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Issues on Aging
Information and ideas for those serving seniors.
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Elderly get less medical care

Recent studies have documented the perception that older adults receive less medical care than younger people. A report published in the September 1996 issue of the Journal of the American Geriatrics Society found that in a controlled study at five Boston hospitals, people older than 80 received about $7000 less in care than did patients younger than 50. This was true even when correcting for the severity of illness and considering when older patients did not want aggressive care.

There appear to be multiple reasons for this de facto rationing. Ageism—defined as discrimination against elderly people because of their age—may be a factor. Our culture places little value on people viewed as "unproductive," and most elderly people fall into this category. Health care providers may subconsciously subscribe to the perception that valid reasons do not exist for providing the same level of treatment to older adults as younger people receive.

Another reason for less care being provided to the elderly is the medical profession's lack of knowledge about aging. Schools of medicine and nursing have only recently added courses on gerontology and the special needs of older adults. Many of these special needs include supportive services to assist with Activities of Daily Living, and most physicians are not trained to address these issues. Also, the majority of health care providers are between 25 and 60 years old, and they sometimes have little personal interest in caring for the frail elderly. Studies have shown that as many as 75% of people over 65 become confused while hospitalized, and this may result in an intentional or unintentional withholding of care.

Economic factors may also influence the amount of care provided to seniors. With the Medicare trust fund facing insolvency in the not-so-distant future, the need to allocate resources through some type of rationing is a real possibility. The commonly held view that excessive resources are devoted to the old and terminally ill may already influence the level of care provided to older adults. This recent Boston study is only one of several which challenges these perceptions. Further study will be needed to determine whether older people are consuming more than their fair share of financial resources, or whether they actually receive less care than they need.

"Managed care" has created a new impetus for rationing health care services. Medicare recipients have recently been able to enroll in HMO-type health care plans in which the HMO receives a fixed amount of money from Medicare for each enrollee, and then must manage this money to provide all required care. The concept of the provider being at risk is not new, but having frail elderly receive care through these risk plans has been underway for only five years. A recent study showed that seniors and poor people fared worse in these managed care plans than did younger and more affluent individuals. As more seniors—particularly those in ill health—enroll in these plans due to aggressive marketing, lower out-of-pocket costs, fewer employer-sponsored retiree Medicare supplementation plans, and no paperwork, the likelihood of an increase in the deliberate withholding of care to maximize profits can be expected.

The most effective method to ensure that seniors receive an appropriate level of health care services is for them to have a knowledgeable advocate working on their behalf. This advocate can be a son, daughter, friend, relative or professional care advocate. It is essential that the advocate be able to speak the same language as the medical providers, and have access to the latest literature on appropriateness of care regarding the senior's condition. The advocate should plan to accompany the senior to his or her medical appointments, obtain copies of diagnostic tests, discuss the diagnoses and treatment plan with the doctor, and assist the senior in complying with the recommended treatment. In addition, the advocate should observe the senior for response to the treatment and any adverse effects, and assist the senior in reporting this information to the doctor. When the response to treatment is less effective than expected, the advocate may arrange for a second—or even third—medical opinion for the senior.