Australian Human Rights Commission

The age barrier: Older adults' experiences of ageism in health care

Summary Report

Australia is a nation that prides itself on fairness, dignity, and respect for all. Yet, for many older people, these values are not always reflected in their everyday experiences.

This report, *The age barrier: Older adults' experiences of ageism in health care*, is not just a research project – it is a mirror held up to Australian society, reflecting the voices of older people who have too often felt unseen, unheard, or undervalued. It is also a call to action: to listen more closely, to challenge assumptions, and to work towards systems that treat every person as an individual, not a stereotype.

As Australia's Age Discrimination Commissioner, I have heard countless stories from older adults about the subtle and not-so-subtle ways ageism affects their interactions – whether in workplaces, when accessing services, or participating in community life. These are not isolated incidents. They reflect a broader pattern of age-based assumptions embedded in our systems, institutions, and even in our own thinking.

The present report turns attention to health care – an area where older adults are among the most frequent users of services. It draws on qualitative insights from focus groups and interviews with older adults, their families, and advocates, supported by a desk review of Australian and international research. It does not seek to assign blame, but to illuminate the voices and lived experiences of older adults. It invites us to listen and reflect on how our systems can better uphold the principles of equity and respect. While recognising the pressures faced by health professionals and the complexity of delivering care in a system under strain, it reminds us that respect, empathy, and inclusion are not aspirations – they are essential to good, equitable care.

The insights in this report reveal that older adults perceive ageism across multiple levels of the healthcare system – through interactions shaped by assumptions about age, dismissal of their health concerns, exclusion from discussions about their own care, and policies and practices that create barriers to accessing services. These experiences can undermine older adults' wellbeing, autonomy, and in some cases, their willingness to engage with health services. Yet, they also offer practical insights into how health services can become more inclusive, respectful, and equitable.

Ageism is a real and often overlooked barrier to ageing with dignity, respect, and fairness. It is something that will affect all of us eventually, if we live long enough. I hope this report prompts reflection, conversation, and most importantly, action – towards a health system where age is never a barrier to being heard, respected, and receiving quality care.

Robert Fitzgerald AM
Age Discrimination Commissioner

Executive summary

Australia's population is getting older, with more than one in 6 people now aged 65 years and over. This trend is projected to continue, and by 2064–65, nearly one in 4 people will be aged 65 and over.

Despite this demographic shift, ageism remains widespread and largely unchallenged in society. Ageism is prevalent in Australian society. It is common in our workplaces, care systems, housing markets, and financial services.

Older adults continue to face negative stereotypes, such as assumptions of cognitive decline, frailty, ill health, and dependency. Exposure to ageist attitudes can also lead to individuals internalising these beliefs, affecting how older adults perceive themselves and influencing their behaviour. Ageism has serious implications for older adults' health and wellbeing. Research consistently links it to poorer physical and mental health, reduced quality of life, and even shorter lifespans.

Put simply, ageism is the enemy of positive and healthy ageing.

Older adults are among the highest users of the healthcare system and are therefore particularly affected by ageism in these settings. Existing research indicates that ageism in health services can shape clinical interactions – for example, through inappropriate language or the delegitimisation of older people's needs by health professionals – and may lead to inadequate diagnostic investigation, restricted access to treatments, and reduced overall quality of care.

This report draws on qualitative insights from older adults, their families, and advocates to highlight lived experiences of perceived ageism in healthcare settings, supported by a desk review of existing research. It also presents strategies identified by older adults and advocates to address ageism and promote more inclusive care – offering practical insights to complement empirical research in shaping age-inclusive policies and interventions.

Research into ageism in Australian health care remains limited, with insufficient evidence on its prevalence, extent, and manifestations.

Additionally, few studies have directly explored older adults' experiences and perceptions of ageism within the health system. This research contributes to the current evidence base by capturing older adults' lived experiences of perceived ageism in healthcare settings, and by providing insights grounded in real-world experience to inform more inclusive and respectful health policy and practice.

Data sources

The findings presented in this report are based on data collected through:

- Desktop research
  - Australian and international research
- Qualitative research
  - 7 x focus groups with older adults
  - 8 x individual interviews with older adults
  - 2 x focus groups with adult children who support their parents in accessing healthcare services.
  - For the purposes of this research, 'older adults' were defined as individuals aged 65 years and over. For Aboriginal and Torres Strait Islander peoples, individuals aged 60 years and over were included.
  - In total, 45 older adults and 9 adult children participated in the research.

Additionally, interviews were conducted with representatives from 8 stakeholder organisations.

KEY FINDINGS

Older adults perceive ageism across multiple levels of the healthcare system, from interpersonal interactions with health professionals to broader health system and policy contexts.

1. Age-based assumptions in healthcare interactions.

Older adults described interactions with health professionals influenced by age-based assumptions about their physical and cognitive abilities. These often led to communication that felt disrespectful or disempowering, including being spoken to in simplified or condescending language, encountering insensitive remarks about their age, having their concerns dismissed, and being excluded from discussions and decisions about their own care.

2. Perceived invisibility of older adults in healthcare settings.

Older adults reported feeling overlooked or treated as though they were absent, including being referred to in the third person or reduced to a chronological age rather than recognised as individuals. While invisibility was acknowledged as a broader societal issue for older adults, it was seen as particularly pronounced in busy healthcare environments.

3. Dismissal or attribution of health concerns to age.

A common theme among older participants was that their symptoms and health concerns were often attributed to older age, without adequate explanation. These experiences raised concerns about missed diagnoses and delayed treatment and reduced older adults' confidence in the care they received.

4. Limited participation in decisions regarding their own care.

Older adults described being left out of discussions about their own care, with health professionals often directing communication to accompanying family members. Exclusion also occurred via inadequate provision of information, undermining older people's autonomy and the ability to provide informed consent.

5. Perceptions of age influencing clinical decisions.

Older adults shared experiences in which their age was explicitly cited as a reason for being denied access to care, as well as instances where they felt age implicitly shaped clinical decisions. While treatment decisions may be influenced by factors such as treatment intent, expected outcomes, comorbidities, clinical risks, and provider or contextual considerations, inadequate communication of these reasons may reinforce perceptions of differential treatment based on age. There is growing concern that age-based responses could be used to ration or manage workload pressures in clinical and acute settings.

6. Structural barriers reinforcing perceptions of ageism.

System- and policy-level factors, such as age-based eligibility criteria for services, contributed to feelings of being devalued. Operational pressures, such as time constraints and workforce shortages, were also seen as unintentionally reinforcing age-based categorisation by health professionals.

7. Perceptions of ageism compounded by intersectional disadvantage.

Intersectional experiences of ageism revealed that participants were often unable to disentangle age-related bias from other forms of discrimination linked to their identity. These overlapping factors influenced clinical interactions and intensified feelings of exclusion.

8. Impact on wellbeing and care engagement.

Perceived ageism in healthcare settings contributed to emotional distress, a sense of disempowerment, and internalisation of negative beliefs. For some, it impacted on their willingness to engage with health services, increasing risks of discontinuity of care and potential gaps in treatment.

9. Importance of person-centred care in shaping positive experiences.

Older adults emphasised the importance of being treated with respect, having their concerns taken seriously, and being recognised as individuals rather than defined by age. Participants also called for workforce training to raise awareness of ageism and promote age-inclusive practice.

What we heard:

They treat you as a number and as an old person. They would be talking to me in monosyllabic or, you know, two-syllable words, as though that's the level of your comprehension.

—Older adults

You are, to some degree, you are sort of invisible because you're aged.

I need to be acknowledged as a person, not as an older thing that is not worth anything [that you] put in the corner and let it die.

—Older adults

[The GP] says, 'Oh you're old, put up with it.'

—Older adult

I was right there in the room, but the doctor spoke directly to my daughter about me like I wasn't even present.

—Older adult

Assumptions are being made ... [because] you're female and you're older.

—Older woman

We do have a very big problem with our health system. I think it's more the system than the people.

I understand ... they're in a rush, they're not paid enough. But it doesn't make the patient feel good. It doesn't make the patient feel as though they've been heard.

—Older adults

Just because I'm that age, why should I put up with the pain? I've been told, 'You're just going to live with that.' [But] I still have life to live. I just had the feeling that I was too old to be bothered with.

—Older adults

Because you're not only old but also, you're a migrant ... It becomes extremely complicated.

—CALD older adult

It makes you feel you're a lesser person. I feel that everything is a battle. And when you're unwell, you can't fight those battles. It becomes so difficult.

I am actually fearful that one of these days I will choose not to call an ambulance because of my dread of that whole experience.

—Older adults

It's about valuing the older person. It's seeing them as a person, and not an age – it's just a stage of their life.

—Older adult

If it was done with empathy, I think that would improve things for us right away.

—Older adult

The number one thing is education. Don't look at the person as a number. Look at them as a person who can have a viable and very productive end of life.

—Adult child caregiver

NEXT STEPS

Collaborative approaches to address ageism:

Future initiatives should prioritise collaboration with health professionals, educators, researchers and sector leaders to critically examine the systemic, cultural and operational drivers that sustain ageist attitudes and practices in health care.

This includes:

- reviewing and strengthening clinical guidelines, standards, and codes of conduct to reduce age bias in practice
- improving the representation of older adults in clinical trials
- collaborating with academic institutions and professional bodies to enhance the integration of geriatric and gerontological content within health curricula and ensuring that education and training programs adequately prepare the workforce to deliver age-inclusive care.

Additionally, co-design approaches that bring together older adults and health professionals could help identify priority areas for action and support the development of age-inclusive models of care that are grounded in lived experience.

Age-awareness training to prompt change:

Evidence suggests that brief, interactive age-awareness workshops can positively influence attitudes and promote respectful, inclusive care. Scaling such interventions across the health workforce could help challenge subtle biases and improve care quality for older adults.

Strengthening the evidence base:

The findings of this research provide a foundation for further investigation into ageism in Australian health care. Despite growing recognition of its impacts, evidence remains limited regarding the prevalence and extent of ageism in healthcare settings, including its interactions with other intersectional forms of discrimination. Future research should also explore how ageism in health care affects younger people and its cumulative effects across the life course. Expanding the evidence base in these areas will support the development of more inclusive and equitable healthcare systems for all ages.