

# ***Inadequate attitudes and behaviours as experienced by older persons***

## **Nieodpowiednie postawy i zachowania, jakich doświadczają osoby starsze**

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### **Abstract**

*Ageism – an irrational belief prejudices concerning individuals or groups based on their age. Ageism refers to the attitudes, includes stereotypes and prejudices against old age, and creates the basis for discrimination because of age. Part of ageism is also „glorification of youth” and all its attributes. „Festival of youth” removes from the social consciousness, or at least pushes on its margin, everything that does not fit in canons promoted by the „glorification of youth”. Such attitude does not leave a lot of room for reflection on the meaning and purpose of human existence or its lasting values – aspects of human life, which are naturally assigned to older age. The analysis carried out by us, presents the basic manifestations of unfavorable attitudes and behavior that elderly people face every day. Situations experienced by older people also have an impact on local communities and society, showing that problem is very important to entire population. In addition, an assessment of the size of the problem regarding negligence and abuse is impeded by the situation in which some of them are not recognized and reported. This phenomenon reflects among other things, a very serious problem concerning the discrimination the elderly suffer from, namely the lack of recognition, and thus underestimation. Awareness of the phenomenon of inadequate, unfair treatment of the elderly is still not sufficiently widespread not only among the public but also amidst health care and social welfare employees. (Gerontol Pol 2016, 24, 119-126)*

**Key words:** *ageism, elderly persons, discrimination*

### **Streszczenie**

*Ageizm (ang. ageism) – to wyznawanie irracjonalnych poglądów i przesądów dotyczących jednostek lub grup społecznych opartych na ich wieku. Ageizm odnosi się do postaw i obejmuje stereotypy i uprzedzenia wobec starości, oraz stwarza podstawy do dyskryminacji ze względu na wiek. Zjawiskiem związanym z ageizmem jest „gloryfikacja młodości” oraz wszelkich jej atrybutów. „Festiwal młodości” usuwa ze społecznej świadomości, a przynajmniej sypcha na jej margines, wszystko to, co nie mieści się w lansowanych przez „gloryfikację młodości” kanonach. Nie pozostawia to wiele miejsca na refleksję nad sensem i celem ludzkiego bytu czy też nad jego trwałymi wartościami, a więc tymi aspektami ludzkiego życia, które przypisane są w niejako naturalny sposób, wiekowi starszemu. Analiza przeprowadzona przez nas, ma na celu przedstawienie podstawowych przejawów nieodpowiednich postaw i zachowań, z jakimi spotykają się na co dzień ludzie starsi. Problem ten jest tym istotniejszy, iż sytuacje, jakich doświadczają osoby starsze, mają również wpływ na społeczności lokalne i społeczeństwo jako całość. Dodatkowo ocenę rozmiarów problemu zaniedbań i nadużyć utrudnia sytuacja, w której część z nich nie zostaje rozpoznana i zgłoszona. Zjawisko to odzwierciedla między innymi bardzo poważny problem dotyczący dyskryminacji, jakiej doznają osoby starsze, mianowicie powszechność jej nierozpoznawania, a przez to niedoszacowania. Świadomość istnienia zjawiska nieodpowiedniego, krzywdzącego traktowania osób starszych, jest ciągle jeszcze niedostatecznie rozpowszechniona nie tylko wśród społeczeństwa, ale również wśród pracowników ochrony zdrowia i opieki społecznej. (Gerontol Pol 2016, 24, 119-126)*

**Słowa kluczowe:** *ageizm, starsze osoby, dyskryminacja*

**Ageism** – through analogy with such terms as “racism” and “sexism” – refers to manifesting irrational views and prejudice concerning individuals or social groups which are based on their age. Broadly speaking, the phenomenon consists in accepting stereotypical assumptions relating to physical and/or mental features in persons from a defined age-group (in this case elderly persons), and expressing them in a humiliating way for the representatives of a specific age-group [1]. Ageism may take form of numerous forms and patterns. It may spill into areas such as: employment, participation in decision-making processes and social arrangements, access to education, financial services and health-care. It may also affect such aspects as: allocation of resources and other conveniences typically made available to the society as a whole.

The term “ageism” was introduced in 1969 by Robert Butler, an American gerontologist. He thought that the causes of ageism lay in: systematic creation of negative stereotypes concerning older persons, and disappearance of social ties, identifying both the young ones and the old ones just as a community of human beings. Another cause would be the burden resulting from the necessity of rendering older persons’ assistance by younger members of a society. However, the notions of “ageism” and “discrimination” should not be regarded as synonyms. The former relates to attitudes, and includes stereotypes, towards old age whereas “discrimination” refers to behavioural patterns that consist in activities, both negating and contradicting the concept of equality and universality of individual person’s rights. It is quite obvious, however, that ageism as such facilitates discrimination with respect to age. Another phenomenon associated with ageism is “glorification of youth”, and all its attributes, as beauty, attractiveness, physical and intellectual fitness, and health itself. These virtues just happen to be beneficial in themselves while the possibility of maintaining, or otherwise re-gaining, them is one of life’s objectives, irrespective of actual age. Nevertheless, because of their ties with adolescence, everything that does not fit the “glorification of youth” canons, is removed from social consciousness, or at least marginalised (the tendency observed in the media and advertisements, known as ‘festival of youth’). Such situation favours ageism, because there is not much space left for reflection over the sense, and ultimate goal, of human existence or over its permanent values, and thereby over those aspects of human life that are attributed to older age.

The basic manifestations of adverse attitudes and behavioural profiles, encountered every day by older persons (according to their own accounts) are listed below:

### **Participation in legislative and decision-making processes:**

– among 24 standing Committees active in the Parliament of the Republic of Poland, there is not one such body involved, in the normal course, in matters and issues concerning older persons. However, there is no lack of such representations as, for example: Education, Science and Youth Committee, Physical Culture and Sport Committee, Social Policy and Family Committee, Emigration Affairs and Contacts with Poles Abroad Committee, and National and Ethnic Minorities’ Committee. This situation extends across diverse dimensions of active participation of older persons in legislative and decision-making processes, and manifests itself by low representation level of the elderly in both various political bodies, as well as in other structures of civic society.

### **Access to mass media:**

– traditional channels of information to which older persons are accustomed are being neglected, because of constant development and updating of information technology in social communication systems. Moreover, older individuals are seldom employed as editors and presenters in radio or television broadcasts.

### **Employment and work:**

– it is observed that, depending on their age, prospective employees are treated differently, even at engagement phase, when they encounter information about maximum age of the sought workers, or otherwise a caption “only young candidates may apply”. Vocational training courses, aimed at acquisition of new, higher qualifications, are typically reserved for younger part of the workforce. Older employees find it more difficult to get enrolled for such training sessions, and if they succeed, it is usually because a given set of qualifications is, in a specific period, particularly indispensable in the establishment, on the labour market or in the context of related legal provisions. Older workers also fail to be, more often than not, eligible for trainings, developing creativity and innovation among employees. An important, and still unresolved issue concerns workers being dismissed before reaching the so called “pre-retirement protection period/age”, and urging older employees to retire against their will.

**Financial services:**

– older persons frequently find financial institutions disinclined to offer them specific monetary services – particularly credits. Another example concerns higher insurance rates associated with their motor-cars that are offered to elderly customers, irrespective of their accident-free record to date. There are also cases of travel insurance being refused to older individuals, pleading their advanced age and, similarly, charging higher medical premiums from senior customers, regardless of their actual health potential.

**Health care:**

– older individuals are still encountering difficulties with access to specific services and/or are provided with unclear information about offered services; in extreme cases such persons are refused treatment, as a consequence of their advanced age. The same argument is applied in attempts at explaining pathological symptoms, occurring in latter phases of life. Another serious issue is the way of conveying information about proscribed medications, diagnostic tests and/or proposed medical procedures to older individuals, done in a manner that is often incomprehensible and inaccessible to them. Architectural barriers, still encountered in numerous medical facilities, also constitute an issue. A similar matter of contention is the sheer geographical distance senior individuals have to cover, in order to get to their respective health-care institutions, frequently located on the outskirts or in spots modestly serviced by public transportation or not serviced at all.

**Public sphere:**

Participation of older persons in broadly defined public sphere is regarded as insufficient. Most of them are not provided with access to internet which nowadays is the space where various institutions increasingly place information deemed necessary for the citizens. Accessibility to modern technologies (including information technology) on the part of older individuals is additionally limited by barriers of emotional-psychical nature (fear of new, challenging requirements), and those purely material ones (limited financial resources often prevent the older generation from acquiring a computer and/or internet link), as well as competence-related barriers (frequent unskillfulness in operating diverse information equipment and software, allowing access to information resources, particularly if, in immediate sur-

roundings, nobody can assist an older person or share the necessary knowledge/abilities).

It needs to be emphasised that the above-mentioned circumstances, experienced by older persons, do influence local communities and the society as a whole. The sheer fact that so many fifty-year-olds and older remain out of the labour market, contributes to increasing cost of benefits, provided by the state while diminishing tax revenues, and hence, the state's budget. Moreover, it is difficult to estimate the social losses, resulting from insufficient encouraging of older persons to a more active participation in social life. The senior citizens, with knowledge and experience acquired throughout their long lives, may significantly contribute to such important social life's spheres as: economic and cultural activity, family life, as well as politics. By continually not encouraging, and otherwise discouraging, older persons from actively involving themselves in the above-mentioned spheres of life – we irrevocably waste their potential input, that is, the just mentioned knowledge and experience, and also their good will. It is also of great importance that limiting the participation of older individuals in the whole multitude of social life's areas results in increasing their isolation and the sense of being excluded, or otherwise eliminated, from fundamental spheres of social life and its activities, and that, in turn, elevates the risk of depression and other health concerns [2].

Another important manifestation of adverse attitudes concerning persons advancing in age – is common emphasis on negative consequences of the ageing process in the society. Pointing to the number of older persons in the general population and to systematic extension of the old age period, as well as underlining the segment of populational prognoses, relating to the expected, swift increase of older persons' subpopulation – may be construed as one of the symptoms of ageism, discernible particularly in various forms of information by the media. This phenomenon solidifies and augments the negative perception of older persons as being instrumental in, and conducive to, the process of "ageing of the society", at the same time disregarding and underestimating the attitudes of young adults who, through their mass emigration, childless relationships, or those with exceptionally low parity – themselves contribute significantly to the "society of the elderly" phenomenon. Increasing number of senior citizens is being projected as a threat to stability and efficiency of labour markets, systems of social security, as well as the whole sphere of social services. All this leads to a change in perception of the systematically increasing life expectancy: it is no longer

viewed as an achievement of civilisation in modern society but merely as an issue awaiting its solution.

Under the circumstances, it therefore should not be found surprising that the intensification of those adverse attitudes and behaviours concerning older individuals brings about, in the significant majority of cases, abuse and improper treatment of senior persons, or, in other words, either intentionally or unintentionally creating serious risk of harmful instances towards them, or at least hurting them in some way [3]. The notion of discrimination that occurs as a part of the improper, harmful behaviour just mentioned can be defined in a number of ways. Still, it all comes down to unequal, wrong treatment of single (older) persons, or whole social groups, for the sake of some feature, and in the case of the elderly, because of their advanced age. Discrimination manifests itself, for example, in refusal to an equal share in access to diverse goods, privileges, prestige or power. It is based on unfriendly, hostile attitude and prejudices, with respect to somebody's existing or alleged features, for example, (social) class division, race, gender, age or religion.

Ageism and discrimination stem from various causes. One of them is the issue of mutual obligations and burdening with duties, not clearly defined, in a situation of a multi-generational family where two co-existing generations require assistance – the vulnerable young ones, being prepared for adult life, and the ailing old ones [4]. The current model of society may serve as another example, so different from the one in which older persons enjoy the highest respect. The postfigurative culture in which younger generations absorb cultural patterns from the older ones, and where maturation means taking-over the adult role is, in modern world, vanishing. It stems from, for example, the pace of change in the majority of life's spheres where even the young ones struggle to keep up, not to mention the older ones. And so the postfigurative culture just mentioned has, to all ends and purposes, been supplanted by the so called Western culture, and survives only in societies where tradition constitutes the principal factor, determining cultural behavioural patterns. Naturally, there is no denying the fact that also, in such societies and communities, abuse, negligence, and various forms of discrimination, concerning older persons, existed. Sexagenarii ex ponte – a byword in use in ancient Rome (Sixty-year-olds [be] thrown from bridge into river), or the time-honoured custom of exterminating old and infirm individuals during famine, depicted by Procopius of Caesarea in his *De Bello Gothico* – are poignantly meaningful [5]. It needs underscoring however, with due satisfaction, that the condition of older persons nowadays has considerably

improved, thanks to, for example pension funds which made older persons independent, to a large extent, from services and benefits offered by their carers (their family, in most cases). Nevertheless, various other forms of abuse, negligence and discrimination toward older individuals, still do occur nowadays. The expression “abuse toward older persons” encompasses all forms of ill-treatment or harmful behaviour in relation to senior individuals. The complexity of the issue and the necessity to exercise caution in assessing both the extent of the phenomenon, and forms of abuse and negligence toward the elderly – are reflected in studies conducted in the U.S.A., demonstrating that for one reported case of abuse, negligence or exploitation of older persons there are five similar ones that remain undiagnosed and unreported [6]. It is further manifested in, for example, revealing a serious issue concerning acts of violence, experienced by older persons, that is, the universality of its unrecognizability, and thereby its underestimation, and therefore considerably impacting on the quality of public health worldwide. As far as this country is concerned, the key issue here is to identify the scale of violence towards older individuals. Only 1.2% of elder parents tormented by their children tend to seek assistance among their respective families or acquaintances while 14% seek it among social workers, as implied by an analysis of telephone calls to Blue Line [7]. It is usually the witnesses involved that report the acts of violence, as the victims concerned prefer to stay silent, for fear of “being sent to old people's home”, of “loss of acceptance” or in order to protect the wrongdoer, who just may happen to be a closely related/acquainted person. Older individuals are particularly exposed to diverse forms of abuse. There are five forms of doing such persons wrong: physical violence, material trickery and swindle, psychological harm, sexual abuse or carelessness.

Physical violence is exemplified by multifarious behavioural patterns, resulting in purposefully inflicted bodily injuries and diseases. They include: beating, tussle, kicking, shaking, singeing, wounding, twisting somebody's extremities, constraining, intentional deprivation of food or intentional, life-threatening dehydration of an older person. Bruises, scars or scalding marks are typically revealed on the skin of those exposed to violence. Symmetrical, often geometrically-shaped lesions on the back, buttocks, calves should in all cases arouse suspicion of purposefully inflicted injuries, in some cases their contour reminds of the object that inflicted them. Purposefully inflicted skeletal fractures may also be encountered. Typical features, arousing suspicion of purposefully inflicted fractures include: bilateral fractures, at every level, “variously aged” (that is fresh, on-going

forming of union, union of fractured bone) which may not correspond with intensity of injury; vertebral body fractures, fracture of the sternum, fracture of posterior ribs, cranial fracture; that of clavicle; that of fingers.

Purposefully inflicted injuries within abdominal cavity typically, first and foremost, affect intestines. A perforation and symptoms of acute abdomen may occur; in persons exposed to physical violence characteristic injuries to the head may also be observed – brain contusion, epidural and subdural haematomas.

It should be emphasised that a murder, an extreme form of physical violence, of an older person may occur – because of their “frailty” – equally simply, as it would be in the case of delicate and helpless small children. In the majority of cases certain common features are being observed, which alert the persons staying in touch with the victims of violence concerned. They include: considerable differences in information relayed by the possible victims involved and that coming from their actual carers, or when the victim’s explanations as to the causes of their injuries sound unreliably. Another symptom is inexplicable distance in time between sustaining an injury and seeking assistance by the person injured or otherwise affected and his/her carers. Also circumstances when laboratory test results, carried out with a view to assessing the health state of an older person suggest, in themselves, the possibility of the latter having experienced violence – may serve as yet another example. The test results just mentioned may also not be compatible with information obtained from the interviewed carers. Similar situations also deserve particular attention when, for example, the older victims, after successive, clustered injuries, are each time taken to different hospitals or when their carers keep exchanging managing physicians for their charges. And the final example: when, in the same older persons there occurs, despite appropriate treatment and medical provision, time and again, serial deterioration of their clinical condition – the health and social care professionals concerned should be alerted to such situations [8,9].

Violence and material trickery increasingly affect older individuals who, because of their loneliness and vulnerability, become an easy target [10]. Financial abuse is regarded today as the fastest growing form of abuse directed at older subpopulation. It is also thought that this form of exploitation is frequently associated with other such forms, in relation to senior individuals. This opinion, as related to situations occurring in this country, is validated by the data, disclosed by the Police, that the offenders concerned use more and more novel ways to perform trickery, if only by placing advertisements in the media. The number of offences under Article 286,

Section 1 and 3 of the penal code, committed with the use of the media or by placing an advertisement, within three quarters of 2009 had, to all intents and purposes, doubled (in comparison to the same period in 2008) – having risen by 96% (from 3.344 to 6.555). As many as 6.062 proceedings resulted in motion to bring an indictment whereas 375 were discontinued because the perpetrator had not been detected. There were 923 charges levelled against such offenders, 101 among which were women. Young age of the suspects is typical in this category of offences – as many as 300 of them were younger than 20. Such instances of breaching the law resulted in losses exceeding zł 10.5 million. The data retrieved from the website of the Polish Police Headquarters suggest that over zł 362 thousand have been recovered, which, however, means that the majority of the sufferers must put up with the loss of their, at times, the only financial resources [11]. In such cases certain, specific, common elements are observed in the context of financial abuse affecting older individuals. The lack of appropriate support for such persons, protecting their interests, and rendered by appropriate institutions and agencies qualified to safeguarding the property state of older persons, and particularly their primary financial security, that is, their own apartments – is one such example. Another cause is the propensity of an older and often lonely person, age – and health-related – to pressure, persuasion, intimidation or direct threat. Representatives of the age-group discussed are specifically receptive to swindlers, con artists, hustlers, preying upon their naivety, leading the older persons to believe in the necessity of a purchase or a payment for diverse services or goods, supposedly indispensable or required by all sorts of fictional or even real institutions, with the swindlers pretending to be the representatives of the latter.

Psychical harm (emotional violence) consists in intentional destruction of older individuals’ personality and mental health. Such damaging behaviours include: shouting, volleys of abuse, causing fear, threatening, and blackmail, disregarding real capabilities of an older individual, emotional rejection and isolation of such person. All these actions towards older persons, besides generating low self-esteem, neurotic and anxious states, may lead them into depression resulting in, if only because of lowering the efficiency of immune system, a greater chance of untimely death. The occurrence of psychical harm in such individuals may be suspected when older persons begin to withdraw from social and emotional life, and display the sense of hopelessness and meaninglessness of their remaining lifetime. They often tend to be weepy and tearful, passive, intimidated or pharmacologically stimulated. It must be remembered, however,

that older persons exposed to chronic emotional violence begin to realise, unless they received proper support, that they were themselves responsible for the situation in hand [12].

Sexual abuse is another category of doing older individuals wrong. It consists in inclining or forcing such persons (particularly women) to sexual activities, aimed at sexual satisfaction on the part of the violators. The important issue here is that victims of such abuse often feel embarrassed or ashamed, and, in turn, refrain from informing their relatives/acquaintances that they are being sexually abused. Such situations may be signalled by certain, otherwise inexplicable medical symptoms and signs as colporrhagia or proctorrhagia, bruises in the mammary region or innermost femoral surfaces, unclear genito-urinary tract infections or anal orifice infections. The presence of blood on the body and blood-stained underwear also belong here, as do difficulties in walking or seating, for reasons actually unknown, particularly with the absence of any pathologies in the osteo-muscular system.

Disregard towards the needs of an older individual includes such areas as proper nourishment and hydration, personal hygiene and the provision of appropriate medical care, as well as the sense of security and being respected and, in particular cases, proper support in everyday activities. Such negligence also manifests itself in, among other things, dirty underwear and linen, signs and symptoms of bodily dehydration and undernourishment of an older individual, skin abrasions and bedsores. Apathy and fatigue, evidently influencing relations with other persons in the vicinity, are also regarded as frequent and easily discernible symptoms.

A survey-type study, conducted by us between 2007 and 2013, which included 748 subjects aged 52 to 99 (median 71), aimed at identification of issues relating to selected aspects of discrimination towards older individuals – demonstrated, among the respondents, the awareness of unequal, improper treatment of older persons, and the failure to respect the rights they were entitled to. The study's results indicated that as few as 12% of the respondents thought that older persons issues were noticed to a sufficient degree. The remaining subjects, however, believed that predicaments of their age-group were not noticeable at all or not sufficiently. It is worth mentioning here that studies conducted among the societies of other member-states of the European Union demonstrated that almost half of their respective citizens thought that unequal, improper treatment of older individuals was a commonplace phenomenon [13]. Almost 30% of the studied group had experienced, in their everyday lives, being ignored or improperly treated be-

cause of, in their opinion, their age. Our study's results indicate that the reported symptoms of poor treatment mostly concerned social relations which correspond with observations made by other authors [14,15].

The respondents were also asked about their opinions concerning the output of television and radio broadcasters where, they thought, there still remained much to be done. Almost 30% of the subjects believed that programmes offered by TV stations did not account for their, age-related, needs at all. Radio broadcasters fared slightly better in this respect, because only approximately 20% of the respondents found their output altogether lacking the content corresponding with their requirements. It is expected that the situation associated with the "festival of youth" phenomenon as observed in the media is due to change, if only because of the continually increasing number of persons who either, at the moment, enter or have already entered, the thereby constantly, growing pool of TV viewers and radio listeners getting old. This phenomenon may be expected to bring about the need for expansion of programming offer for the systematically growing older audience. The increasing interest in the situation of the elder subpopulation, as well as more and more frequent presence in the media of issues important for the age-group discussed, only supports this assumption [16-20].

The high percentage of the subjects experiencing improper treatment by health-care professionals was particularly annoying. In excess of 1/4 of the respondents suffered the same fate, because of their respective age, in health-care facilities. As many as 18.17% were poorly treated in hospitals while 15.36% and 7.12% in outpatient clinics, by a specialist physician and family physician, respectively. Almost 11% complained about the behaviour in ambulance service stations, again because of their age. This is a very annoying indication, requiring further research, if only because older individuals, considering their age, need to avail themselves more frequently of the medical facilities' services. There are reasons to believe that lack of proper education in vocational education system, concerning medical professionals, aimed at appropriate standards of managing older patients – may be a contributing factor here, and is thereby conducive to violating older patients' dignity. Financial situation of this age-group cannot be ignored either, as it considerably limits their access to services beyond the basic package of medical services provided by the Polish National Health Fund. Prices of pharmaceuticals constitute another issue here, considerably impacting upon the perception of older citizens' condition, and their availing themselves of the current system of health-care in this country. Reported instances of concern referring to dis-

regard towards the needs of older individuals were: too finely printed information attached to a pharmaceutical, and thereby making it impossible to read, improper labelling on pharmaceutical packaging (very fine print or illegible inscription), improper preparation of pharmaceuticals (pills too large or too small), as well as difficult opening of pharmaceuticals' packaging, as reported by more than 20% of the respondents. In excess of 1/5 of the surveyed sample (22%) reported as many as three symptoms of disregarding them, because of their advanced age, by pharmaceutical companies whereas 74% of the respondents felt discriminated by such entities at least in one instance among the above-mentioned circumstances. It is annoying because, among other things, older persons constitute a group which, owing to their health state, consume even up to 40% of all medication intended for the entire population [21]. Since it is thought that the level of quality of life can be established based on a set of certain criteria, it could be construed that such level results from a relation between the degree of satisfaction and fulfilment of own needs, and the requirements and resources of the given social setting. Dissatisfaction occurs when there is inadequacy between needs and resources. If it is impossible or considerably difficult to satisfy those needs then the feeling of being wronged appears, in the face of significant discrepancies between own desires, aspirations, actual needs, and what he/she has got. When older persons feel discriminated in the context of their medical care, the impact of this phenomenon on the quality of life is all the more significant,

because it affects one of the most fundamental human needs, particularly evident among adults, clearly advancing in their age, that is, the sense of medical security and the feeling of trust towards health-care professionals.

The sheer occurrence of improper, harmful treatment of older individuals is still insufficiently realised not only among the society at large but also among health- and social care professionals. A full compassion is indicated to each single instance of objective and behavioural symptoms, possibly suggesting the presence of both stereotypes and prejudices towards old age, as well as behavioural patterns and activities negating and contradicting the concept of equality and universality of human rights – in this particular case concerning older persons.

It is, however, worth quoting Simone de Beauvoir: 'avoiding the expression "old age", and replacing it with various euphemisms does not influence the reality, and is only meant to "cheat the guilty conscience of the society"'. The latter can be prevented by restoring the neutral character and purely descriptive meaning of the term "old age", defining the last phase of human life. As neutral as it happens to apply to childhood, adolescence or mature age. Avoiding the expression does not ameliorate the unfavourable situation of older individuals but merely disguises and removes it from social conscience [22].

#### **Conflict of interest**

None

#### **References**

1. <http://www.niebieskalinia.pl/pismo/wydania/dostepne-artykuly/4603-ageizm-i-dyskryminacja-ze-wzgledu-na-wiek> (accessed: 20.02.2016).
2. Tobiasz-Adamczyk B. Społeczne aspekty starzenia się i starości. In: Grodzicki T, Kocemba J, Skalska A, editors. Geriatria z elementami gerontologii ogólnej. Gdańsk: Via Medica; 2006. p. 37-41.
3. [http://www.swiatproblemow.pl/2011\\_11\\_1.html](http://www.swiatproblemow.pl/2011_11_1.html) (accessed: 20.02.2016).
4. Krzyżanowski J. Psychogeriatria. Warszawa: Medyk; 2005. p. 71-82.
5. Biegeleisen H. Lecznictwo Ludu Polskiego. Kraków: Polska Akademia Umiejętności; 1929. p. 371-378.
6. Bomba PA. Nadużycia wobec osób starszych: „Starość nie powinna boleć”. In: Rosenthal T, et al., editors. Geriatria. Lublin: Wydawnictwo Czelej; 2009. p. 115-129.
7. <http://www.niebieskalinia.pl/pismo/wydania/dostepne-artykuly/4509-krzywdzeni-na-starosc-analiza-danych-telefonu-niebieskiej-linii> (accessed: 15.12.2015).
8. Pruszyński JJ. Objawy przemocy i ich rozpoznawanie. In: Fiszer U, Michałowska M, editors. Podstawy neurologii z opisami przypadków klinicznych. Poznań: Termedia Wydawnictwo Medyczne; 2010. p. 290-293.

9. Keim SM, Nelson DS, Sakies J, et al. Przemoc wobec osób w podeszłym wieku. In: Medycyna ratunkowa na dyżurze. Warszawa: Wydawnictwo Medyczne PZWL; 2006. p. 389-392.
10. Tobiasz-Adamczyk B. Przemoc wobec osób starszych. Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego; 2009. p. 11-69.
11. [http://www.statystyka.policja.pl/portal/st/918/Wybrane\\_statystyki.html](http://www.statystyka.policja.pl/portal/st/918/Wybrane_statystyki.html) (accessed: 11.05.2015).
12. Jaszczak-Kuźmińska D, Kuźmińska M, editors. Przemoc w Rodzinie wobec osób starszych i niepełnosprawnych. Warszawa: Ministerstwo Pracy i Polityki Społecznej; 2010.
13. Discrimination in the European Union. Special Eurobarometer 263 Report. Wave 65,4 opinion and social (accessed: 20.03.2016).
14. Łuczak M. Dyskryminacja ze względu na wiek w oczach ludzi starszych. Prezentacja wyników badania przeprowadzonego przez forum 50+. Seniorzy XXI wieku. In: Beata Tokarz, editor. Stop dyskryminacji ze względu na wiek. Głos ekspertów, doświadczenia osób starszych. Warszawa: Akademia Rozwoju Filantropii w Polsce; 2005. p. 89-97.
15. Szukalski P. Uprzedzenia i dyskryminacja ze względu na wiek (ageizm) – przyczyny, przejawy, konsekwencje. Polityka Społeczna. 2004;2:11-15.
16. Kuczborska EJ. O starości w czasach młodości. Wiadomości24.pl (accessed: 13.03.2016).
17. Dołowa A. Starość – to dziś..., tylko trochę dalej. Tygodnik Katolicki Niedziela. 2008;(1)32.
18. Wieczorkowska M. Reklama wobec starości. In: Szukalski P, Kowalewski J, editors. Starość i starzenie się jako doświadczenie jednostek i zbiorowości ludzkich. Łódź: Wydawnictwo Uniwersytetu Łódzkiego 2006;78-82.
19. Łapacz A. Seniorzy i media – wizerunek nie nadąża za życiem. Źródło: <http://www.zycie.senior.pl/147,0,Seniorzy-i-media-wizerunek-nie-nadaza-za-zyciem,3125.html> (accessed: 20.03.2016).
20. Papiernik J. Wizerunek osób starszych w mediach – stereotypy niezgodne z rzeczywistością. Źródło: <http://www.zycie.senior.pl/147,0,Wizerunek-osob-starszych-w-mediach-8211-stereotypy-niezgodne-z-rzeczywistoscia,2915.html> (accessed: 10.03.2016).
21. Greenblatt DJ, Sellers EM, Shader RI. Drug therapy: Drug disposition in old age. N Eng J Med. 1982;306:1081-8.
22. de Beauvoir S. Starość. Styszyńska Z (tłum.). Warszawa: Wydawnictwo Czarna Owca; 2011. p. 6.