

**“Back When They Lost What Made Them People”—an Analysis
of Ageism in Popular Medical Television**

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In fulfillment of the requirements of the Ethics and Humanities Pathway
at
The University of Miami Miller School of Medicine

Ageism is everywhere. The term, first coined by Dr. Robert Butler in 1975, is defined as prejudice or discrimination against a person based on their age. As a fifteen year old starting college, I was acutely aware of ageism towards the young: I was frequently called “cute” or “adorable”, and my opinions and successes were often taken less seriously than those of twenty year old counterparts. Of course, as is generally true for ageism against the young, I eventually outgrew the discrimination. The same can unfortunately not be said for ageism towards the elderly. Prevalent in day-to-day life, elderly people are often seen as feeble, confused, and/or having lost touch with reality. Older people are stereotyped as slow, as terrible drivers, or as unable to adapt to new technology. Often, even when older people are fully functional, they are described as “cute”, much as I was.

When I entered medical school, I found that this ageism towards the elderly extended into medical care—older patients were met with exasperation and annoyance, and doctors’ expectations of health, happiness, and functionality were slashed as age of the patient increased. Pains that would be concerning in a thirty year old were considered “normal aging” in a sixty year old, and a seventy year old who could no longer run was written off as “par for the course.” This dismissal in medicine is much more concerning than deeming older people bad drivers, as it directly impacts their health. Although ageism in the community might be frustrating, ageism in medicine could be damaging to the patient.

One overlap of ageism in the community and in medicine is found in medical television. The focus of this work is on three very popular medical fiction shows—*Grey’s Anatomy*, *Scrubs*, and *House*—and how they each exemplify ageism comparable to an actual hospital setting. The first seasons of these shows were reviewed, and all patients who were interacted with physically or verbally by a main character were recorded, along with their given ages. If no age was given, it was estimated. The data (Table 1) along with the quotes recorded showed that the medical shows correlated with real life along three major themes. The first is that doctors prefer not to interact with elderly patients. The second is that, when forced to interact with elderly patients, doctors often dismiss their pains and ailments. And the third is that the elderly are often belittled and compared to children.

Table 1: number and percentage of patients per episode of each of *Grey’s Anatomy*, *Scrubs* or *House* broken into each age range.

TV Show (# of episodes)	Number (percentages) of patients across different age groups					Average # of pts per episode
	age 0-15	age 16-30	age 31-60	age >60	Total # of pts	
Grey’s Anatomy (N=9)	3 (8.8%)	4 (11.8%)	23 (41.1%)	4 (11.8%)	34	3.78
Scrubs (N=24)	3 (3.8%)	11 (14.1%)	43 (55.1%)	21 (27.0%)	78	3.25
House (N=22)	12 (16.0%)	17 (22.7%)	42 (56.0%)	4 (5.3%)	75	3.41

An initial glance at the data collected emphasizes the first of the three themes above, which was that medical professionals do not want to interact with the elderly. In 2008, 40% of hospitalized patients were over 65 years of age [1], and this percentage has likely grown since. The closest to this statistic was *Scrubs*, in which 27% of the patients shown were estimated to be over 60 years old. Known by medical professionals for being the most accurate fictional portrayal of hospital

life on television, *Scrubs* was still 13% off from normal. *Grey's Anatomy* had only 11.8% of its patients within the geriatric age range, and *House* had a measly 5.3%.

These television shows, all highly successful, based their patient populations on a simple truth—most viewers do not want to see old people. This is also true of medical professionals. When I said I was considering becoming a geriatrician, I was often met with a grimace of disgust, followed by the question: “Why?” It is far easier and more desirable to simply ignore the elderly. I experienced a perfect example of this when I began volunteering at hospice at age eighteen. I spent several hours a week with two ladies (one in her eighties, one in her nineties), who had both been given prognoses of less than six months. Ms. M, never married, had only a single niece who visited once a month, and used oxygen to compensate for the lung disease that was killing her. Mrs. B, a widow, was blind, going deaf, and unable to walk due to the cancer ravaging her body—her two daughters and one son visited her two to three times a year. These women bore this with surprising grace, but they both had days of unbearable pain, of intense sadness or depression, and occasionally anger—and they were certainly not alone in this.

The day-to-day lives of these women are laid out here to explain to the reader what these two women went through daily, often by themselves. Frequently, when I explained my role as volunteer visitor at hospice, I would hear gasps of shock and then a phrase of pity—towards *me*: “Gosh, that must be so depressing,” “I could never do that,” “Couldn’t you have just volunteered at a hospital?” The horror of Mrs. B and Ms. M’s situations was acknowledged, but only in how it impacted a young person. How *they* were dealing with their situations was completely ignored. It was even suggested that I find another volunteering opportunity that would allow me to escape thinking about them as well! Another good example of this blind eye towards the elderly was given in Episode 1 of *Grey's Anatomy*, when one character who was forced to focus on a patient experiencing shortness of breath stated: “She’s old, she’s ancient. She’s lucky she’s still breathing. I’ve got a shot to scrub in downstairs on a patient who wasn’t alive during the civil war.”

This ties neatly into the second theme of this work—when elderly patients are not being ignored, they are often dehumanized. It is almost as if doctors believe that older people feel less pain or desire less functionality than their younger counterparts. As an example, a patient of mine in her late fifties (by no means geriatric age) strained her iliopsoas muscle while deadlifting. When she brought this information to her orthopedist, he replied “Well, you’ve probably reached the age where you shouldn’t be deadlifting.” When she asked him what he thought she should do in place of deadlifting, he recommended *walking*.

Current guidelines encourage weight-bearing exercises, especially in middle-aged to older women as a means of preventing osteoporosis. However, when faced with a relatively minor medical consequence of weight-lifting, this doctor immediately gave up. He did not talk her through her form. He did not make sure that she was performing the exercise correctly. He did not provide her with an alternative exercise that would not strain her iliopsoas. Instead, he essentially told her to stop exercising—the exact opposite of what the guidelines indicate. It is hard to imagine that a thirty year old with the same complaint would be told to permanently stop all weight-bearing exercises because of a muscle strain.

All three medical shows—*Grey's Anatomy*, *Scrubs*, and *House*—provided diverse examples of this dehumanization of the elderly. The most blatant was in *Grey's Anatomy* Episode 1, when George, after making a nearly fatal mistake during an appendectomy, states: “Maybe I should have gone into geriatrics. No one minds when you kill an old person.” Although stated in dark jest, the fact that this comment could be used as a joke indicates that elderly people are considered “less than” when compared to younger patients. At no point in any of the three shows did someone joke about killing a child (rightfully so).

Scrubs took a different approach—that of blunt honesty. In Episode 1, the main character J.D. speaks to his mentor, Dr. Cox, about how he is dealing with his first day on the job:

J.D.: This isn't really what I expected. Most of my patients are...older, and sort of checked out mentally.

Dr. Cox: Pumpkin...that's modern medicine: advances that keep people alive who should have died a long time ago, back when they lost what made them people.

Additionally, *Scrubs* often used the term “gomer.” Webster's Dictionary defines it as: “*medical slang usually disparaging*: a chronic problem patient who does not respond to treatment [2].” Although the definition does not cite a specific age, it is almost solely used to describe the old. Examples from *Scrubs* include:

“If I have to see[...]one more gomer who is shuffled back and forth between some godforsaken home...”

“You have to grab my three gomers in 408”

Of the three shows, *House* definitely exhibited the most ageist tendencies. Not only did *House* have the lowest percentage of patients over sixty (5.3%), but of those four patients, three were used in a storyline that largely focused on sex. The first was in Episode 8, when an 82-year old woman with neurosyphilis and sudden mood changes found herself in love with House. She wrote him a poem that Wilson read aloud:

Wilson: Not bad for an 82-year-old. She asked me to give that to her true love.

House: What can I say. Chicks with no teeth turn me on.

Wilson: That's...fairly disgusting.

House: And that's ageism.

Wilson: You better watch yourself around this “babe.”

Later on, in Episode 20, House has to maneuver elderly Ramona and her 73-year old lover Myron after they each separately confide in him that they would prefer to be having less sex but do not want to disappoint their partner. When the truth is finally revealed, another shocking fact comes to light—Myron and Ramona are both cheating on their spouses with each other.

Storylines like this emphasize the third theme: the elderly are often treated as children. This is highlighted in anecdotes with sex as a main point: elderly people (like children) do not and should not have sex. It is seen as shocking and inappropriate. Both episodes of *House* used their elderly characters desiring sex as a humor device. It is amusing to think of an 82 year old flirting with a man in his forties, or of two elderly people cheating on their spouses with each other. On the other hand, two forty-year olds cheating on their spouses would be considered horrible and immoral—not funny. Older couples are considered akin to children holding hands—sweet, innocent, and naïve, as well as not entirely real. This is true in the general community as well. Elderly couples holding hands in the park are met with “Aww...that’s so sweet” and are often called cute, adorable or precious. Couples in their twenties, thirties, or forties are considered normal, not cute.

The elderly are also often compared to children in terms of functionality—and in some aspects, this is not an unreasonable comparison. People at the end of life tend to be older, and often follow a pattern similar to very young children. They do not think clearly, and they need assistance with eating, walking, or using the bathroom. They may even require constant care. Despite this, we should not stereotype all elderly people as enfeebled or infirm. Although children growing up all follow a relatively strict path of developmental milestones (a baby should know several words by age one, should be speaking in two-word sentences by age two, etc.), this is not true of the elderly. As my mentor Dr. Van Zuilen once stated: “We all know a 95-year-old who is more functional than a 65-year-old.” Age is not perfectly indicative of function as we grow older, and it is irresponsible of people (doctors especially) to automatically assume that the older a patient is, the less functional he will be.

Negative stereotypes in the medical media prime not only doctors to assume lower functionality in the elderly. They also impact the general community. Elderly people who view negative portrayals of themselves in the media tend to display more functional decline [3]. Additionally, in the book “Counter Clockwise: Mindful Health and the Power of Possibility,” elderly people who were primed with negative stereotypes about their age cohort were less likely to accept life-prolonging interventions in hypothetical medical situations [4].

I call on all medical professionals to take a more active role in reversing these stereotypes. Although the media may play the front-line to the general population, we act as the experts—and a personal interaction can go a long way. We must not only attempt to remove these themes of ageism from our practices, but should also be aware of and speak against elderly portrayals in the media. Knowing what our patients are seeing can help us avoid enforcing the views displayed in medical television shows.

I implore society as a whole to rebel against the idea that older people have, to quote *Scrubs*, “lost what made them people.” It may be easy to find a volunteering job that would avoid the elderly, or to tell older patients to simply stop doing an activity that may be difficult for them, or to laugh at the idea of two older people having sex. Even so, we should not succumb to this. Despite the stereotypes, the elderly are not equivalent to children, and regardless of how shows like *Grey’s Anatomy*, *Scrubs*, and *House* portray them, a majority of people over sixty-five are fully functioning adults. To quote geriatrician Dr. Marcio Soares, “We need to fight against becoming complacent” or we risk turning a blind eye to a group who has lived and worked

through more than the younger generations can imagine. We must keep in mind that—if we are lucky—we will one day join the elderly population. And I hope that when we do we will have made strides to overcome ageism.

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