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Editorial

Bias-free language in research as a tool to prevent ageism

The world faces several challenges and opportunities in achieving the goals of the Decade of Healthy Ageing (2021–2030), proposed by the United Nations and adopted at the 73rd World Health Assembly in August 2020. These challenges are mostly due to the significant population aging that most countries will face. Worldwide, >1 billion people are aged 60 years or older and by 2050, these numbers are expected to increase two-fold.[1] In Brazil alone, this number has already reached 32 million individuals.

The World Health Organization is mandated to implement key actions in four areas over the decade: combating ageism, fostering age-friendly environments, and providing integrated health and long-term care. These initiatives aim to ensure older people live healthier lives and actively participate in society. By promoting collaboration among governments, civil society, and various stakeholders, the WHO seeks to create supportive frameworks that empower older adults, thereby addressing the challenges posed by an aging global population while aligning with the Sustainable Development Goals.[2]

However, one in four older adults (25.1 %; 95 % confidence interval, 17.1, 34.2 %) who require assistance and support with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), including the provision of a continuum of care (preventive, curative, rehabilitative, and palliative), have unmet care needs. This situation arises because these services are either unavailable, inaccessible, insufficient, or not provided in adequate time.[3] While progress has been made in the first phase of the Decade, there is a global acknowledgment that more coordinated and accelerated actions are necessary to foster healthy aging.[4]

In an aging world, the pursuit of healthy aging (i.e., the process of developing and maintaining the functional abilities that enable well-being in older age) must become a concrete goal for governments and society more than just an individual aspiration or effort.

One of the critical factors for achieving the necessary transformation during this Decade of Healthy Ageing is the actions of governments, civil society, international agencies, professionals, academia, media, and the private sector toward older adults and aging. To actively influence this change, academia should disseminate information to prevent ageism.[5]

Ageism is defined as stereotypes, prejudice, and discrimination directed towards individuals based on their age, mainly affecting older adults.[6] Three distinct and interrelated components of ageism can significantly impact health: age discrimination (i.e., how older people are harmfully treated), negative age stereotypes (i.e., how beliefs about older persons in general created society stereotypes), and negative self-perceptions of aging (i.e., how beliefs held by older persons about their aging affect their adherence to treatments and health behaviors).[7] These pervasive components of ageism significantly impact the health and well-being of older people, contributing to poorer physical and mental health outcomes. Research indicates that experiences of ageism are linked to depression, anxiety, and chronic health conditions among older adults.[8] Ageism in health services and ageist attitudes and actions of healthcare professionals negatively affect the quality of healthcare services older people receive and deserve.[7]

Addressing ageism is important not just for social justice but also because both individual ageism (e.g., when older adults adopt negative beliefs about themselves from their culture) and structural ageism (e.g., when society discriminates against older adults) result in negative health outcomes. These outcomes occur through various biological, psychological, and behavioral pathways.[7] Several dimensions of ageism are reflected in how older adults are treated in healthcare settings. For instance, older adults often face restricted access to treatments (e.g., limited information on diseases and treatment options, or reduced use of surgeries, radiotherapy, and chemotherapy), lower access to services and resources (e.g., rehabilitation programs or treatment for suicidal thoughts), inadequate care (e.g., discriminatory practices during consultations and exams), relegation of intensive care, and neglect of privacy. Also, older adults are often subjected to inappropriate language, including infantilization, depersonalization, and instructions that are difficult to understand.[9]

In this context, physical therapists are essential allies in combating ageism. They are involved in researching and implementing strategic actions to prevent physical decline, restore intrinsic capacity - especially locomotor abilities and vitality, and maintain and optimize functional abilities. However, there is a need for concerted actions between universities, professional councils, and scientific and clinical practice organizations to improve the knowledge on aging, and the attitudes and beliefs of physical therapists toward older adults.[10]

Geriatrics and gerontology journals have issued warnings to remove ageist language from scientific communications. Recently, the journal European Geriatric Medicine published an article titled "Don't call me elderly: a review of medical journals' use of ageist literature," highlighting that despite the progress in adopting less discriminatory language, much work remains to ensure researchers use more appropriate terms.[11]

Some journals are committed to fostering a more positive attitude toward older adults and aging by including style guides with entries on

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bias-free language to assist authors during manuscript preparation. For instance, the Age and Ageing[12] journal emphasizes the inappropriate use of terms such as "elderly" and "senile." The United Nations Committee on Economic, Social, and Cultural Rights has rejected the term "elderly" since 1995 and recommends using "older persons" instead.[13] Furthermore, the manual of style of the American Medical Association, which is used by several scientific journals, suggests using age-inclusive language.[14]

The main recommendations are[15]:

- Choose neutral terms such as “older adults,” “older populations,” and “people over age X” to describe groups of people. The terms “person” and “people” exemplify dignity as human beings
- When describing the condition of an older person or a group of older adults use “person-first language” by placing that person or group of people at the front of the descriptive phrase, not at the end (e.g., “a person who has dementia”, "a person who suffered or experienced a fall", instead of “a demented person” and “older faller”)
- If possible, further stratify age groups, not all older adults are the same
- Don’t use words that may have negative connotations, such as "the aged," "elderly," "senior," or "senior citizen"
- Avoid using “geriatric” to describe individuals or groups of people
- The terms “aging well” and “successful aging” imply there’s a right way and a wrong way to age and should be used cautiously
- Use the label "patient" carefully, not all older adults are receiving medical treatment, and prefer to use person-first language such as older adults receiving medical care or treatment
- Avoid using the term resident when referring to older adults living in long-term care facilities, use people living in care homes
- Terms such as “therapy” and “therapeutic” should be avoided when addressing programs for older adults, as these terms may alter the status of everyday activities to the point where they seem medical or clinical and highlight burdens. Clinical terms might shape older adults negatively, implying diseased status, frailty, and need for treatment. A better and more positive way is to recognize their meaningful experiences

So, why do words matter? Words are crucial as they harness the power of language to shape culture, challenge stereotypes and stigmas, and prioritize people over their diseases. Words can foster respect. Shifting to positive and neutral language allows individuals to tell a different story and makes aging more self-affirming. In short, the words we choose and how we use them can significantly influence self-image and perceptions of abilities. Achieving this critical transformation requires a realignment that goes beyond technical and scientific information. We need a language that speaks to people—their qualities, desires, values, and preferences—which are not always tied to age.[11] Adequate word choice is crucial for minimizing ageism in scientific communication.

Declaration of competing interest

The authors declare no competing interest.

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