Dr.G's medisense
ENJOY • LEARN • PONDER

Published by
Healthy Choices for Mind and Body
Written by Ann Gerhardt, MD

BE A SELF-ADVOCATE
By Ann Gerhardt MD July 2026

Everyone makes assumptions, but when a healthcare provider makes an inaccurate assumption about you, it might lead to inappropriate or unwanted care. Take age, for example: Many providers assume that those older than seventy-five years are frail, without asking questions to confirm that is true. A recent editorial in a medical journal highlighted a situation in which a provider didn't offer standard anti-coagulation medication to a fit elderly man with atrial fibrillation, because the provider assumed the 75-year-old was likely to fall, hit his head and die from a massive brain bleed.

The current life expectancy in the United States for females is 76.4 years and for males it is 71.2 years. Those numbers are averages, not predictions, in which many people die at younger ages while others may live much longer.

Although we all experience changes as we age, the number alone doesn't define physical and mental capacity and shouldn't define the specifics of medical care. That is also true for other physical characteristics, like race, ethnicity and size. For example, African Americans statistically more often have hypertension but that doesn't mean a given black person does. The same logic applies to Hispanics and diabetes. Black people and Latinos should not be treated with preemptive anti-hypertensives or diabetes medication until they are proven to need them.

Body size also may lead to assumptions. Thin people who eat prudently and regularly exercise may be thin because they are physiologically fit and healthy, but not every thin person is fit and healthy (consider, for example, inactive smokers, those wasting from cancer and supermodels with eating disorders). Obese/overweight people are at risk for diabetes, heart disease and cancer, but presumptive treatment for those diseases, other than to optimize weight and fitness, should not start until testing shows it is needed.

The upshot of all this is that people should impart as much lifestyle information to their physicians as possible, even when not asked by a busy provider, including exercise type and quantity, sleep duration and quality, mood, social life and ability to do what's called activities of daily living, like dressing, eating, managing finances, leisure time activities and maintaining a home, to maximize appropriate care. We should also advocate for optimal care by asking questions if there is a concern that a care plan might not be appropriate for our specific needs, with questions such as:
"What is the rationale for this treatment?
Or, if there is a concern about age:
"Is this how you would treat someone who is ten years younger than me, and, if not, why?"

Also, any visit might be an opportunity to raise the issue of your preferences about treatment intensity and end-of-life care, ensuring that your choices prevail. Most providers schedule separate visits for these discussions, as they take time and sometimes involve paperwork.