

In respect cultural  
pluralism on the  
matters



**ASSIGN  
BUSTER**

In most of the cases, poor health is usually associated with the aged people.

People tend to isolate and discriminate against the aged. People tend to develop stereotypes about age. There are policies and even institutional practices that tend to discriminate against the aged. In some cases, their ideas are even ignored on the basis that they could be old fashioned. At the workplace for instance, the elderly are perceived as being underperformers and lack the vigor that is needed to for effective performance. People have prejudices about the aged in terms of health and their ability to recover.

The aged are usually perceived as being susceptible to illnesses and in the event that the aged is having an illness as well as a young man, it is usually assumed that the young man's situation is temporary, while the that of the aged might be perceived as being chronic. The situation is made worse when a medical practitioner is the one holding such opinions as he/she is likely to discriminate against the aged (Quadagno, 2011). Doctors tend to ignore the elderly and may be reluctant to screen them for dreaded ailments like cancer on the basis that they are depressing or even crazy.

This makes them susceptible to ailments that are preventable. They may be denied the appropriate treatment even after being diagnosed with the disease. In some cases the doctors tend to believe that the elderly are not physically fit enough to withstand the treatment and the complications that come with it can easily lead to their death. The efforts of the medical practitioners are geared towards managing their diseases rather than preventing or curing the disease. It is generally believed that the process of aging comes with diseases and ailments as the body's resistance slowly

wares off and its immunity weakens. There are various approaches and attitudes towards the issues of dying and death.

One's culture determines how a patient, a family or even the provider responds to the end-of-life decision making or treatment. Health practitioners are usually trained in professional cultures and handle the issue of death as per their training. The issue of death is approached differently by different people.

Different medical practitioners, social workers, social workers, chaplains and other professionals all have different assumptions concerning their perception on aging and death. This mostly comes from the differences in their training. All these assumptions may however differ from the patients and families experiences (Quadagno, 2011).

Different communities have differences in ethnicity, religious beliefs, about aging and death, their beliefs and priorities concerning care, anatomy as well as communication. This makes the perceptions about aging to be a complex issue and cannot easily be categorized according to one's ethnicity, class or profession. A person's culture is only relevant when interpreted in a given context for example the patient's history, socioeconomic status or family constellations. It is not automatic that a patient's ethnic or religious background will determine his/her perception about aging in a manner that is culturally specified. The current society is so pluralistic and healthcare workers as well as the patients have different perceptions about aging.

Race and ethnicity is not a straightforward determinant of a person's perception of aging and death. There is a need to respect cultural pluralism on the matters concerning aging (Quadagno, 2011).

## **Reference List**

Quadagno, J. S. (2011).

Aging and the life course: an introduction to social gerontology. New York: McGraw-Hill.