

CHILDHOOD AND OLD AGE: SIMILARITIES AND DIFFERENCES AT THE EXTREMES OF THE LIFE COURSE AND THEIR IMPLICATIONS FOR HEALTHCARE

CRIANÇA E IDOSO: APROXIMAÇÕES E DISTANCIAMENTOS NOS EXTREMOS DO CICLO VITAL E SUAS IMPLICAÇÕES PARA O CUIDADO EM SAÚDE

INFANCIA Y VEJEZ: APROXIMACIONES Y DISTANCIAMIENTOS EN LOS EXTREMOS DEL CICLO VITAL Y SUS IMPLICACIONES PARA EL CUIDADO EN SALUD



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ABSTRACT

Childhood and old age represent extremes of the life cycle and are often associated with vulnerability, dependence, and an increased need for care. This approximation, present both in the social imagination and in clinical practice, may encourage more empathetic attitudes, but it may also produce relevant distortions, especially in the care of older adults. This study aims to critically analyze the similarities and differences between childhood and old age, exploring biological, cognitive, functional, and social dimensions, as well as their implications for healthcare practice. This is a qualitative and interpretative narrative review based on indexed scientific literature and institutional documents. Although both groups share greater physiological vulnerability and need for support, they differ substantially in terms of autonomy, identity, accumulated experience, and social role. The risk of infantilization of older adults is highlighted as a practice still present in healthcare settings. It is concluded that recognizing such similarities must be accompanied by a critical understanding of their differences, making it essential to adopt person-centered, ethically oriented care that is sensitive to the singularities of each stage of life.

Keywords: Aging. Child. Health Vulnerability. Patient-Centered Care. Humanization of Care.

RESUMO

A infância e a velhice representam extremos do ciclo vital frequentemente associados à vulnerabilidade, dependência e maior necessidade de cuidado. Essa aproximação, presente tanto no imaginário social quanto na prática clínica, pode favorecer atitudes mais empáticas, mas também produzir distorções relevantes, especialmente no cuidado ao idoso. Este

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estudo tem como objetivo analisar criticamente as semelhanças e diferenças entre infância e velhice, explorando dimensões biológicas, cognitivas, funcionais e sociais, bem como suas implicações para a prática em saúde. Trata-se de uma revisão narrativa de caráter qualitativo, baseada em literatura científica indexada e documentos institucionais. Observa-se que, embora ambos os grupos compartilhem maior vulnerabilidade fisiológica e necessidade de suporte, diferem substancialmente quanto à autonomia, identidade, experiência acumulada e papel social. Destaca-se o risco de infantilização do idoso como prática ainda presente nos serviços de saúde. Conclui-se que reconhecer tais aproximações deve ser acompanhado de uma compreensão crítica de suas diferenças, sendo essencial a adoção de um cuidado centrado na pessoa, eticamente orientado e sensível às singularidades do ciclo vital.

Palavras-chave: Envelhecimento. Criança. Vulnerabilidade em Saúde. Assistência Centrada no Paciente. Humanização da Assistência.

RESUMEN

La infancia y la vejez representan extremos del ciclo vital y con frecuencia se asocian con vulnerabilidad, dependencia y mayor necesidad de cuidado. Esta aproximación, presente tanto en el imaginario social como en la práctica clínica, puede favorecer actitudes más empáticas, pero también producir distorsiones relevantes, especialmente en el cuidado de las personas mayores. Este estudio tiene como objetivo analizar críticamente las similitudes y diferencias entre la infancia y la vejez, explorando dimensiones biológicas, cognitivas, funcionales y sociales, así como sus implicaciones para la práctica en salud. Se trata de una revisión narrativa de carácter cualitativo e interpretativo, basada en literatura científica indexada y documentos institucionales. Aunque ambos grupos comparten mayor vulnerabilidad fisiológica y necesidad de apoyo, difieren sustancialmente en cuanto a autonomía, identidad, experiencia acumulada y papel social. Se destaca el riesgo de infantilización de la persona mayor como una práctica aún presente en los servicios de salud. Se concluye que el reconocimiento de estas aproximaciones debe ir acompañado de una comprensión crítica de sus diferencias, siendo esencial adoptar un cuidado centrado en la persona, éticamente orientado y sensible a las singularidades de cada etapa de la vida.

Palabras clave: Envejecimiento. Niño. Vulnerabilidad en Salud. Atención Centrada en el Paciente. Humanización de la Atención.

1 INTRODUCTION

The extremes of the life cycle: childhood and old age, occupy a unique position in the organization of health care. Both are often associated with fragility, dependence and the need for protection, which favors their approximation both in the social imaginary and in care practice. This association, although intuitive, can produce ambiguous effects, especially when uncritically transposed to clinical care.

Childhood is understood as a period of progressive development, characterized by the acquisition of physical, cognitive and social skills. In contrast, old age is often interpreted from the perspective of decline, even though aging is a heterogeneous process, influenced by biological, social, and environmental determinants throughout life. According to the World Health Organization, healthy aging should be understood as the maintenance of functional capacity, and not just as the absence of disease (1,2).

In clinical practice, the approximation between childhood and old age is often manifested in the form of communication strategies and care decisions. It is not uncommon for professionals to simplify the language directed to the elderly or to adopt a more directive posture, similar to that used in pediatric care. Although such behaviors can be interpreted as an expression of care, they can also reflect a reduced understanding of the complexity of aging.

Unlike children, who still build their autonomy, the elderly carry a life trajectory, accumulated experiences and, frequently, the expectation of preserving their protagonism in decisions about their own health. In this context, the tension between care and autonomy emerges as a central element in the analysis of the approximations between these two phases of life.

2 METHODS

It is a narrative review of a qualitative and interpretative nature, conducted with the objective of integrating scientific evidence and theoretical reflection on the subject. Searches were conducted in the PubMed and SciELO databases, using combinations of the descriptors "aging", "child", "vulnerability", "patient-centered care" and "humanization", as well as their counterparts in Portuguese.

The searches were carried out between January and March 2026, using Boolean operators (AND, OR) to combine the descriptors. Priority was given to articles published between 2010 and 2025, in Portuguese, English, or Spanish.

Articles with direct thematic relevance were included, as well as relevant institutional documents, such as reports from the World Health Organization and publications from the

Brazilian Society of Geriatrics and Gerontology. Classical studies of the gerontological and bioethical literature were also considered, given their conceptual relevance. Studies with low theoretical relevance or that did not comparatively address childhood and aging were excluded.

The analysis was conducted critically, seeking to identify convergences, divergences and practical implications of the evidence found.

3 DISCUSSION

3.1 BIOLOGICAL VULNERABILITY: DIFFERENT TRAJECTORIES AT SIMILAR EXTREMES

Children and the elderly have greater biological vulnerability when compared to young adults, although through different mechanisms. In childhood, this vulnerability stems from the immaturity of organ systems and dependence on developing processes. In old age, it is related to a reduction in physiological reserve and a higher prevalence of chronic diseases (8).

Despite the apparent similarity, these are opposite trajectories: one oriented to the acquisition of skills, the other to adaptation in the face of losses. This distinction is essential to avoid undue simplifications in care.

3.2 DEPENDENCE AND FUNCTIONALITY: BETWEEN THE EXPECTED AND THE PATHOLOGIZED

Functional dependence is one of the main points of approximation between childhood and old age. However, its interpretation requires caution. In children, dependence is expected and necessary for development. In the elderly, when present, it is often associated with specific clinical conditions, and should not be generalized as an inherent characteristic of aging (5).

The naturalization of dependence in the elderly contributes to the construction of stereotypes and can favor paternalistic care practices, with a direct impact on autonomy and quality of care.

3.3 COGNITION AND BEHAVIOR: DEVELOPMENT AND DECLINE ARE NOT EQUIVALENT

While childhood is marked by the progressive acquisition of cognitive functions, old age can present from stability to decline, as observed in conditions such as Alzheimer's

Disease. However, it is essential to highlight that cognitive decline is not inherent to aging (6).

In both groups, there may be greater emotional sensitivity and a need for adapted communication. Even so, reducing the behavior of the elderly to a childish standard represents a conceptual and clinical mistake.

In many care contexts, the simplification of communication with the elderly does not result from their incapacity, but from the professional's difficulty in dealing with the complexity of aging.

3.4 SOCIAL DIMENSION: BETWEEN PROTECTION AND INVISIBILITY

The child occupies, in general, a place of social valorization, being associated with the future and continuity. The elderly, on the other hand, often face processes of invisibility and discrimination, a phenomenon described as ageism by Robert Butler (3).

This symbolic difference directly influences health care, impacting clinical listening, decision-making, and the recognition of the patient as a subject of rights.

3.5 INFANTILIZATION OF THE ELDERLY: AN ETHICAL DISTORTION OF CARE

The infantilization of the elderly remains a practice present in several care settings, manifesting itself through inappropriate language, excessive simplification and exclusion of the patient from decisions about their care.

Such a practice conflicts with fundamental principles of bioethics, such as autonomy and respect for dignity, as established in the Belmont Report (7). More than a question of communication, it is a distortion in the way of understanding aging and the place of the elderly in care.

3.6 IMPLICATIONS FOR CLINICAL PRACTICE

The analysis of the approximations and distances between childhood and old age allows us to qualify health care, favoring more empathetic and technically appropriate approaches. Strategies such as clear communication, active listening, and interdisciplinary action are fundamental in both groups, but they must be adjusted to their specificities.

In the care of the elderly, it is essential to preserve autonomy, value their life trajectory and avoid practices that reduce their identity. Person-centered approaches have been widely discussed as fundamental to ensure more ethical and individualized care (9). In addition, understanding aging in the light of the life course allows us to recognize the cumulative effects of social and biological factors over time (10).

Caring for children and the elderly requires similar sensitivity, but different fundamentals: while one demands the construction of autonomy, the other demands its preservation.

4 CONCLUSION

Childhood and old age share elements that justify their approximation in the field of care, especially with regard to vulnerability and the need for support. However, such similarities should not obscure fundamental differences, especially related to autonomy, identity and social role.

More than recognizing similarities, it is necessary to understand that taking care of children and the elderly requires different fundamentals: while one demands the construction of autonomy, the other requires its preservation.

MANDATORY DECLARATIONS

Statement of use of Artificial Intelligence: this work used Artificial Intelligence (AI) tools, specifically to support the textual review, organization and formatting of information obtained from official scientific sources. All technical and referential content was carefully reviewed and validated by the authors, based on original publications indexed in the SciELO and PubMed databases, and in institutional documents, with no insertion of information without prior bibliographic verification.

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Ethical responsibility: this is a review of the literature, without primary data collection and without direct involvement of humans or animals. Thus, it was not necessary to submit to the Research Ethics Committee, in accordance with CNS Resolution No. 510/2016.

REFERENCES

1. World Health Organization. (2015). World report on ageing and health. WHO. <https://www.who.int/publications/i/item/9789241565042>

2. Beard, J. R., Officer, A., de Carvalho, I. A., Sadana, R., Pot, A. M., Michel, J. P., et al. (2016). The World report on ageing and health: A policy framework for healthy ageing. *The Lancet*, 387(10033), 2145–2154. [https://doi.org/10.1016/S0140-6736\(15\)00516-4](https://doi.org/10.1016/S0140-6736(15)00516-4)
3. Butler, R. N. (1969). Age-ism: Another form of bigotry. *The Gerontologist*, 9(4), 243–246. https://doi.org/10.1093/geront/9.4_Part_1.243
4. Veras, R. P. (2009). Envelhecimento populacional contemporâneo: Demandas, desafios e inovações. *Revista de Saúde Pública*, 43(3), 548–554. <https://doi.org/10.1590/S0034-89102009000300020>
5. Sociedade Brasileira de Geriatria e Gerontologia. (2017). *Tratado de geriatria e gerontologia* (4ª ed.). Guanabara Koogan.
6. National Institute on Aging. (2020). *Aging and cognition*. <https://www.nia.nih.gov/health/cognitive-health-and-older-adults>
7. The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1979). *The Belmont report: Ethical principles and guidelines for the protection of human subjects of research*. US Government Printing Office. <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html>
8. Tinetti, M. E., Fried, T. R., & Boyd, C. M. (2012). Designing health care for the most common chronic condition—Multimorbidity. *JAMA*, 307(23), 2493–2494. <https://doi.org/10.1001/jama.2012.5265>
9. Epstein, R. M., & Street, R. L., Jr. (2011). The values and value of patient-centered care. *The Annals of Family Medicine*, 9(2), 100–103. <https://doi.org/10.1370/afm.1239>
10. Dannefer, D. (2003). Cumulative advantage/disadvantage and the life course: Cross-fertilizing age and social science theory. *The Journals of Gerontology: Series B*, 58(6), S327–S337. <https://doi.org/10.1093/geronb/58.6.S327>