Study details how senior doctors—a lot of them—experience ageism

MAY 12, 2025

Timothy M. Smith
Contributing News Writer

At first, the physician noticed that her opinions “were consistently disregarded” and she felt “unheard.” But it took a long time before the doctor made an important connection.

“It occurred to me that I was significantly older than those on my team and even older than those in charge,” the doctor, now retired, said in response to an AMA survey. “I now know that my opinions and input were devalued because of my age.”

Another older physician, still practicing full time, said she believed the resident doctors she worked with “do not feel I have anything to contribute to their education and do not respect my decisions.”

Sadly, such experiences are not isolated.

Among U.S. physicians who have reported experiencing some type of differential treatment in any part of their lives due to their age, 18.8% said they had been treated as irrelevant or they had been dismissed, disrespected or made to feel invisible.

That was just one finding in a report published by the AMA, “Experiences of Ageism Among Senior Physicians: A Qualitative Study,” which shows that many older physicians experience ageist treatment. The report details the frequency and types of ageism they experience and recommends ways to combat the phenomenon.

“Age stereotypes can result in differential treatment in a variety of ways; treatment of older individuals in any way other than how one would treat others, based on certain notions or attitudes about that age group, can result in perceived benefits or disadvantages for those individuals,” the report says. It was written by Lindsey E. Carlasare, who is senior manager of research and policy in the AMA’s Professional Satisfaction and Practice Sustainability group.

“Deferential or solicitous treatment of an older person may result in reverence for knowledge or accumulated wisdom, preferential treatment when waiting in lines or riding public transportation, or assistance with physical tasks,” the report says. “On the other hand, age stereotypes may lead to

discrimination resulting in the loss of job responsibilities, limitations in opportunities, alienation from colleagues or team members, or restrictions on activities that would otherwise be normal."

In honor of Older Americans Month, May is marked each year as AMA Senior Physicians Recognition Month. Learn about the AMA Senior Physicians Section (AMA-SPS), which gives voice to and advocates on issues that affect senior physicians, who may be working full time or part time or be retired.

The AMA report's study team also includes Samuel Lin, MD, PhD, MBA, MPA, MS, and Ved Gossain, MD, the immediate past chair and former chair, respectively, of the AMA-SPS Governing Council, as well as the section's staff officer, Alice Reed. Watch this "AMA Update" interview with Dr. Gossain to learn more about loneliness in older adults and physicians.

It's not a small problem

The report is based on more than 6,000 responses to a 2024 survey of physicians 65 or older. Participants were asked through an open-ended question to cite examples of experiences of ageism they had had, if there were any.

Nearly two-thirds indicated that they had experienced ageism or ageist treatment.

The study team identified 18 professional and nonprofessional domains for those experiences, including noticing preference for younger physicians, perceiving an assumption of cognitive incompetence and facing restrictions on conducting otherwise normal activities.

More than 15% of respondents said they had experienced ageism in one way or another related to their job, workplace or career: 6.8% had perceived limitations in career mobility or hiring; 4.2% had felt pressured by employers or patients to retire; and 4.5% had had job responsibilities taken away from them because of their age.

"What is prevailing about the antithesis of ageism is the incongruency of words versus actions," said Drs. Lin and Gossain in a joint statement. "Nearly everyone whom you query will say that senior adults have much to offer given their longevity and wealth of knowledge, experience and wisdom—but then the same characters will disregard their own words when put to the choice of supporting those same seniors for opportunities where 'a younger person is wanted.'"

Learn more with Dr. Gossain and other experts in a recently recorded episode of the AMA "Prioritizing Equity" video series on confronting ageism in medicine.

Dive deeper:

- 9 principles to guide physician competence assessment at all ages
- “No better role in medicine” than to serve as a physician mentor
- How joy in practice drives Dr. Harmon in his senior years

Public health is at stake

“Despite representing a large and important portion of the overall workforce, U.S. adults aged 65 or older experience ageism in ways that threaten not only their personal and professional well-being, but also the health of the labor market,” Carlasare said in an interview.

“In health care, experiences of ageism among older physicians may drive away vital members of the workforce at a time when we can scarcely afford unnecessary attrition,” she added. “Beyond the workplace, research shows a strong link between ageism and risks for physical and mental health, emphasizing the implications of ageism as a public health issue.”

An AMA Center for Health Equity module, "Confronting Ageism in Medicine," examines how ageism developed as a concept and is expressed in health care today, the disparate impacts on older physicians and patients, and what strategies health care professionals might use to address ageism in the health care system at different levels. It is enduring material and designated by the AMA for a maximum of 0.5 *AMA PRA Category 1 Credit*™.

The module is part of the AMA Ed Hub™, an online learning platform that brings together high-quality CME, maintenance of certification, and educational content from trusted sources, all in one place—with activities relevant to you, automated credit tracking, and reporting for some states and specialty boards.

Learn more about AMA CME accreditation.

What to do about it

“The experiences of ageism described in this study are a snapshot of a subset of physicians in the U.S. The problem of ageism extends far beyond this population, but from this study we can glean a notion of how the problem manifests,” the report says. “We can also gain a sense of the ways that society and the health care system can help combat the phenomenon, for both physicians and patients.”

At the U.S. health care system level, for example, “acknowledging the presence of ageism within health care is an obvious first step,” the report says. “Next, identifying and reforming policies that favor

younger health care workers can help promote equity. Medical schools can build more time into their programs for teaching and understanding aging and the care needs of older adults.

“In addition, retaining older physicians in academic medicine and in clinical care can help ensure new physician generations are learning from experienced individuals with diverse backgrounds, and that patients receive high-quality care from experienced and invested physicians.”

The AMA has numerous policies on aging, including those addressing:

- Dignity and self respect.
- Retirement and hiring practices.
- Assessing the competency of physicians across the professional continuum.
- Confronting ageism in medicine.

At the organizational level, maintaining an open-door environment can ensure “physicians feel safe expressing concerns about how they’ve been treated,” says the report, noting that a zero-tolerance policy for age discrimination is essential.

What’s more, “acknowledging and capitalizing on the valuable contributions of physicians older than the traditional retirement age can keep them in the workforce, which could prove to be vital in the nation’s efforts to avoid a physician workforce shortage,” the report says. “Organizations have an opportunity to contribute not only to the well-being of this particular physician population, but also to the substance and capacity of the entire physician workforce."