcare providers may be either systemic in nature or the result of the individual characteristics of workers [ibid.; Samra, Cox, Lee, et al. 2017, 911-19; Richter and Buck 1990, 388-91; Visschere, Van Der Putten, De Baat, et al. 2009, 154-56].

It has been emphasised that aversion to the elderly and discrimination against them in medical institutions is observed more frequently in situations involving time pressure and shortage of medical personnel. Skill mix in the competences of medical and paramedical workers results in work overloads and increases the likelihood of ageism [Chang, Kannoht, Levy, et al. 2020].

Research on the dependence between the gender of the service provider and ageism shows that women have a more positive attitude towards elderly people than men. However, no relationship with national origin, race, or age has been observed [Samra, Cox, Lee, et al. 2017, 911-19; Visschere, Van Der Putten, De Baat, et al. 2009, 154-56].

No variables related to stage of education or career, prior education, or clinical experience in medicine appear to be related to the attitudes of students and physicians towards seniors [Samra, Cox, Lee, et al. 2017, 911-19]. It has been noted, however, that the attitudes of doctors are closely related to the attitudes of the lecturers with whom they come into contact during their training [Richter and Buck 1990, 388-91].

It has been indicated that one element with a potential significant impact on attitudes of healthcare workers towards the elderly is the factor motivating these workers to take up this type of profession. An individual directed solely by the need for self-fulfilment through acquisition of social

status or by financial considerations is much more inclined to exhibit discriminatory behaviour against the elderly than one motivated by the desire to help patients [Samra, Cox, Lee, et al. 2017, 911-19].

Research conducted in Turkey and Iran indicates that previous or present life experience with an elderly person and cultural factors have little influence on the incidence of ageism [Visschere, Van Der Putten, De Baat, et al. 2009, 154-56].

6. Ageism in dentistry

Elderly people retain their natural teeth with ever-greater frequency; thus, there is a growing demand for trained doctors providing comprehensive care for elderly patients. It has been shown that in order to ensure an effective system for the provision of dental services to the elderly, it is essential to possess adequate knowledge of the ageing process and of pathology in seniors and a positive attitude to therapy for elderly people [Akifusa, Hsiuâ-Yueh, Maoâ-Suan, et al. 2020, 301-309].

However, there is evidence that ageism is ubiquitous among dental students and that merely acquiring knowledge concerning the ageing process will not change their attitudes towards elderly patients [ibid.; Rucker, Barlow, Hartshorn, et al. 2019, 28-33; Moreira, Rocha, Popoff, et al. 2012, 624-31]. For example, one of the main problems of senior patients with regard to access to dental services is progressive dementia. It has been indicated that dementia and cognitive impairment are risk factors for poor oral health, and that the staffs of hospitals and nursing homes do not devote adequate efforts to the maintenance of proper oral hygiene in the elderly [Daly, Thompsell, Sharpling 2018, 846-53; Zenthöfer, Schröder, Cabrera, et al. 2014, 27-31; Bedi 2015, 128-30]. In addition, the number of people with dementia worldwide is projected to increase from 47 million in 2015 to 131 million in 2050. Despite this knowledge, dental students demonstrate a low level of motivation to work with patients suffering from dementia. Research in Taiwan shows that 45% of students are unwilling to work with dementia patients, compared to 30.8% of Japanese students [Akifusa, Hsiuâ-Yueh, Maoâ-Suan, et al. 2020, 301-309].

7. Ageism during the COVID-19 pandemic

The COVID-19 epidemic, a consequence of infection with SARS-CoV-2, began in November 2019 in the Chinese city of Wuhan. Several months later, on 11 March 2020, WHO declared a state of pandemic. By 20 January 2021, the number of confirmed cases had reached 96,722,774, and the number of deaths reported by the portal worldometers.info had reached 2,068,154 globally.

During the present pandemic, we are faced not only with multiple manifestations of discrimination and stigmatisation due to age, but also with their exacerbation. The elderly are regarded as a burden on the system. The current crisis has highlighted a disturbing approach to the subject of global demographic change, one which questions the value of the lives of elderly people and disregards their valuable contribution to the functioning of societies.

During the early stages of the pandemic, deaths among young people caused a stir and were discussed by many media sources, whereas the deaths of thousands of elderly people were merely counted, given in aggregate, and justified in terms of their having been burdened with co-morbidities, thus indicating a lack of appropriate interest in the lives of the elder portion of society [Fraser, Lagacé, Bongué, et al. 2020, 692-95].

#BoomerRemover and other slogans incorporating jokes about the elderly, suggesting that their lives were less important, also gained popularity in the media [Jimenez-Sotomayor, Gomez-Moreno, and Soto-Perez-de-Celis 2020, 1661-665; Lytle, Apriceno, Macdonald, et al. 2020]. In addition to propagating the error that COVID-19 was primarily a problem for the elderly, many countries decided to impose restrictions mandating seniors to stay at home during the pandemic. These restrictions exacerbated the long-standing problem of isolation and loneliness that existed before the pandemic. Loneliness, to which the elderly are particularly exposed, is a risk factor for everyone's health and well-being, increasing the risk of anxiety, depression, cognitive impairment, heart disease, and mortality in the elderly. The lack during the pandemic of funds to support interest clubs, retirement homes, and universities of the third age (U3A), as well as the existence of the digital divide, reinforce feelings of isolation and loneliness, leading to boredom, inactivity, depression, and feelings

of being a worthless encumbrance on society [Brooke and Jackson 2020, 2044-2046].

Disturbing reports have appeared of elderly people being abandoned in nursing homes. Another notable and widely discussed problem is the large number of deaths in these units [ibid.; Gordon, Goodman, Achterberg, et al. 2020, 701-705]. Internationally, between 19 and 72% of all COVID-19 deaths have been reported in nursing homes [Gordon, Goodman, Achterberg, et al. 2020, 701-705]. It is likely that the underfunding of care centres for seniors is the cause of a large number of deaths and the lack of a sufficiently prompt response. The lack of preparation for the crisis in nursing homes, as well as the policies of certain countries, can be regarded as examples of ageism, suggesting to the public that SARS-CoV-2 is a problem of the elderly.

In periods involving a large number of cases and hospitalisations, elective surgeries have been limited, and elderly people have also been frequently deprived of life-saving or – sustaining treatments. This is evidenced by the protocols for ventilator therapy adopted in many countries. In the United States, even before the pandemic, a document was adopted according to which age could be considered decisive in deciding whether or not to provide assistance in specific circumstances [Fraser, Lagacé, Bongué, et al. 2020, 692-95].

It is impossible to disagree with the thesis put forward by WHO that “a society is measured by how it cares for its elderly citizens.”¹² The response to this consisted, and still consists, of information campaigns by international and national organisations, including the International Federation on Aging and the Ministry of Family and Social Policy, aimed at providing information to elderly patients and their caregivers concerning ways to combat ageism [Jimenez-Sotomayor, Gomez-Moreno, and Soto-Perez-de-Celis 2020, 1661-665].

Despite clear signs of ageism, there are also positive indications of intergenerational solidarity during the pandemic, including examples of young people supporting elderly people in their isolation. The Solidarity

¹² WHO, *A Society Is Measured by How It Cares for Its Elderly Citizens*, <https://www.who.int/news-room/feature-stories/detail/a-society-is-measured-by-how-it-cares-for-its-elderly-citizens> [accessed: 16.01.2021].

Assistance Corps for Seniors helps seniors with simple everyday activities, such as shopping, walking dogs, etc.

Another support programme has appeared in recent months in the form of SARS-CoV-2 vaccinations for people 70+ and 80+ years of age. However, special attention should be paid to providing companionship and conversation, and to counteracting the digital divide. Nowadays, many entertainment initiatives, such as musical concerts and films, are being delivered online. Moreover, the Internet is now sometimes the only way to maintain social contact and achieve occupational fulfilment. It should be noted, however, that the willingness to help seniors is inextricably linked with the stigmatisation of this group, with ageism-related attitudes perceiving the elderly as incompetent and incapable of coping with the problems faced by the COVID-19 pandemic on their own [Lytle, Apriceno, Macdonald, et al. 2020].

Conclusions

In connection with the rapid ageing of society, the world is faced with related problems in the areas of healthcare, social policy, and economy. It has been deemed appropriate to focus during the coming years on sensitising professionals in the fields of healthcare and other branches of the economy to the need for proper co-operation with seniors.

As a result of analysis of the relevant literature, it should be noted that a negligible amount of research on ageism has been performed outside the USA. Research related to this subject in the field of dentistry is most often limited to the study of students' attitudes. The lack of sufficient research involving practising dentists may result in inappropriate attitudes towards working with elderly patients. Exclusive and discriminatory behaviours with respect to patients lead to the deterioration of their oral health. This may result in the emergence or intensification of related diseases. The current COVID-19 pandemic has highlighted abnormal behaviours associated with ageism.

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Ageism: A Problem of the Twenty First Century

Abstract

The ageing of society is a global process which is gaining strength. The quality of ageing is an essential parameter of this process. It has been predicted that the percentage of elderly individuals will double during the period 2015-2050. The aim of the present paper was to analyse the literature on discriminatory behaviour due to age, or so-called ageism, with particular emphasis on behaviour within the area of healthcare, including that of dentists. Ageism may constitute an important factor in the health and well-being of elderly people, one which should be considered in the design of strategies to support healthier and happier ageing. A survey of the Polish population showed that 26% of participants aged 65 and over considered that their peers are being discriminated against, whereas 8% had personally witnessed discrimination. It has been emphasised that aversion to the elderly and discrimination against them in medical facilities is observed more frequently in situations involving time pressure and shortage of medical personnel. More and more frequently, elderly people retain their natural teeth; accordingly, there is a growing demand for trained dentists to provide comprehensive care for elderly patients. Nevertheless, it has been indicated that mere improvement of levels of knowledge about the ageing process does not change attitudes towards elderly patients. Following analysis of the relevant literature, it should be noted that the volume of research on ageism conducted outside the US is negligible. Research related to this subject in the field of dentistry is most often limited to students' attitudes. The current COVID-19 pandemic has highlighted inappropriate behaviours characterised by ageism.

Keywords: ageism, discrimination, medicine, dentistry, COVID-19

Ageizm: problem XXI wieku

Abstrakt

Starzenie się społeczeństwa jest procesem globalnym i przybierającym na sile, a jakość starzenia się jest istotnym parametrem tego procesu. Prognozuje się, że w latach 2015-2050 dojdzie do podwojenia odsetka ludzi w wieku starszym. Celem pracy była analiza piśmiennictwa dotycząca zachowań dyskryminacyjnych ze względu na wiek tzw. ageizm, ze szczególnym uwzględnieniem zachowań w obrębie ochrony zdrowia, w tym również lekarzy dentyistów. Ageizm może być ważnym czynnikiem wpływającym na zdrowie i samopoczucie osób starszych, co powinno być brane pod uwagę przy opracowywaniu strategii wspierania zdrowszego i szczęśliwszego starzenia się. W badaniu ankietowym populacji Polskiej wykazano, że 26% uczestników powyżej 65. roku życia uważa grupę swoich rówieśników

za dyskryminowaną, a 8% było świadkami dyskryminacji. Podkreśla się, że niechęć do ludzi starszych i ich dyskryminacja w placówkach medycznych jest częściej obserwowana w sytuacjach presji czasowej i niedoboru personelu medycznego. Starsi ludzie coraz częściej zachowują naturalne uzębienie, w związku z tym rośnie zapotrzebowanie na przeszkolonych lekarzy zajmujących się kompleksową opieką nad pacjentami w starszym wieku. Pomimo to wskazuje się, że sama poprawa wiedzy na temat procesu starzenia nie zmienia postawy wobec pacjentów seniorów. Po analizie piśmiennictwa należy zauważyć znikomą ilość badań poświęconych tematyce ageizmu prowadzonych poza USA. Badania prowadzone w dziedzinie stomatologii odnoszące się do tej tematyki najczęściej ograniczane są do badania postaw studentów. Obecny czas pandemii COVID-19 uwypuklił nieprawidłowe zachowania obarczone ageizmem.

Słowa kluczowe: ageizm, dyskryminacja, medycyna, stomatologia, COVID-19

Informacje o Autorze: MGR PIOTR MICHALAK, Katedra Stomatologii Zachowawczej z Endodoncją, Instytut Stomatologii, Wydział Lekarski, Collegium Medicum, Uniwersytet Jagielloński; adres do korespondencji: ul. Montelupich 4, 31-155 Kraków, Polska; e-mail: piotrek.michalak@uj.edu.pl; <https://orcid.org/0000-0002-7165-2220>

Informacje o Autorze: MGR ANDRZEJ ZARZECKI, Okręgowa Izba Radców Prawnych w Krakowie; adres do korespondencji: ul. Dembowskiego 10, 30-540 Kraków, Polska; e-mail: andrzejzarzecki@op.pl; <https://orcid.org/0000-0002-9439-0457>

Informacje o Autorze: PROF. DR HAB. JOANNA ZARZECKA, Katedra Stomatologii Zachowawczej z Endodoncją, Instytut Stomatologii, Wydział Lekarski, Collegium Medicum, Uniwersytet Jagielloński; adres do korespondencji: ul. Montelupich 4, 31-155 Kraków, Polska; e-mail: j.zarzecka@uj.edu.pl; <https://orcid.org/0000-0003-0268-9713>