

First-year Medical Students' Attitudes Towards the Elderly in Singapore and Clinical Specialty Preferences

Dear Editor,

I read with interest the study done by Chua and colleagues¹ on the attitudes of first-year medical students towards older adults and their willingness to consider a career in Geriatric medicine (GRM). It was a survey of a cohort of 250 first-year medical students prior to any clinical exposure at the National University of Singapore (NUS) and their attitudes were measured on the UCLA Geriatrics Attitude Scale.

In light of a rapidly ageing population, healthcare professionals have to be prepared to face the challenges of older patients in Singapore. It is important to identify the attitudes of medical students and healthcare professionals towards the elderly, especially in recognising negative attitudes towards ageing as studies have shown that negative attitudes may be amenable to change.² There is also an increasing need for medical students and doctors to have knowledge in managing problems related to older adults and to consider GRM as a career.

However, the use of first-year medical students' career preference at the time of entering medical school may be problematic. The study that a medical student's career preference is stable upon entering medical school was done at the University of Washington in Seattle.³ The problem may stem from differences that exist between the United States (US) and the Singapore medical school system. The medical school at the NUS is based on an undergraduate model whilst the US is a graduate school model. Medical students in the US require prior coursework at a University level prior to entry to medical school and their first-year students may be more mature. Hence, it is possible that the measure of a first-year medical student's willingness to consider GRM as a career in NUS may be more revealing of a student's unclear understanding of a geriatrician's role in medicine as well as unclear goals of first-year students.⁴ A more recent study analysed medical students' specialty choices proposed that their choices may be more influenced by the role model's (mentor's) influence in disproving negative stereotypes and knowledge about the specialty's content and the practitioner's lives and student's own preferences.⁵

The mean attitude score of medical students in an Asian medical school is lower than their colleagues in the United Kingdom (UK) and the US is not surprising. Various studies have shown that age-related beliefs regarding the elderly are similar across Chinese and Western cultures and a presumed positive bias for old age in East Asia is probably absent.⁶

We have done a similar study on junior doctors using a different scale, the Kogan's Old People Scale (KOP).⁷ Similarly, the lower the KOP score, the more negative attitudes held towards elderly people. We found a trend towards lower mean scores in Registrars (109.1) when compared to House officers (115.9) and with the increasing number of years of practice after graduation. However, the differences were not statistically significant ($P = 0.11$, $P = 0.41$). It will be interesting to see whether junior doctors may be particularly vulnerable to form negative attitudes because of their increasing exposure to frail and functionally dependent elderly with complicated needs in the hospital.⁸

Hence, we agree with the authors that students exposed to healthy older adults may effect a positive change in their attitudes towards older patients.⁹ At the Duke/NUS Graduate Medical School, we have embarked on the inclusion of Healthy and Successful Ageing as a module in GRM curriculum.

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