

Episode: *Author Interview: “How to Draw on Narrative to Mitigate Ageism”*

Guest: Art Walaszek, MD

Host: Tim Hoff

Transcript by: Cheryl Green

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[bright theme music]

[00:00:04] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Art Walaszek, a professor and vice chair for education and faculty development in the Department of Psychiatry at the University of Wisconsin School of Medicine and Public Health in Madison. He’s here to discuss his article, coauthored with Drs William Smith and David Elkin, “*How to Draw on Narrative to Mitigate Ageism*,” in the October 2023 issue of the Journal, [Geriatric Psychiatry](#). Dr Walaszek, thank you so much for being on the podcast. [music fades]

DR ART WALASZEK: Thank you. It’s an honor to be here.

[00:00:50] HOFF: So, what’s the main ethics point that you and your coauthors are making in this article?

WALASZEK: Thank you for asking, and we very much appreciate the opportunity to have this article published. Our main point is really about the dangers of ageism. Ageism has negative effects on patient outcomes. We have worse patient outcomes, higher medical costs associated with ageism. So, there’s kind of a practical issue there around the negative aspects of aging, and more fundamentally—by the way, I should say ageism, not aging—more fundamentally, it’s really eroding the dignity and the personhood of older adults when we behave towards them in an ageist way or have ageist stereotypes about older adults. So, that’s kind of a fundamental attack on dignity, as well as some of the negative practical consequences of ageism.

[00:01:52] HOFF: And so, what’s the most important thing for health professions students and trainees to take from your article?

WALASZEK: I would say there are two things. So, one is really recognizing ageism, so that requires some self-reflection, some stepping back from clinical situations. It’s surprisingly easy to fall into ageist ways of thinking about things. And I guess I should define things a little bit. Ageism is really a set of stereotypes or prejudices and behaviors that attribute some quality just on the basis of a person being a certain age, and in particular, we’re talking about older adults. And I would say even for myself, as someone who’s been in geriatric practice for over 20 years, I can find myself slipping into those ways of thinking. So, really, the first point is recognizing ageism.

And then the second, which is the fundamental argument of our article, is that there are many antidotes. The one that we propose is using a narrative-based approach. And that really hinges on listening to people, on thinking about the stories that they are telling us about themselves and about their values. It’s about empathy, putting ourselves in the

shoes of older adults and their perspectives, and then really making sure that we're incorporating their values and beliefs into any sort of medical decision making.

[00:03:29] HOFF: And finally, if you could add a point to your article that you didn't have the time or the space to fully explore, what would that be?

WALASZEK: We touched on something that I'd like to amplify, and that's on the double whammy of having mental illness and aging. So, there remains, despite decades of effort, significant stigma related to mental illness and people who suffer from mental illness, and those folks, of course, age. And so, we're seeing many, many more people with mental illness who are in their 60, 70s, 80s, and 90s, including people who have had chronic illness like chronic depression or bipolar disorder or schizophrenia. And so, those folks have suffered for years from mental illness and the associated stigma. And then you layer on top of that the stereotypes and biases that go along with aging and ageism, and you really have a significant double whammy. And so, then that really behooves us as clinicians to be aware of both of those things intersecting with each other. What are our beliefs and implicit biases about older adults? [theme music returns] What are they about people with mental illness? And how might those two interact with each other?

[00:04:47] HOFF: Dr Walaszek, thank you so much for your time on the podcast today, and thanks to you and your coauthors for your contribution to the Journal this month.

WALASZEK: Tim, thank you for this opportunity.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, [journalofethics.org](http://journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.