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LETTERS

Overprescribing is a systemic ill that ails older patients

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Dr. Jeffrey L. Schnipper's call for restraint and transparency in prescribing highlights crucial concerns about polypharmacy, or the use of multiple medications, and medication safety ([“There is no conspiracy, but doctors do have a bias when it comes to medications,”](#) Opinion, Oct. 14). However, the issue of overprescribing demands that we address the deeper forces of ageism and ableism that often drive these patterns, especially among older and disabled people.

[Older people](#), disproportionately affected by chronic illness, are more likely to be prescribed multiple medications, sometimes without adequate consideration for their individual needs, preferences, or vulnerability to side effects and harmful interactions. This is not just a clinical oversight but also a reflection of systemic biases that see aging patients as passive recipients rather than partners in their own care.

Older adults frequently experience medication-related harm simply because their concerns go unheard or their unique risks are overlooked. [We must confront the ingrained assumptions](#) that more medicine is better and ensure that de-prescribing (reducing or stopping medications that may be harmful or that may no longer be beneficial), patient autonomy, and alternative approaches are prioritized in every encounter.

Physicians, patients, and health systems must reject age-based bias in medical decision-making and prioritize clear communication, shared decision-making, and individualized care. Doing so would not only help protect patients from harm. It would also restore dignity to the way we care for our aging population.

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The writer is a member of Dignity Alliance Massachusetts. He was an administrator in health care for 35 years.

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