

## Do Older Women Receive Sub-Standard Medical Care?

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A [press release](#) on 9-22-11 reports that older women are more likely to die of breast cancer. This finding may not be so surprising as age can be a factor in the outcome of many diseases, including cancer. The finding is striking however, because at least some older women are not receiving the same care as those who are younger.

The research team led by Professor Christos Markopoulos noted that they “observed that radiotherapy was administered less frequently and administration of chemotherapy sharply decreased with increasing age. Thus, it is most likely that under-treatment of the elderly may explain the worse age-specific breast cancer outcome found in our study.”

Others have found similar results when looking at women being treated for breast cancer.

It's hard to know exactly how to interpret these studies. Breast cancer is a complicated disease and a number of factors can impact prognosis. Additionally, age and co-existing medical conditions can make certain treatments more risky in the elderly. I certainly do not know as much as oncologists who make treatment decisions on a regular basis. On the other hand, I am aware that many cancer trials exclude elderly patients.

Additionally, in nearly twenty years of working with doctors and patients, I can't say that I have not suspected age to be a factor in the medical decisions of many older patients I have treated.

Regarding other women's health issues, we already know that [overweight women](#) are less likely to receive the same care as those who are thinner. Age-bias may be harder to detect than sex discrimination but [some argue](#) that it exists, albeit in a subtle fashion.

Bias in medicine is often unconscious and without malevolent intent. However, it seems to me that we need to urge physicians to become aware of bias (if and when it exists). Keep in mind that we don't know how to explain the studies on women with breast cancer.

That said, patients should be fully informed about the risks and benefits of treatments. Older patients, it seems to me, should be given the same treatment options as younger patients. None of us want to be in the position of having someone else make decisions for us. And overall, we need to be thinking about how to include older men and women in cancer clinical trials, so we know best how to help them.

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