Cancer Care From the Perspectives of Older Women

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Key Points...

➤ Debates about how older age affects cancer care usually are undertaken from the perspective of healthcare professionals and framed in medical terms.
➤ Older women’s life and health circumstances are relevant to their cancer care in complex—and little understood—ways.
➤ Age-related life and health circumstances are implicated in treatment decision making, including decisions against treatment.

The effect of age on patterns of cancer care and treatment is a subject of considerable debate. Controversy abounds, for instance, regarding appropriate medical investigation and treatment for older people (Balducci, 2001; Lickley, 1997; Turner, Haward, Mulley, & Selby, 1999; Yarbrough, 2004). Some investigators have characterized older patients’ generally more conservative treatment as “less than ideal” (Wanebo et al., 1997). Silliman (2003) explicitly linked patterns of treatment for older women with breast cancer to higher rates of recurrence and mortality. Others, however, report that less aggressive treatment appropriately reflects the diminished efficacy of adjuvant systemic therapy in older people (Guadagnoli et al., 1997). Treatment decision making among older people is an area of similarly contested terrain. According to some studies, physicians are less likely to involve older patients in decision making (Lickley; Silliman, Balducci, Goodwin, Holmes, & Leventhal, 1993). Although such findings generally are assumed to reflect inappropriate and inequitable professional practice, some literature on this subject suggests that older people prefer to assign the decision-making responsibility to others (Degner et al., 1997; Ende, Kazis, Ash, & Moskowitz, 1989). More broadly, the link between age and decision role preference appears to be weak (Ende et al.), and some authors question the utility of sociodemographic variables in predicting an individual’s desire to engage in the decision-making process (Degner & Sloan, 1992; Ende et al.).

Debates about how older age affects cancer care generally are undertaken from the perspective of healthcare professionals and commonly framed in medical terms. The research presented in this article builds on a small body of literature that foregrounds older women’s own accounts of receiving care and treatment for cancer. Studies in this domain tend to highlight how gendered social and family contexts, including memories of caregiving, shape older women’s treatment decisions (Cameron & Horsburgh, 1998) and often point to the subjective salience for older women, for instance, of feeling rushed in medical encounters (Crooks, 2001).

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