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Ensuring dignity in an ageing world: improving care through a human rights approach

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Abstract

The unprecedented global increase in life expectancy is driving rapid population ageing, with individuals aged 60 and over projected to reach 1.4 billion by 2030. This fundamental demographic shift poses profound challenges to global resource allocation and the capacity of healthcare and social systems to ensure quality of life, not just longevity. Evidence consistently indicates that the current societal structures are inadequately prepared for this demographic transition. Older adults frequently face significant marginalisation in accessing fundamental human rights, including dignity and the highest attainable standard of health. This marginalisation stems from pervasive systemic barriers such as ageism, ableism, and mentalism, compounded by a paucity of older-adult-friendly facilities. This communication identifies and examines these systemic barriers, proposing targeted strategies for a fundamental rethinking of care (e.g., policy reforms that support integrated health and social services, intersectoral collaboration, and truly person-centred care models that prioritise dignity and autonomy), crucial for fostering inclusive environments that enable older populations to fully enjoy their human rights and thrive in an ageing world.

Keywords: *human rights, health and welfare, changing world demographics, ageism, mentalism, ableism*

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1. Introduction

1.1. The global demographic shift: a human rights imperative

A fundamental demographic shift is underway globally, driven by increased life expectancy and declining birth rates. The number of people aged 60 or over is predicted to rise from 1 billion in 2020 to 1.4 billion by 2030, at which point one in every six people globally will belong to this age group. This population group is expected to double to 2.1 billion by 2050 [1–3]. The most dramatic population ageing will occur in low- and middle-income countries (LMICs), where two-thirds of the world's population over 60 will live by 2050. While the high-income world has aged at a pace that allowed for economic and social adaptation, many LMICs are being forced to confront the challenges of an ageing population without the financial resources or established systems to do so effectively [1–3].

This trend necessitates a critical question, central to the WHO's Decade of Healthy Ageing (2021–2030): while we are progressively adding years to life, can we also add life to years worldwide? [4]. Though ageing is a complex process influenced by genetics, culture, and socioeconomic factors, a key result of a growing older population is a rise in age-related health issues, such as hypertension, cardiovascular disease, dementia, and frailty [5, 6]. Further, ageing may be accompanied by mental health disorders such as depression, with the rise in loneliness increasing mental health burden in older adults [7]. Care for older adults often falls short of meeting their unique needs, a situation compounded by significant disparities in access [8–10]. This compromises a state's ability to meet its human rights obligations, particularly the right to the highest attainable standard of health recognised in the Convention on the Rights of Persons with Disabilities (CRPD), which includes older persons [11].

This opinion piece argues that the health and welfare of older populations are a fundamental human rights issue. It will identify the systemic barriers to achieving this and propose a rights-based framework for action, grounded in global frameworks and policy examples. It is important to acknowledge that older adults are a highly heterogeneous population, and the health and social challenges they face vary significantly based on factors such as their health status, socioeconomic background, and cultural context.

2. Intersecting forms of discrimination: ageism, ableism and mentalism

2.1. Systemic barriers: the interconnected roots of neglect

Despite growing global commitments to human rights, older adults often experience significant marginalisation. The COVID-19

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pandemic starkly highlighted how systemic age discrimination can become a human rights violation, with disproportionate fatalities in care homes in high-income nations and the collapse of informal family care systems in LMICs [12]. At the core of this marginalisation are intersecting forms of discrimination. The UN Human Rights Council has consistently noted that human rights violations against older persons are often rendered invisible due to these pervasive "isms" [13–15].

- *Ageism:* Discrimination based on age is a widespread global problem in health and social systems [16]. This discrimination, rooted in widespread societal ignorance and a lack of understanding about the ageing process, is not merely a social prejudice but a systemic issue embedded in policy and resource allocation [16]. For example, studies in Iran have shown that ageist attitudes among healthcare professionals can lead to delayed care and misdiagnosis for older patients [17, 18]. Ageist biases can also lead to older adults being excluded from health research and clinical trials, resulting in a lack of evidence-based treatments tailored to their needs [16]. The extent of ageism is such that society frequently fails to notice when inaccurate stereotypes lead to policies and practices that treat older adults negatively [16]. In addition, some older adults have residual ageist attitudes themselves (self-directed ageism) and preclude themselves or other older adults from participation in society or from engagement with essential services [19]
- *Ableism:* This discrimination, based on perceived physical or cognitive limitations, often views disability as an individual failing rather than a societal issue [20]. The CRPD reframes this by focusing on societal barriers [11]. Older individuals, particularly the frail elderly or those with chronic conditions and mobility issues, face barriers from a lack of infrastructure (e.g., inaccessible public transport) and a cultural failure to accommodate their needs. In many rapidly developing Asian societies, the erosion of traditional filial piety due to urbanisation can leave older adults with physical limitations to navigate inaccessible environments on their own [21]. In Europe, the intersection of ableism, ageism, and socioeconomic marginalisation contributes to disabled older adults having limited access to routine and preventative healthcare [22]. Additionally, sexophobic social norms that portray older individuals as non-sexual and undesirable [23, 24] can serve as a significant barrier to sustaining sexual activity and intimacy in later life [25]. This challenge is particularly pronounced for individuals living with dementia [26], despite well-documented desires among older people to remain sexually active [27, 28].
- *Mentalism:* Discrimination based on mental illness compounds other "isms," leading to severe marginalisation [29].

An older individual with complex health needs, such as a person living with dementia who also uses a wheelchair, may face multiple layers of discrimination: being dismissed as "too old" (ageism), perceived as "incapable" (mentalism), and facing physical barriers (ableism) [15, 30]. This layering of prejudices profoundly affects their quality of life, hindering their access to fair care. The UN Open-Ended Working Group on Ageing has highlighted the need for a comprehensive international legal instrument to better address these interconnected issues, acknowledging their varied manifestation across different cultural and economic contexts [15, 30].

3. Discussion

3.1. A rights-based framework for action

Effectively addressing these systemic barriers requires a multipronged, systematic, and holistic approach that moves beyond ad hoc initiatives. Acknowledging that these issues are interconnected, our proposed framework aligns with the goals of the UN Decade of Healthy Ageing (2021–2030) [4] by calling for three key actions to be implemented in parallel.

3.2. Reframe the narrative: from "timebomb" to opportunity

The first step is to dismantle the negative narrative that portrays rising longevity as a "demographic timebomb" [2, 31]. This framing reinforces stereotypes and overlooks the immense potential of an ageing population. As advocated by the WHO's Global Report on Ageism, we must reshape societal perspectives by focusing on the positive aspects of this stage of life [16]. This reframing is particularly vital in rapidly ageing nations like China, where policies must be designed to harness the significant contributions of older citizens to the informal economy and as caregivers for their families, rather than viewing them solely as an economic burden [32].

As social norms evolve, so do perceptions of older individuals and their roles within society. A society's culture determines its views on ageing and the elderly [33]. Research shows a clear link: when a culture respects and includes its older members, it has lower rates of ageism [34]. This evidence confirms that cultural beliefs are a significant cause of age discrimination [35] and suggests that working to change those negative beliefs is a realistic way to reduce ageism where it is most common [33]. In essence, by highlighting the positive contributions and experiences of older adults, it is possible to actively challenge and reduce harmful age-based stereotypes [36]. This reframing must be supported by widespread health education for the entire population—not just healthcare professionals—to combat ignorance about ageing and foster a more empathetic and accurate understanding of older adults. Such education can demystify the ageing process and prepare society to better support the older adult population [37].

3.3. Strengthen policy and practice with a rights-based approach

New policies and practices must be grounded in a rights-based approach that is both person-centred and technologically informed.

- Person-Centred Care Models: Care for older adults must shift from a disease-centric approach to a person-centred model that respects their autonomy and dignity [9]. This means developing proactive systems focused on wellness and quality of life, not just disease management. The UN Principles for Older Persons affirm the rights to independence and participation [38]. Implementing person-centred care, driven by individual needs and integrated social services, is a practical way to uphold these principles, especially in LMICs where public healthcare is overwhelmed.

- Ethical Integration of Technology: Technology and AI are crucial for supporting healthy ageing. However, the digital divide remains a significant barrier [39]. In many developing nations, where telehealth could bridge vast geographical

distances, a lack of consistent internet access and affordable devices severely limits its potential [40]. Also, while the digital divide may be less pronounced for upcoming generations of older adults due to higher computer literacy [41], the digital illiteracy of the current cohort of older persons mandates action to improve digital skills, affordability, and accessibility [42]. The ethical implications of technology-assisted eldercare require a re-evaluation of the existing frameworks to ensure that concepts of patient autonomy and privacy are expanded [43, 44]. In addition, policies must be developed to prevent algorithms from discriminating against older adults in resource allocation and to protect them from scams.

3.4. Foster global and intersectoral collaboration

Table 1 suggests possible solutions to tackle difficulties faced by older adults by drawing on innovative ideas and practical examples from countries around the world. Effectively addressing the challenges of ageing requires collaboration across multiple sectors—including health, social services, housing, and education. This intersectoral approach is a central theme of the UN Decade of Healthy Ageing [4], led by the WHO. The UN Open-Ended Working Group on Ageing [15, 30, 44] consistently highlights the need for a unified global approach, arguing that isolated national efforts are insufficient given the diverse ways this demographic shift presents across countries. This unified approach is not about imposing a single solution, but rather about establishing shared principles and a collaborative framework, which can be seen in initiatives like the WHO's Global Network for Age-Friendly Cities and Communities [38] and the UN Principles for Older Persons [45].

For instance, while Japan's "super-aged" society requires specific policy responses to support a shrinking workforce, countries like Brazil and the Philippines, with much more rapid demographic shifts, need to focus on building robust social and healthcare infrastructure at an accelerated pace. A unified global approach would facilitate the sharing of best practices and research from different regions, enabling countries to learn from one another's successes and failures. In Nigeria, for example, the challenge of declining traditional family support systems and a lack of fully implemented national policies could be addressed more effectively through international collaboration and access to global expertise on developing multi-sectoral strategies.

Global demographic changes necessitate treating ageing as a human rights issue. Neglecting the human rights of older adults will worsen their health and well-being, as documented in various reports from the Human Rights Council [46, 47]. However, by investing in their health, welfare, and active participation, we can transform the perceived "demographic time bomb" into an opportunity for a more inclusive and experienced society. This concerted, rights-based approach, which integrates policy reforms, narrative reframing, and intersectoral collaboration, is essential to ensure that ageing populations worldwide can live active, independent, meaningful, and safe lives [9]. The intersection of global ageing with challenges like globalisation, pandemics, and climate change [48] highlights the need to address ageing as a global issue that extends beyond national borders [49]. A unified global research effort is essential for understanding and managing the complex factors that marginalise older adults [47]. This collective endeavour is crucial for defining optimal care requirements for older adults worldwide [50].

Table 1 • Addressing Challenges and Building Age-Friendly Societies.

Challenge	Key issues for older adults	Possible solutions
Ageism	Workplace discrimination, negative media stereotypes, social exclusion, and healthcare disparities	Advocate for fair employment practices [51], challenge stereotypes, and showcase positive, diverse images of ageing [52, 53]. Implement ageism audits and provide counselling for primary care practitioners. Build inclusive communities that foster intergenerational interaction.
Ableism/Mentalism	Inaccessible public spaces and transport, a lack of affordable assistive technology, and societal misunderstanding of cognitive and mental health issues.	Implement universal design principles in architecture and public spaces. Subsidise assistive technology to make crucial tools more accessible [54, 55]. Focus on societal barriers rather than individual limitations.
Paucity of Facilities	Shortage of age-friendly housing, insufficient community services, limited access to mental health support, and a lack of learning opportunities.	Incentivise age-friendly housing with grants and tax breaks for developers [56]. Increase funding for senior centres, meal programmes, and transportation services. Expand mental health training and access to geriatric specialists [57]. Offer diverse community learning opportunities.
Erosion of Autonomy and Independence in Older Adults	Eroded personal choice, impaired daily function, social disconnection, dependency anxiety, and restricted engagement in valued activities.	Support autonomy with personalised care plans and supportive technology like smart home devices [58, 59]. Address social isolation through environmental design and psychosocial support. Create dementia-friendly communities and offer rehabilitation services and peer support groups [60]. Promote accommodation options such as "Home share" [61].
General Issues	Inadequate education for healthcare workers, insufficient funding for geriatric care, digital exclusion, neglected mental health, lack of long-term care options, economic insecurity, and elder abuse.	Train healthcare professionals to recognise ageist biases and provide specialised care [57]. Ensure equitable healthcare funding for geriatric care, including long-term and home care [62]. Bridge the digital divide with integrated digital health solutions and training [58, 59]. Integrate mental health services within primary care. Expand and fund long-term care options that prioritise home and community-based services over institutional care, in line with person-centred care principles [63, 64], and adopt a zero-tolerance approach to abuse of older adults [65].

4. Conclusions

4.1. A call to action for a rights-based future

Global population ageing must be reconceptualised, moving beyond the perception of a looming financial problem to a valuable ethical imperative, a significant strategic opportunity for society, and fundamentally, a matter of human rights. When society actively invests in the health, security, and participation of older people, the negative view of an ageing population can be changed, and a more valuable and inclusive society can be created. For these ethical goals to become reality, commitments and discussions must be turned into specific laws and international policies. The lack of a global treaty specifically on the rights of older people is a key weakness, leading to different protection standards worldwide. As a result, the focus of global research must shift. Instead of just identifying problems that cause marginalisation, research should now systematically check how well rights-based policies actually work in various countries and economic settings. This is especially important as ageing connects with other major issues, such as public health crises and climate change. Ultimately, only a focused, evidence-based global effort, guided by principles of fairness and justice, can ensure that living longer genuinely leads to sustained well-being and fair contribution for all older citizens.

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