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Aging and Suffering: Ageism in the Context of Structural Inequality and Social Spending in Brazil

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Summary

Brazil is experiencing accelerated population aging within a context of persistent structural inequality and social reforms that weaken social protections. This article investigates how vulnerabilities in old age are socially produced through the articulation between premature demographic transition, incomplete epidemiological transition, institutionalized ageism, and age-related necropolitics. Through a critical theoretical-documentary analysis, four analytical propositions are examined: aging as a premature demographic transition; the triple burden of disease as a persistent pattern of expanded morbidity; ageism as a mediating device between structural conditions and health outcomes; and fiscal and social security reforms as institutional arrangements that systematically deepen insecurity in old age. The operationalization of the concept of ageism reveals concrete manifestations in health policies, protocols, and practices.

Empirical evidence confirms that elderly Brazilians live more than eight years with severe functional limitations, characterizing an expansion of morbidity. The Constitutional Amendments 95/2016 and 103/2019, implemented simultaneously with population aging, represent a political choice to systematically produce insecurity for vulnerable populations. A survey conducted in the SciELO, CAPES Journals Portal, and Scopus databases reveals consistent scientific production on ageism in the period 2020–2025, indicating an intensification of academic interest, particularly during the COVID-19 pandemic. The research demonstrates that dignified aging does not result from natural processes, but from deliberate political choices that can and should be challenged.

Keywords: Ageism. Aging. Social Determinants of Health. Vulnerability.
Social inequality. Necropolitics.

Abstract

Brazil is experiencing accelerated population aging in a context of persistent structural inequality and social reforms that weaken social protections. This article investigates how vulnerabilities in old age are socially produced through the articulation between premature demographic transition, incomplete epidemiological transition, institutionalized ageism, and age-related necropolitics. Through a critical theoretical-documentary analysis, four analytical propositions are examined: aging as a premature demographic transition; the triple burden of disease as a persistent pattern of expanded morbidity; ageism as a mediating device between structural conditions and health outcomes; and fiscal and social security reforms as institutional arrangements that systematically deepen insecurity in old age. The operationalization of the concept of ageism reveals concrete manifestations in health policies, protocols, and practices. Empirical evidence confirms that elderly Brazilians live more than eight years with severe functional limitations, characterizing an expansion of morbidity. The constitutional reforms EC 95/2016 and EC 103/2019, implemented simultaneously with population aging, constitute a political choice for the systematic production of insecurity for vulnerable populations. A survey conducted in the SciELO, CAPES Journals Portal, and Scopus databases reveals consistent scientific production on ageism in the period 2020–2025, indicating an intensification of academic interest, particularly during the COVID-19 pandemic. The research demonstrates that dignified aging does not result from natural processes, but from deliberate political choices that can and should be challenged.

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1. INTRODUCTION

1.1 Accelerated aging and structural transitions in Brazil

Brazil is undergoing a demographic transformation of rare magnitude in national trajectories. comparable. The age structure, historically marked by a young base, is beginning to reveal a A consistent process of inflection, with its own needs and differentiated forms of exposure to vulnerability.

Projections indicate that, by the middle of the 21st century, three out of ten Brazilians will be part of the workforce. the senescence contingent — a result that should not be read as a mere statistical curiosity, but as an announcement of a profound reconfiguration within the framework of social forces, so much so that in 2025, the Brazil has established itself among the nations with the largest absolute number of elderly people in the world. But what What distinguishes Brazilian aging is the speed with which it is taking hold: while France has... It took Brazil more than a century to metabolize the transition from 7% to 14% of its population being elderly. This compresses the process into about 25 years. This acceleration eliminates the possibility of adjustments. gradual social accumulations, producing a structural imbalance in which change Demographic changes exceed the response capacity of institutions (IBGE, 2018).

This scenario is linked to an incomplete epidemiological transition, which deviates from the model. Omran's classic (1971)v to institute perverse overlap: the coexistence of the double burden of diseases in which the chronicity of degenerative pathologies coexists with the persistence of conditions infectious diseases. This configuration reveals that longevity, in the Brazilian context, This often does not translate into a healthy life, but rather into an expansion of morbidity marked by long periods of illness. periods of functional limitation and dependence. The persistence of these asymmetries corroborates the thesis of that aging is traversed by profound territorial cleavages: while the South and Southeast While the North and Northeast regions exhibit patterns similar to the consolidated transition model, they remain... in a polarized and prolonged transition.

This situation is compounded by striking structural inequalities. Recent reforms have exacerbated them. In this scenario, the Pension Reform (Constitutional Amendment No. 103/2019) deepened this trajectory by instituting the... The mandatory minimum age is 62 for women and 65 for men under the general regime. In addition... Furthermore, it increased the minimum contribution period for male new employees from 15 to 20 years and altered... The calculation formulas reduce the initial value of benefits in several cases. For workers In rural areas, the tightening of evidentiary requirements occurs in a context of high informality. This tends to drastically hinder effective access to social protection. The chronic underfunding of Health issues exacerbate this scenario, especially affecting those who require continuous and complex care.

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(Veras, 2009; Vieira & Benevides, 2016).

Farmer (2003) allows us to interpret this set of factors as structural violence with age range. The category of structural violence, formulated by Johan Galtung (1969) and expanded by Paul Farmer (2003) in the field of medical anthropology, refers to aggressions whose determinants They cannot be traced back to a specific individual actor, but are embedded within the organization itself. political and economic aspects of society.

1.2 Ageism as an emerging problem on the public health agenda

Adjacent to the demographic and epidemiological transitions, a third vector structures the Vulnerabilities in Brazilian old age: ageism — understood as systematic discrimination. anchored in the generational criterion. Its relevance to the field of public health remains. underestimated, since it operates under the sign of naturalization, devoid of social contestation. explicit, which today lashes out at other forms of oppression.

In the international academic landscape, the turn of the millennium consolidated ageism as a social determinants of health, highlighting their capacity to modulate everything from access flows to services extend to the biological outcomes of senescence itself. In Brazil, however, such a perspective It is proving to be incipient; the architecture of public policies aimed at the elderly remains anchored in strictly biomedical and functional parameters, neglecting age discrimination as a independent analytical variable capable of shaping disease trajectories.

The World Health Organization, in its *World Ageing Report* (2022), points out that for every two individuals, one harbors discriminatory attitudes based on age. The documentation International relations reiterate that ageism produces measurable consequences for physical integrity and mental health in elderly populations, directly impacting the quality of care and the erosion of... social participation. In a context marked by accelerated aging under the aegis of Persistent inequality, like that of Brazil, means that these effects are amplified by the friction between time. demographic factors and the inadequacy of pre-existing structural conditions.

Old age thus emerges not as a homogeneous stage of life, but as a privileged space. an observation of the structural tensions that permeate contemporary Brazilian society. More than That's it: old age reveals itself as *a locus* where social contradictions become particularly visible. ...and in which the gap between constitutional promises and concrete reality takes on enormous dimensions. expressive.

1.3 Problem Statement: What is hidden beneath the numbers?

Given this scenario of accelerated transformation, persistent structural inequalities and

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Given the naturalization of ageism, a fundamental question arises: how are these factors articulated?

Specifically, what are these multiple dimensions in the production of specific vulnerabilities in old age?

The question is not merely technical or administrative — how many beds?

Hospitals will be needed, what should the minimum retirement age be, how to balance

pension accounts. Rather, this is a question that touches upon the very foundation of the agreement.

Social: What kind of society is being built when precarization is institutionally organized?

Does this imply the existence of a growing segment of the population? When structural reforms reduce protections

Just when the demographic profile would demand its expansion? When ageism — a form of

Pervasive and often invisible discrimination — operates daily without arousing outrage.

Is the collective reaction equivalent to that caused by other forms of prejudice?

More specifically, it is worth asking: to what extent does ageism act as a social determinant?

How does health mediate relationships between structural conditions and individual outcomes? How do stereotypes work?

Negative beliefs about aging, internalized throughout life and reinforced institutionally,

Do these factors translate into trajectories of illness? In what way does structural violence, with an age-related focus, affect this process?

It manifests itself in the daily practices of health services, in social security policies, in arrangements

Family caregivers?

1.4 Analytical propositions: pathways to understanding the social production of vulnerability

This investigation is based on a set of interconnected analytical propositions, which

They traverse different levels of analysis, but converge towards an integrated understanding of the processes.

which produce vulnerability in contemporary Brazilian old age. It is worth clarifying that, given the

Based on the adopted theoretical and documentary framework, these propositions are not hypotheses to be confirmed.

or refuted by direct empirical testing, but analytical constructs that guide the critical reading of

The literature, secondary data, and institutional documents examined were based on this analysis.

The first proposition — of a structural nature — argues that Brazilian aging is

This is considered a premature demographic transition in relation to institutional development.

characterized by a temporal mismatch between the speed of demographic change and the capacity of

adaptation of social structures. This mismatch is not accidental or transitory, but constitutive.

of the Brazilian development model, in which demographic modernization preceded and largely

The measure became detached from institutional modernization.

The second proposition, of an epidemiological nature, argues that the triple burden of disease

observed in the Brazilian elderly population is configured as a persistent pattern of morbidity.

expanded. Unlike the morbidity compression model, in which the additional years of

While life would be lived with relative health, the Brazilian case is closer to the expansion model: lives-

There is more, but life is worse, carrying the burden of multiple illnesses for prolonged periods and

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functional limitations.

The third proposition, of a sociocultural nature, posits that ageism acts as a device. of mediation between structural asymmetries and individual health outcomes. Far from constituting This mechanism, a mere discriminatory appendix added to other inequalities, operates in reorganization and legitimation of pre-existing disparities, transmuting social cleavages forged from attributes perceived as natural to the aging process.

In this process, ageism establishes mechanisms of structural circularity: older people They become the object of social categorization as dependent and economically unproductive, not in This is due to limitations inherent in aging, but also stems from socially imposed expectations. crystallized patterns that operate as pre-existing classification schemes.

This is a process in which ageism establishes a 'self-fulfilling prophecy' (Merton, 1948), in which False definitions of the situation guide policies that end up making them true. Exclusion. The social context precedes ontologically and determines the conditions of dependence that the hegemonic discourse... Later, it is reified as a purely biological and natural aspect of aging.

The fourth hypothesis posits that the social reforms implemented in recent decades — with Emphasis on the constitutional amendments regarding social security (EC 103/2019) and fiscal policy (EC 95/2016) — They transcend the rhetoric of technical adjustments in response to macroeconomic constraints. Such These devices ultimately represent a deliberate political choice that institutionalizes the systematic production of insecurity for vulnerable populations. When implemented Simultaneously with the acceleration of population aging, these reforms configure arrangements which make dignified survival in old age progressively unfeasible for the strata subordinated.

This dynamic is understood from the conceptual framework of necropolitics by Achille Mbembe. (2003), according to the theoretical mediations presented in section 2.4. From this perspective, sovereign power does not It operates not only through direct elimination, but also through the organization of structures that expose bodies. specific—in this case, the impoverished elderly population—to living conditions that They anticipate social and material death. Permanent austerity and the hardening of the thresholds of Access to social protection is therefore revealed as a mechanism for managing finitude, where the The viability of life in old age is determined by the logic of capital to the detriment of the pact. constitutional dignity.

Table 1 Central analytical propositions of the investigation

Proposition	Description
PA1: Structural	Brazilian aging represents a premature demographic transition in relation to institutional development, characterized by a temporal mismatch between the speed of demographic change and the capacity of social structures to adapt.

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PA2: Epidemiological	The triple burden of disease observed in the elderly population is a persistent pattern of expanded morbidity: people live longer, but they live worse lives, carrying multiple illnesses and functional limitations for prolonged periods.
PA3: Sociocultural	Ageism acts as a crucial mediator between structural conditions and individual health outcomes, amplifying and naturalizing inequalities through internalized and institutionally reinforced negative stereotypes.
PA4: Political-institutional	The social reforms (Constitutional Amendments 95/2016 and 103/2019) represent a political choice that systematically deepens insecurity for vulnerable populations, configuring an institutional arrangement that produces vulnerability in old age.

Source: Author's own elaboration.

These four propositions — structural, epidemiological, sociocultural, and political-institutional — are articulated in an integrated explanatory model. Accelerated aging under inequality Persistent epidemiological transition creates structural conditions of vulnerability; incomplete epidemiological transition. It materializes these vulnerabilities in specific patterns of morbidity; ageism naturalizes and It amplifies these vulnerabilities; institutional social reforms deepen such vulnerabilities. Removing protections precisely when they are most needed.

2. THEORETICAL AND CONCEPTUAL FRAMEWORK

Every investigative endeavor requires building an adequate conceptual arsenal—not as not merely an academic formality, but a genuine intellectual necessity. The phenomena that... aims to understand — aging under inequality, avoidable suffering, exclusion naturalized — they do not reveal themselves to naive observation. They require theoretical lenses that allow to examine power relations hidden beneath the apparent neutrality of the data, which connect trajectories Individual illnesses are linked to structural processes that produce vulnerability.

2.1 Ageism: conceptual foundations and necessary distinctions

In 1969, gerontologist Robert Butler coined the term *ageism* — translated here as Ageism or age discrimination — to designate a specific form of discrimination based on age. Butler (1969) observed a systematic pattern of stereotyping and exclusion against older people, Analogous in structure to racism and sexism, but possessing a peculiar invisibility. Unlike other forms of oppression that faced increasing social challenge, the Ageism operated — and to a large extent still operates — as a naturalized category of prejudice.

For the analytical purposes of this article, an operational distinction is proposed — recognized by authors as a self-construction and not as an established consensus in the literature — between ageism and Ageism. Ageism is used here as a broader category, referring to attitudes, Prejudices and exclusion processes that affect individuals as a result of their place in the cycle of life, at any stage. In this broad sense, age-based prohibition acts as a device.

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a form of control that also manifests itself on the threshold of youth, reinforcing stereotypes of immaturity or ineptitude.

Ageism, in turn, is used here to specifically designate discrimination. directed at the elderly — a crystallization of this grammar of exclusion focused on senescence. Although most national authors use the terms interchangeably (which is equally legitimate), the distinction adopted has heuristic value for the analysis developed in the sections. The following is important insofar as it allows us to isolate the specific mechanisms that operate on old age. Add to this a particular temporal aspect, considering that, unlike other Discrimination, ageism is directed against a group of which everyone—if they survive long enough—is vulnerable. sufficient — eventually they will become part of it. Stereotypes are thus internalized and will become subsequently applied to oneself — a circularity that reveals a society capable of naturalizing a prejudice that, in the future, will turn against her.

2.2 Ageism as a social determinant of health: from prejudice to pathology

In the field of care interactions, the dynamics of generational discrimination manifest themselves. This is more serious when access to services is mediated by biases and clinical decisions. They become guided by assumptions about the relative value of long lives. In this scenario, one operates a double violation: the objective denial of the right to health and the subjective prohibition of recognition. of the elderly as subjects with full rights.

The biological materiality of this exclusion finds its basis in Becca's research. Levy et al. (2002), whose evidence indicates that the internalization of negative stereotypes about Aging produces measurable and deleterious physiological effects. Although reversing these... Results for the national scenario require caution given the profound structural asymmetries in health. which distinguish Brazil from high-income contexts, these findings offer an empirical basis consistent for understanding how internalized ageism modulates health behaviors and clinical responses.

As evidenced in Levy's theses (2002; 2009), the impact of prejudice is not merely not a symbolic offense, but a sociocultural pathology capable of subtracting years from the life trajectory of subject. In Brazil, this perspective guides the interpretation of national data, revealing that grammar Ageism operates as a relentless social determinant of health, transforming social exclusion. in a premature death sentence inscribed in the very biology of aging.

Ageism operates across multiple layers: at the macrostructural level, It manifests itself in ideologies that measure human value by productive capacity and in policies. which systematically prioritize other age groups. At the intermediate level, it is expressed in Discrimination in the labor market, spatial segregation, and underrepresentation in the media. At the level

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Proximal development is revealed in medical practices that attribute symptoms to age instead of investigating them, in infantilizing family relationships and progressive social isolation (Allen, 2016; Chang et al., 2020).

It is important to understand that ageism does not operate in isolation, but rather intersectionally. Chang et al. (2020), in a global systematic review, demonstrated that the effects The harmful effects of ageism are amplified when combined with poverty, racism, and sexism. Elderly Black and poor women face not merely a sum of discriminations, but an intensification of them. reciprocal, resulting in systematic invisibility and progressive exclusion from care systems. (Arber & Ginn, 1991; Calasanti & Slevin, 2001).

2.3 Operationalizing ageism in the field of health: from theory to institutional practice

Understanding ageism conceptually is a fundamental step, but it is insufficient. It becomes It is imperative to operationalize the concept, translating it into indicators that allow us to identify its... Concrete manifestations in health systems and practices.

Table 2 presents this systematization, organized into six analytical dimensions: policies and priorities, clinical protocols, resource allocation, screening practices, communication and decision-making. decision. The indicators were derived through cross-analytical reading of Allen (2016) and Chang et al. (2020), identifying, in each dimension, the concrete manifestations that the authors They describe them as being associated with institutional ageism. This is, therefore, an interpretative synthesis. based on the sources cited, and not an exhaustive list.

Table 2 Indicators of institutional ageism in the field of health

Dimension	Indicators
Policies and priorities	The health of older people is not defined as a priority; policies are predominantly focused on other age groups; there is a lack of specific goals; and there is underrepresentation on health councils.
Clinical protocols	Age limits for procedures regardless of functional status; protocols that stigmatize older people; refusal of care based on chronological age.
Resource allocation	Focus on treating acute episodes at the expense of prevention; underfunding of primary care; shortage of geriatric specialists.
Screening practices	Underscreening for depression (symptoms attributed to normal aging); overscreening for frailty; inadequate pain screening; age-related screening in emergencies.
Communication	Infantilizing treatment; communication directed at caregivers instead of the patient; presumption of cognitive impairment; disregard for the patient's preferences.
Decision making	Exclusion of elderly people from decisions about their own treatment; presumption of incapacity to make decisions; limitation of therapeutic options based on age; exacerbated medical paternalism.

Source: Author's own elaboration, based on Allen (2016) and Chang et al. (2020). Indicators derived through interpretative synthesis.

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A crusade against the manifestations of institutional ageism described by the authors cited.

2.4 Transitions in conflict: aging under the aegis of inequality

The classic theory of demographic transition is challenged by Brazilian reality. While the Notestein's model predicted gradual equilibrium mediated by development; Brazil is facing [the same situation]. severe chronological mismatch: a transition compressed into just 25 years, a process that in France, as mentioned, took more than a century. This acceleration consolidates what Alves (2019) It is termed "aging before enrichment," in which mass senescence occurs without the prior overcoming of poverty or the consolidation of adequate social protection.

This demographic acceleration is linked to an ongoing epidemiological transition. Distant. From Fries' (1980) hypothesis of "compression of morbidity," the national scenario materializes the Gruenberg's counterpoint (1977): the expansion of morbidity, considering that the elderly Brazilian On average, they live more than eight years with serious functional limitations (Camargos et al., 2008). This phenomenon is not a biological inevitability, but the result of political choices that prioritize attention. Hospital-based care is prioritized over longitudinal care.

Table 3 Comparative characteristics of the demographic and epidemiological transitions

Dimension	Developed countries	Brazil
Transition speed	Gradual (France: 115 years to double the proportion of elderly people)	Accelerated (approximately 25 years for the same transition)
Development relationship with	Aging enrichment after	Aging before enrichment (Alves, 2019)
Epidemiological transition	Progressive replacement of infectious diseases by chronic diseases	Persistent coexistence: triple burden of disease
Morbidity pattern	Compression of morbidity (more years of good health)	Increased morbidity (8+ years with severe limitations)
Social inequality	Reduced and declining	Elevated and persistent (Gini 0.52 among the elderly)
Social protection	Consolidated during the aging process.	Weakened by social reforms during old age.

Source: Author's own elaboration, based on Kalache and Keller (2000), Schramm et al. (2004) and Camargos et al. (2008).

The notion of necropolitics, developed by Achille Mbembe (2003) from contexts of Colonial sovereignty, war, and camps of exception — where sovereign power decides on life and existence. death of entire populations —, It has been progressively mobilized in more analytical ways. broad, including in the field of public health. Biehl (2007), when analyzing the abandonment of patients with AIDS in Brazil is a prime example of this expansion: the concept is applied to various forms of State disinvestment, while not directly eliminating existing problems, produces conditions that lead to premature death and avoidable suffering in marginalized populations. It is within this tradition that this article situates its...

The use of age-related necropolitics.

This conceptual extension is legitimate, provided its limits are recognized: it is not a matter of

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to claim that the Brazilian state is declaring war on poor elderly people, but to highlight that arrangements institutional — such as freezing social spending for twenty years in the context of Accelerated aging—produces effects that, from the point of view of the most vulnerable individuals, translate into deprivation of basic conditions of dignity in old age. It is in this restricted sense... It is through this article that the concept of age-related necropolitics is employed as an analytical tool. to name the political dimension of choices that unequally distribute the conditions of dignified aging.

Within this framework, the concepts of ageism, structural violence, and necropolitics They are articulated as mechanisms that operate simultaneously in the social production of vulnerability. Old age in Brazil thus emerges as the *locus* of a biopolitical tension in which precariousness The existence of a company is fueled by fiscal constraints that fall differently on the... most vulnerable populations.

3. METHODOLOGY

The research is situated in the field of social sciences applied to health, adopting a perspective... qualitative, critical-interpretative in nature. It is a theoretical-analytical effort that aims to... to understand the mechanisms by which vulnerabilities in old age are socially produced, Unveiling power relations that lie hidden beneath the apparent naturalness of demographic processes, epidemiological and institutional factors. The choice of a qualitative approach is based on... recognition that complex social phenomena — aging under inequality, ageism Institutionalized, structural violence—cannot be adequately understood through the Reduction to measurable variables and linear causal relationships.

3.1 Design and conceptual model

The design is characterized as a critical theoretical-documentary analysis. This movement Dialectical analysis confronts the specialized literature on demographic transitions and ageism with data. demographic, epidemiological and normative aspects of contemporary Brazil.

The operationalization of ageism in the field of health required the construction of a model that articulated indicators of quality of care, professional training, and organizational biases. as detailed in Table 2.

3.2 Data sources and analytical procedures

The construction of the investigative *corpus* was carried out through multiple complementary approaches.

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In the demographic context, the analysis was based on data from the IBGE — specifically the Projections of Population (2010-2060) and the Continuous National Household Sample Survey — PNADC —, which allowed for the examination of the inflection point in the age structure and the persistent asymmetries in the distribution of income. In the epidemiological field, the investigative foray was anchored in the scrutiny of indicators from the National Health Survey and the developments of the SABE study, whose data on Multimorbidity and years lived with functional disability reveal the materiality of Brazilian aging. This evidence was fundamental in confronting the rhetoric of longevity with the reality of a life expectancy marked by functional precariousness.

In the political-institutional domain, the analysis examined the 1988 Federal Constitution and the Constitutional Amendments 95/2016 and 103/2019, treating them as devices that shape protection. social and reconfigure the healthcare architecture of the SUS (Brazilian Unified Health System) in the face of aging. This framework The normative framework is challenged by Achille Mbembe's reference point, allowing the exercise of a [blank] to be unveiled. power that, by defining the unequal distribution of resources, arbitrates on the viability of the existence of socially subordinated groups.

The analytical procedures combined systematic rigor with interpretative sensitivity. Data Quantitative data were historically contextualized to avoid uncritical interpretations, while... Political documents were subjected to critical content analysis, questioning their... Official justifications and effective consequences. The specialized literature was integrated by means of A critical review, identifying convergences and gaps in the contemporary debate.

The central strategy was the triangulation of sources, systematically comparing data. epidemiological, public policy, and qualitative studies. The intersectional perspective guided the entire process. the process, ensuring that the analyses respected the heterogeneity of experiences of aging.

3.3 Bibliometric Survey Protocol

To characterize the state of scientific production on ageism in the recent period, it was carried out- The survey was conducted in the following databases: SciELO, CAPES Journals Portal, and Scopus.

The bibliometric analysis was performed in December 2026, outlining a coverage temporal period between the years 2020 and 2025. The arsenal of descriptors used included the terms "Etarismo", "idadismo", "ageism", and "discriminação egência", strategically applied to the fields of Title, abstract, and keywords. Inclusion criteria prioritized articles published in... peer-reviewed scientific journals whose thematic focus revolves around ageism as an object of study. central or relevant, accepting productions in Portuguese, English, or Spanish. By choice. For methodological reasons, theses, dissertations, conference proceedings, book chapters, and documents were excluded. of a strictly institutional nature.

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The consolidated mapping of this scientific topography identified approximately 1,240 articles in the SciELO database and the CAPES Periodicals Portal, linked to approximately 2,340 records in Scopus, totaling approximately 3,580 publications. Considering the inherent overlap between In databases, these figures should be understood as estimates of field density, and not as an absolute count of unique productions. No systematic content analysis was performed. of the works located, which is why the survey takes on an eminently descriptive character, intended to situate the volume and trends of scientific production within the contemporary context, without claim to be an exhaustive summary.

The growing academic interest in ageism is strongly reflected in graduate studies . *In other words,* the survey conducted in the CAPES Catalog of Dissertations and Theses indicated the existence of... of approximately 16,650 works that revolve around the theme. In a comparative perspective, the a voluminous production of theses and dissertations compared to the contingent of 3,580 articles published in The use of peer-reviewed journals signals a field in the process of maturation and consolidation. This asymmetry suggests a latent potential for translating this knowledge into publications. indexed, strengthening the qualified circulation of the debate on aging in the scenario national.

3.4 Ethical considerations and limitations

Although the methodological design did not involve direct contact with human beings, the The investigation is permeated by unavoidable ethical responsibilities. The analytical effort sought a delicate balance between denouncing structural vulnerabilities and acknowledging that... Elderly individuals are not merely repositories of need, but actors endowed with agency, capable of... Resistance and transformation in the face of social prohibitions.

It is assumed, however, that documentary and theoretical analysis operates an inevitable mediation. The voices of the subjects remain captured by statistical grammar and academic categories. This highlights the need for future ethnographic and participatory studies. Such investigations are urgently needed to capture the territorial specificities and heterogeneities that They make up the mosaic of Brazilian aging.

4. ANALYSIS AND DISCUSSION

The analysis that follows uses the conceptual model presented to examine how Accelerated aging, persistent inequality, incomplete epidemiological transition, and ageism. Institutionalized factors contribute to the production of vulnerabilities in old age in Brazil.

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4.1 Structural mismatch and the materialization of vulnerability

The aging of the Brazilian population represents a premature demographic transition compared to the Institutional development. Social institutions — health systems, social security arrangements, Urban structures and public policies develop slowly and require decades to... Consolidation. When demographic transformation occurs at a rate several times faster, the Disagreement becomes inevitable, and its effects become concrete.

In healthcare, the primary care network remains insufficient to meet the demands of managing... Given the chronic conditions, geriatric specialties are scarce — an estimated 3,200 geriatricians. for more than 33 million elderly people (Cintra et al., 2025) — and hospitals, structured for events Acute cases prove inadequate for dealing with complex multimorbidity. In social security, one A system designed for significantly lower life expectancy faces increasing pressure. The solutions were not met with structural adaptation, but with stricter requirements that penalize them. Most vulnerable workers. In urban infrastructure, cities built for young populations. They are becoming increasingly inadequate, with inaccessible transport, deteriorated sidewalks and absence of adapted public spaces — conditions that restrict mobility, amplify Isolation and accelerate functional decline.

The second analytical proposition — that the triple burden of disease constitutes a pattern persistent expanded morbidity — finds support in the available evidence. Data from National Health Survey reveals that 75.3% of elderly Brazilians have at least one Non-communicable chronic diseases, with more than half experiencing multimorbidity. NCDs The most prevalent include high blood pressure (52.7%), high cholesterol (27.1%), arthritis or rheumatism (24.0%) and diabetes (19.9%). Unlike the classic transition model Epidemiologically, these conditions coexist with infectious diseases — tuberculosis, dengue fever, diseases diarrheal diseases — and with significant mortality from external causes (IBGE, 2020). The most revealing data This comes from the SABE study: elderly Brazilians live, on average, more than eight years with limitations. severe functional impairments occur in some countries, while in high-income countries this period rarely exceeds three years. (Camargos et al., 2008).

This increase in morbidity is not the result of biological inevitability, but of political choices. identifiable. The allocation of resources in the SUS favors hospital care (47% of spending) in to the detriment of primary care (18%), reversing the priorities necessary for the management of conditions chronicles.

4.2 Institutional Ageism: From Theory to Concrete Manifestations

The third analytical proposition — that ageism acts as a mediator between conditions

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structural and individual health outcomes — finds support in international studies and in Emerging national evidence. In the United States, Levy et al. (2002; 2009), although discussed With the caveats of contextualization in section 2.2, they demonstrated that the internalization of stereotypes Negative aspects of aging produce measurable effects on clinical outcomes and health behaviors. When this scenario is projected onto Brazil, it tends to intensify. due to structural conditions of social inequality, however, research on this situation These studies have not yet been carried out, which limits their quantification.

However, here institutional ageism manifests itself in concrete indicators: absence of Specific goals for elderly health in state and municipal plans; protocols that establish age limits for procedures such as dialysis, chemotherapy, and complex surgeries. Regardless of individual functional status; subscreening for depression, whose symptoms are attributed to normal aging rather than recognized as a treatable pathology (Bodner et al., 2012); and systematic undervaluation of pain, presumed to be an inevitable component of old age, resulting in undertreatment and avoidable suffering.

The concept of age screening makes these mechanisms particularly visible. This refers to... The process by which chronological age operates as a criterion—explicit or implicit—for the Referral or refusal of treatment (Callahan, 1987; Daniels, 2008; Emanuel et al., 2020). During the COVID-19 pandemic, this ageism became unequivocal: protocols of some institutions established that patients above a certain age would not be admitted to the ICU or undergoing mechanical ventilation, regardless of recovery potential (CREMEC, 2022).

This reification of the elderly subject materialized in the use of instruments such as the Scale of Clinical Frailty and the SOFA Score, which, under the aegis of a "rational allocation of resources" "Scarce resources" have turned natural aging into a biological liability (AMIB, 2020). utilitarian pragmatism, by prioritizing the "potential years of life saved" to the detriment of The uniqueness of existence directly confronted the Brazilian legal system. In response, Organizations such as the Federal Public Prosecutor's Office (MPF) have ratified that the gradation of the value of lives with basing this on social utility or remaining longevity is unconstitutional, since... The vulnerability inherent in old age should be a criterion for state protection, not a basis for it. Exclusion from access to life-support technologies. In this logic, old age is ontologically reduced. to the category of "devalued life," whose remaining years are measured from the perspective of productivity and social cost, justifying the suspension of constitutional dignity in favor of a biometric determinism.

The intersectional dimension reveals that elderly Black and poor women face a Mutual reinforcement of discrimination: they are made invisible as women, marginalized.

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Like Black women, devalued as poor, and discarded as elderly. Each layer of oppression.
It amplifies the others, producing distinctly different vulnerabilities that require responses.
equally multidimensional policies.

4.3 Necropolitics, reforms and possibilities for intervention

The fourth analytical proposition—of a political-institutional nature—argues that the reforms
Social policies implemented in recent decades constitute a political choice that deepens
Systematically, insecurity in old age is what demands the most cautious interpretation, but
also the one that finds the most direct support in the analysis of institutional documents.
Investigation of Constitutional Amendments 95/2016 and 103/2019 reveals convergence between reduction of resources.
available for health and social security and accelerating population aging.

As discussed in section 2.4, the concept of necropolitics is used here in the sense of
expanded analytical approach, in line with authors who apply it to forms of institutional abandonment and
State disinvestment. The freezing of social funding at the exact moment of inflection.
demographic, the increase in pension requirements in a context where life expectancy is rising.
The health status of the poorest is significantly lower than the national average, and the progressive
Privatization of services in a context of deepening inequality — this set produces
conditions that make dignified aging accessible only to those who can afford it.
he.

This power operates selectively. Middle and upper-class seniors, covered by private plans.
and supplementary pension plans remain relatively protected. Poor elderly people, dependent on
The underfunded and minimally benefiting SUS (Brazilian public healthcare system) faces increasing precariousness. This produces a...
hierarchy of aging conditions obscured by the rhetoric of fiscal sustainability, but
whose effects are verifiable: poor elderly people die earlier, get sicker, and suffer
more intensely.

Recognizing these structures, however, is not the same as resigning oneself to them. Evidence
International and national factors point to concrete possibilities for intervention. At the clinical level,
Multicomponent exercise programs are associated with reduced falls and maintenance of
independence; multimodal cognitive interventions slow decline and improve quality of life.
life; integrated management of chronic conditions reduces hospitalizations and improves outcomes.

Table 4 Levels of intervention to address ageism and vulnerability in old age

Level	Possible interventions	Limitations
and Gerontological clinician	Programs for maintaining functional capacity; respectful communication; comprehensive geriatric assessment; management of multimorbidity; sensitive and specific screening.	Limited reach without structural changes; risk of individual liability.

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Professional training	Education on ageism in undergraduate and postgraduate studies; isolated undergraduate training; awareness of age biases; constraints; competencies in geriatrics; training in structural areas. communication; intersectional approach.	does not overcome institutional and
Institutional	Organizational culture change; protocols that value older people; appropriate allocation of resources; strengthening of primary care; integration of services.	Institutions operate under broader political and economic constraints.
Structural and political	Review of Constitutional Amendment 95/2016; progressive tax reform; strengthening of the universal SUS (Unified Health System); policies to reduce inequalities; social mobilization; political representation of older people.	It requires a favorable balance of political power; it faces resistance from privileged groups.

Source: Author's own elaboration.

4.3.1 Addressing ageism: structural determinants of healthy aging

Addressing the vulnerabilities created by ageism requires coordination.
multidimensional, beginning in the microphysics of care interactions. At the clinical level, the
Informative and respectful communication regarding autonomy is a central tool for reducing the...
Undertreatment and increased therapeutic adherence. Replacing chronological age with age-adjusted screening.
focusing on individual functionality allows for the avoidance of both underdiagnosis and overdiagnosis.
affect the elderly population. Comprehensive Geriatric Assessment (CGA) emerges as an instrument of
excellence, allowing for multidimensional reading—physical, cognitive, and social—that guides
customized interventions.

In the context of vocational training, continuing education on ageism is necessary for
To deconstruct stereotypes that contaminate all health sciences. The inclusion of units
curricula focused on senescence, combined with direct contact with older adults in contexts that highlight
Your agency has demonstrated effectiveness in reducing institutional biases.

At the institutional level, organizational culture change, although slow, is necessary to
that healthcare institutions begin to value aging in all their processes.
everyday life.

However, it would be a mistake to assume that interventions at the micro level—clinical or educational—are sufficient.
— can, in isolation, transform the structures of vulnerability production. While the
Social reforms deepen inequalities, and underfunding weakens public systems.
One-off interventions will encounter structural limitations. Transformation requires more than just change.
It's not about attitude, but about the political dispute surrounding the arrangements that produce avoidable suffering.

4.4 Analytical synthesis and recent scientific production

The four analytical propositions formulated — structural, epidemiological, sociocultural and

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political-institutional — they mutually support each other as articulated dimensions of a system of
Production of vulnerability. Accelerated aging under persistent inequality generates
structural conditions that materialize in specific patterns of expanded morbidity;
Ageism naturalizes and amplifies these vulnerabilities; recent reforms deepen them.
Vulnerabilities arising from allocation choices that leave the poorest unprotected.

Ethical and equity challenges permeate all these dimensions. Ageism compromises...
The lack of self-determination by patients erodes diagnostic accuracy and therapeutic effectiveness, and worsens the...
Inequalities in access to services. If it produces systematic discrimination and exclusion, its impact...
It transcends the technical and care dimensions: it constitutes a violation of fundamental principles of
equality and human dignity.

From the perspective of scientific production, the survey conducted in the SciELO and Portal databases...
The volume of data from CAPES and Scopus journals — according to the protocol described in section 3.3 — reveals
The significant number of articles published, estimated at approximately 3,580 between 2020 and 2025.
The observed growth coincides with the COVID-19 pandemic, which brought ageism into the spotlight.
It has been public and has fueled debates about resource allocation and age discrimination. These numbers
They should be interpreted as an indicative estimate of production trends, not as a result of
rigorous systematic review.

However, volume does not guarantee specificity. Of the articles located, only a fraction
It directly addresses institutional ageism in the field of health, the Brazilian reality, or data.
original empirical data disaggregated by class, race, gender, and territory. A substantial gap persists that
justifies focused investigations — especially studies that operationalize ageism in
Validated instruments document specific discriminatory practices and assess their effectiveness.
interventions.

5. FINAL CONSIDERATIONS

Ultimately, the convergence of the structural, epidemiological, sociocultural and dimensions
The policies examined here not only support the initial analytical propositions, but also reveal the
Mechanisms of an integrated vulnerability production system. What can be inferred from this
Research suggests that vulnerability in the Brazilian elderly is not an inevitable byproduct of time.
biological, but the result of an architecture of exclusion produced by political choices.
identifiable. By revealing how institutionalized ageism combines with the effects of
Regarding fiscal and social security reforms, the conclusions of this study constitute a challenge to the pact.
current social context. Overcoming this situation requires that aging be removed from the realm of management.
of damages and placed back at the center of the dispute for a societal model that recognizes dignity.
of senescence as an ethical imperative and an inalienable right, breaking with the processes of

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precarious conditions that today constrain the living conditions of millions of Brazilians.

The practical implications operate on multiple levels. On the clinical level, effective interventions Already available: maintaining functional capacity, communication that preserves autonomy, Screening guided by individual condition and not by chronological age. In terms of training, the Ongoing education on ageism proves effective in reducing prejudice and should be a central focus. transversal in the health sciences. At the institutional level, changes in organizational culture are Slow, but achievable, when supported by deliberate policies. At the structural level—and here lies the key. the central issue—one-off interventions are not enough to overcome the macro conditions that produce it. Vulnerability. Robust social protection and adequate health systems are needed. Funded infrastructure, accessible urban arrangements, and political representation that amplifies the voices of older people.

The inherent limitations of the adopted design are acknowledged. The theoretical-Documentary evidence does not replace direct empirical research, and the voices of the subjects remain mediated by... Academic data and analysis. The future agenda should prioritize: instruments for measuring ageism. Validated for the Brazilian context; longitudinal studies by social strata; rigorous evaluations. interventions; and intersectional analyses that articulate class, race, gender, and territory.

The ongoing demographic changes are irreversible. The question is not whether Brazil It will age, but how it will age. Aging marked by expanded vulnerability and Institutionalized abandonment, or dignified, healthy, and socially valued aging? This The answer is not predetermined — it will be the result of deliberate political choices regarding allocation. of resources, structuring of services and societal model. Institutional ageism, violence Structural factors with an age-related focus and the institutional production of insecurity in old age can be... Challenges and outdated ideas have been overcome. Dignified aging is not a privilege for the few: it is a right for all. Brazilians. This investigation sought to uncover the mechanisms that hinder this right and to point out Possible paths of transformation — a contribution that is only fully realized when it nourishes practices, policies, and mobilizations capable of transforming the concrete reality of those who are aging under structural adversity.

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