Ageist Policies in the Workplace

Introduction:
Ageism can be defined as prejudice or discrimination on the grounds of a person’s age. Many believe that chronological age is not a reliable determinant of competency and policies that force people to retire based on age are forms of ageism. While there are age-associated cognitive changes (declines in vision/hearing; incidence of dementia being 5-10% in people age 65+), many categories of intelligence do not necessarily decline with just age including vocabulary, general knowledge, math, grammar, and understanding of cultural values. Three different fields and their age related work policies will be reviewed including aviation, the judiciary system, and healthcare (specifically Physicians).

Aviation:
The "Age 60 rule" was developed in 1959 by the FAA under which: "No person may serve as a pilot on an airplane engaged in operations under this part if that person has reached his 60th birthday". The defense was that Older Pilots posed a risk to "public safety". However there was no data to prove that aging pilots led to more accidents. In fact there were not any pilots aged 60 or older in 1959, cited medical studies were not valid to the argument presented, and the selected age of 60 was arbitrary. On Dec 13, 2017, the FAA made an amendment that a "a pilot may serve in mncicrew covered operations until attaining 65 years of age" and "a pilot who has attained 65 years of age may serve as a pilot-in-command in covered operations between the United States and another country only if there is another pilot in the flight deck crew who has not yet attained 60 years of age."

In the US alone, there has been a 37.4% increase in practicing physicians ≥65 years from 1975-2013. In 2015, 23% of physicians were >65 years old. Even today, there is little know about the relationship of a physician’s age and their performance. Proposals for mandatory retirement did not pass and the end result were calls for reporting impaired physicians but many physicians avoid reporting. Other proposals relied on voluntary action by physicians to undergo voluntary and confidential baseline physical, visual, and neurocognitive functioning. Maintenance of certification exams lacked evidence that they protected or improved patient care.

Healthcare/Physicians:
The effect on placing mandatory age limitations would be detrimental as there is already expected to be a deficit of 61,700-94,700 physicians by 2025. Given this complex problem, some possible considerations could be encouraging reporting of impaired physicians by staff, patients, and peers; encouraging voluntary evaluations such as the Post-Licensure Assessment System (PLAS) through self referral or through a third party; individual screenings of physical health, cognitive/mental health, and substance use at various age increments; and changing roles from more clinical to educational/mentoring if deficits arise to promote successful aging

References:
Poster was developed using information from the 2019 AAGP symposium on "Ageist Policies in the Workplace" conducted by Emily Clark, DO; Tom Jacob, DO; Pallavi Joshi, DO; and Elizabeth Santos, MD. Full list of references are available on request.

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