# Ageism in Chemotherapy

L Dockter, S Keene

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**Abstract**

Ageism is a problem facing elderly individuals. Often adults who develop cancer later in life are not given the same treatment options, such as chemotherapy, as younger cancer patients. Many studies have been conducted in order to prove or disprove this theory of age discrimination in elderly cancer patients. Some believe the reason for the difference in treatment options is because the doctors are genuinely concerned for the well being of their patients; however others believe age discrimination is the cause.

## INTRODUCTION

Ageism is defined as “any attitude, action, or institutional structure, which subordinates a person or group because of age or any assignment of roles in society purely on the basis of age” (Traxler, 1980, p. 4). Is age discrimination a problem facing older individuals fighting cancer? According to recent studies, the answer is yes. “Almost 50 percent of breast cancer cases involve women 65 and older, yet according to a recent study in the Journal of the American Medical Association (JAMA), only 8 percent of those patients receive chemotherapy” (Gotthardt, 13).

Age discrimination has caused senior citizens to be denied the option to receive chemotherapy, even though this form of treatment has so many positive outcomes. Chemotherapy is defined as “as drug treatment which is used to try and kill cancer cells or stop them spreading” (Cancer Care, 2002). Statistics show that elderly women are the core group diagnosed with breast cancer, however, it is less likely for them to receive treatment options, such as surgery or chemotherapy.

A 2003 study conducted by the University of Pennsylvania “found that breast cancer patients in their 50s were almost four times more likely to be offered chemotherapy than patients in their 70s” (Gotthardt, 13). According to Dr. Olavo Feher of Sao Paulo, Brazil, “Several clinical trials have shown that older women are less likely to receive post-operative radiation and systemic adjuvant therapy as compared to younger women” (Cancer Care, 2002).

A study performed by Dr. Feher and some of his colleagues tested the effects of two different chemotherapy drugs, epirubicin and gemcitabine. The test was conducted on a group of women aged 60 and older. These drugs both demonstrated positive effects of younger patients; however, would this study confirm the same results for elderly patients suffering from cancer? The older women reacted positively to both drug treatments. The outcome of Dr. Feher’s study “demonstrate [a] the effectiveness and safety of chemotherapy in elderly women with metastatic breast cancer” (Cancer Care, 2002).

## PROBLEM STATEMENT

Are choices in cancer therapy on older women decided by compassion or patient freedom of choice?

## REVIEW OF THE LITERATURE

American Physician, Robert N. Butler, described ageism as, “a deep and profound prejudice against the elderly which is found to some degree in all of us. Ageism allows the younger generations to see older people as different from themselves; thus they subtly cease to identify with their elders as human beings” (Rhind, Macphee, 2006).

Are elderly individuals who are diagnosed with cancer experiencing age discrimination, or are doctors concerned for their health? “It is sometimes suggested that old people will not be able to gain as much benefit from treatment as young people because they may be physically, and mentally, unable to deal with the problems of old age. In many cases, however, elderly people's response to treatment is as good as young people's” (Rivlin, 1995).

"Callahan dealt with ageism in depth. He suggested that expensive and high tech treatment should be denied to elderly people and the money saved could be used instead on better care, which would result in old people having a more meaningful life…An opposite view is given by Levensky, who writes, "Contrary to conventional wisdom, the savings will be small if we eliminate intensive, high-technology care for the aged. . . . For substantial savings we must withhold routine medical care from the elderly" (Rivlin, 1995). "Almost 50 percent of breast cancer cases involve women 65 and older, yet according to a recent study in the Journal of the American Medical Association (JAMA), only 8 percent of those patients receive chemotherapy" (Gotthardt, 13).

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"Many disease prevention techniques that are routine for children and many older adults are just not a regular part of practice when it comes to older patients," concludes a recent report from the Alliance on Aging Research, a nonprofit organization in Washington" (Pope, 2003).

"Physicians, out of ignorance or unconscious bias, may discount or misattribute certain problems to natural aging rather than disease," says Ron Adelman, M.D., who is the director of Cornell University's Center for Aging Research and Clinical Care.

"When physicians believe that depression, confusion and urinary incontinence are all part of normal aging," Adelman (2003) says, "they're not going to investigate it, they're not going to diagnose it, and they're not going to intervene" (Pope, 2003).

"A study published in April 2000 in the Journal of the National Cancer Institute found that older women with breast cancer tended to receive hormone treatments only, whereas younger patients also received chemotherapy, radiation, or surgery. This was partly because the type of breast tumors in older women responded well to hormone treatments like tamoxifen. The study also found that, although the tumors were large, they were less aggressive and less likely to cause death in the older women" (Oliveira, 2004).

According to an article from the Goliath website, "Elderly cancer patients regularly face negligence, and when the plaintiff is elderly, another bias enters: ageism. Ageism is directly responsible for incomplete examinations, delayed diagnoses, and undertreatment of these patients" (Faiella; Gulden, 2007).

"When a person reaches the age of sixty, health services are sometimes based on the age of a person. For example, some health professionals decide not to run certain tests or prescribe certain drugs and treatments because they do not feel that the tests will be beneficial, or that the medication or treatment will work for the patient. Another reason health professionals are reluctant to provide in-depth care for the elderly because they do not want to save the person if the proceedings with the assumption that it would be too cumbersome or too difficult for the patient. If asked, the elderly want to go through the tests and procedures in order to take care of their health, but many health care providers do not ask what patients are their wishes" (McMann, 2007).

Executive director, Daniel Perry, of the Alliance for Aging Research, a nonprofit organization which advocates improving health of aging Americans said, "There is a persistent bias . . . that works against the best interests of older Americans" (Dembner, 2005).

While most studies conducted point towards elderly women being discriminated against, women are not the only ones facing this problem. "The problem is not limited to women. About half of all seniors with advanced colon cancer don't get chemotherapy after surgery to remove the tumor, although older patients who get the treatment live longer, according to researchers at Columbia University" (Dembner, 2005).

"Many older patients also don't get screening and treatments to prevent disease. The federal Centers for Disease Control and Prevention reported in 2004 that six in 10 older adults hadn't gotten all recommended preventive services, including screening for common cancers and vaccines for flu and pneumonia. Seniors don't regularly get bone density tests either, although the tests can help assess risk for osteoporosis and fractures" (Dembner, 2005).

"Is there ageism in cancer care? 'Definitely,' says Deborah Boyle, RN, MSN, AOCN, FAAN, the advanced practice nurse liaison at the University of Texas MD Anderson

Cancer Center. 'We often assume that one's chronological age mimics his or her physiological age…We know now that chronological and physiological age are not always the same. The elderly are a very mixed group who should be looked at individually to decide if they could tolerate an intense cancer treatment" (Oliveria, 2004).

"In the world of medicine, older people are routinely treated differently than younger people. Older patients tend to receive less aggressive medical treatment than younger patients with the same symptoms. A 1996 study, for example, found that older women are less likely to receive radiation and chemotherapy after breast cancer surgery, even though they are more likely than younger women to die from the disease. In 1997 the U.S. General Accounting Office reported to Congress that most of the Medicare beneficiaries diagnosed with diabetes are not receiving the recommended blood tests, physical exams, and other screening services to monitor the disease. Although anti-clotting therapy has been shown to reduce the risk of death among heart attack patients, older patients are less likely than younger patients to receive this treatment. Patients over age seventy-five are more likely than younger patients with the same severity of illness to have do not-resuscitate orders in intensive care units" (Uhlenburg, 2002).

The above data tends to point to the fact that receiving chemotherapy tends to be ageist in selecting whom and who will not receive treatment. The point is to discover if doctors do not give chemotherapy to older patients, due to the fact they are genuinely concerned for their patients' health. Or do doctors feel it is not worth the effort?

## DISCUSSION

I feel confident in my problem statement agreeing with the information I retrieved. While I was uncertain at the exact results I would find, many studies tend to conclude and point to the fact that elderly individuals are often discriminated against when suffering with cancer, due to their age. While some believe that the lack of treatment options is because of the care and concern for the patients, others would argue that it is merely because of age discrimination. I found numerous materials, in which supported age discrimination as the cause, while I only retrieved a couple articles that would argue that information.

## CONCLUSION

In my study, I sought to determine if choices in cancer therapy on older women were decided by compassion or patient freedom of choice? By reviewing the literature, I found a lot of information that supported the idea that age discrimination was the basis of why elderly women were not given all treatment options when battling cancer.

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## Author Information

**Lindsey Dockter**
East Tennessee State University

**Shane Keene, MBA, RRT-NPS, CPFT, RPSGT**
East Tennessee State University