**AFTERWORD:**

**REDEFINING THOROUGH**

*“Our society must make it right and possible for old people not to fear the young or be deserted by them, for the test of a civilization is the way it cares for its helpless members.”*

*Pearl Buck, Nobel Prize winning novelist*

Today I saw a patient who looked great. Almost eighty, in a retirement community, Mrs. W. had come to a certain peace in her life. She had been very anxious, struggling with pain everywhere, worsening balance, high blood pressure and high sugar, fatigue, and depression. She saw doctors and specialists with great regularity, flooded her body with medicines and tests, and was always looking for a fix. She could not leave her apartment, and was losing weight. Now all that had improved and she glowed.

“I am fighting the good fight,” she told me. “And I am winning.”

The good fight had changed its focus over the past few months for Mrs. W. Until recently she attempted through various devices and doctor visits to eliminate her pain, to fix her balance and find out why she was so shaky, to worry about her blood pressure and sugars that she checked incessantly, to wonder what had become of her that now she had been forced to exist in a retirement community with so many old people. But at some point an epiphany overcame her thoughts. Now the good fight meant that she was going to persevere despite all of the problems that gnawed at her. She stopped all but a couple of pills, and her sugars and pressure actually improved. She walked with a walker and had become more social; now she taught a class on spirituality in her retirement community, helping others to come to peace with themselves.

“I no longer ask why,” she told me. “I just move on and do what I can. And I am trying to help others do the same. By helping them, I’m helping myself.”

Mrs. W. had come to a point in her life where she stopped trying to cure her aging. She in fact started to redefine thorough. She no longer adhered to the accepted dogma that with aggressive posturing she could defeat the many ailments and diseases that struck her. She did not chase numbers, ask for more tests, put herself on countless medicines, and seek specialty care. Rather she accommodated to aging and she thrived. To her, thorough no longer implied being tested and treated to death in an effort to achieve something that continued to frustrate and elude her. Now thorough meant to work hard in all facets of her life so that she could live and thrive despite her aliments. Thorough was not something that a doctor or test or drug was going to give to her. Thorough was the mental and physical discipline that was now her responsibility so she could become a healthier and happier person.

Despite all we do not know about medical treatment of the elderly, especially those with memory loss and dementia, we do know that an active lifestyle that emphasizes socialization and exercise can achieve successful improvement in symptoms and quality of life.[[1]](#endnote-1) [[2]](#endnote-2) [[3]](#endnote-3) [[4]](#endnote-4)In my experience, those who look past their ailments and live their lives to the fullest are the ones who age the most successfully and who are the happiest.

One of my favorite patients, 93 year old Mr. P., was a tiny Italian man who typically came in with his pleasant son for our every-three-month visits. He had a litany of medical problems, most of which were either quiet or of no concern to him, and overall he remained active and healthy, without much to relay to me; he accepted and accommodated to aging very well. His son too did not want to look for problems, and often we talked about issues of the day, or other more mundane topics such as the soups they were serving at his retirement community. His son took him on trips frequently, and even became a shuttle driver at the community where his father lived so he could see his father more and help others in his father’s shoes.

One day I saw that Mr. P. made an acute visit to see me, and I asked my front staff why he was coming in.

“He wouldn’t tell us,” the receptionist said to me. “But he said it was urgent that he see you today.”

I feared that this man who complained about nothing must have a catastrophic illness; why else would he demand to see me today? But when he arrived in the office, he looked great.

“Hey doc,” he said with his typical smile. “I’ve got heart disease, diabetes, high blood pressure, I pee too much from a big prostate, and my balance isn’t worth a damn. You can write all that stuff in your note and bill Medicare for it and say we talked about it. But let me tell you why I am really here.”

I peered at him inquisitively.

“I’m taking a Jewish history class at the community college, which is a great class, but there’s a lot of confusing things they talk about for a Catholic like me, and I know you’re Jewish, and you like history, so I was wondering if I could run some stuff by you.”

That was the urgent visit! And both of us enjoyed it very much.

But after discussing a bit of history, we did talk about him, how he was feeling, what his expectations were for the rest of his life, his exercise regime, his family. I learned more about Mr. P. during that visit than I had in all my previous medical encounters. Never did I put a blood pressure cuff on his arm, whip out my stethoscope, or suggest checking labs. I did not even dance my hands across the computer keyboard desperately scripting Medicare’s requisite note. I merely followed his agenda. For a brief moment I stepped outside the narrow cage into which society and Medicare has shoved me as I care for my patients. Instead I became Mr. P.’s doctor.

Looking back on Mr. P’s visit and others that have been similar, I realize that we are defining thorough all wrong. To be a thorough doctor is not only about ordering tests and prescribing medicines and checking numbers that we can fix. That is an easy way to satisfy everyone and accomplish nothing. To be really thorough is to hold back from being aggressive. To explain to my patients why certain labs and treatments are not appropriate despite what they may have read in the *Washington Post* or heard from their neighbor. To have the guts not to listen to their heart with my stethoscope or check their blood pressure. To be thorough is to talk to them about their lives, their futures, their fears, and their limitations and to help them surmount the ravages of aging. That discussion may not always involve an exam or even a medical vocabulary. But it is the most thorough way that we as doctors can interact with and succor our elderly patients.

Being thorough is very difficult, because the script tells us and our patients that we are supposed to be checking and looking and measuring. Medicare’s formulaic template notes that doctors must complete at every visit to be compliant with their rules insist that we assess a specified number of complaints, record a specified amount of measurements, examine a specified amount of their body, and review a specified number of problems. Even Medicare’s wellness visit, which was a gift to primary care from CMS because it allows us to spend time with our patients once a year without having to delve into their medical problems, is built with a preordained template of clinical practice guidelines that we must complete exactly as Medicare states. Unfortunately, that template often does not jibe with my elderly patients’ lives or needs, and its questions have no meaning for those who live in long-term care or are too confused to respond. Medicare, and the society that fuels it, has defined thorough as being aggressive, and that philosophy is imprinted on every action we are required to take. But that is not what the elderly need. And that approach is expensive and ineffective, even if it is the simplest path to take. We as a society, and we as a medical community, must redefine thorough. That is what will cure Medicare.

The public perception of my profession is a dreary one. Caring for the elderly engenders images of decay, decline, mental collapse, gas, wet diapers, walkers, electric carts, hearing aids, and of course the siren of an ambulance taking yet another old guy to the hospital. All of these images are, of course, correct, and on any given day I am confronted with each of these situations, and I also fill out any number of death certificates, saying goodbye to another of my patients, a victim of the inevitability of aging.

But my job is so much more than that. Its concealed beauty reminds me of my four years of medical school in the North Bronx. When people visited me there they pointed out the congestion, graffiti, and garbage in the street. But being there I became numb to all of that. Instead I enjoyed the wonderful food, smells, vitality, and landscape; the best running trails I ever darted upon traversed the wilderness of the Bronx. And when I view my job now, I am numb to the overt signs of aging that my patients wear every day. Rather I see only beauty. Within each of my patients is a full life that has been lived, a vitality that sadly is often stripped away in their feckless fight to defeat age. Within each of my patients is a story and an enduring spark and that is what I seek to discover and ferment, rather than merely being a robotic technician who fixes numbers and pushes the false allure of thorough.

The heart and soul of my job emanates from the patients for whom I have the honor to care and who are so much deeper than the diagnoses and numbers that have come to define them. I have met patients who worked with famous politicians and scientists, and some who shared some quiet fame on their own. I have lived through D-day and Okinawa, have been aboard ships at Midway where explosions caused asbestos snow storms and the entire crew shit in their pants. I have lived the life of POWs in Germany trading cigarettes for food, and of men on the front line watching as their friends were picked off one by one. Just the other day I met a new patient in his nineties who was on the airfields of Pearl Harbor when it was attacked, and he felt that every Japanese plane that dived down was trying to kill him personally. I have taken care of German women who lived through the bombing of Berlin and witnessed the deaths of most of their family members, and Jews who survived the gas chambers. Even the most demented of the veterans and war victims I have come to know, the ones who no longer recognize their wife and kids and don’t know a spoon from a pen, can recall their military units and battles with clarity and emotion. From teachers, to salesmen, to victims of racist attacks, to artists and astronauts, my patients are the very embodiments of living history. They relish telling their stories, and in many ways those stories encapsulate who they are and define how they think.

Sadly, only after many of my patients die do I get to know them. I remember one demented man from the nursing home who often climbed into women’s beds and who spit on the nursing aides. To us, he was quite pathetic. When he died, no one thought much about it. Two days later I picked up a copy of the *Baltimore Sun* and stumbled upon a quarter page obituary near a picture of a young man smiling brightly holding a trumpet and surrounded by cheering soldiers. It turns out that this man had been instrumental in founding the USO, and then had gone on to be a successful corporate leader who helped modernize the army’s supply network. To many people quoted in the obituary, the man was a hero. It saddened me that I had not known that before. I cared more about his blood pressure, his medicines, and his behavior than who he actually was. Perhaps I could have sparked some of those memories and helped the man get through what must have been the most painful and demeaning part of his incredible life.

Throughout my many years of practicing geriatric medicine, I am most amazed by those patients and families who can look beyond their problems, who can transcend the overwhelming dogma pounded into our brains that more is better and that answers and solutions for everything exist if we try hard enough, and who come to peace with their aging process and learn to live with it by accommodating and persevering. If this book is designed to show anything it is that successful aging need not be burdened by the constant struggle to defeat the inevitable. That fight very often leads to disastrous consequences, at a very high cost to the patients and to society. Successful aging is so much more rewarding, and that is what I try so hard to promote at every turn. Unfortunately my message that the elderly can best help themselves through physical and mental discipline is often trumped by the false allure of hope ingrained in the seed of thorough, a message trumpeted by pharmaceutical companies, the lay press, specialization, our medical leaders, and Medicare itself that there is an answer out there for everything if you just keep poking yourself enough, taking enough medicines, and rushing to the hospital when you get too sick. That is my most daunting enemy, and it is a lethal weed that is chokingMedicare’s hope for survival.

It is difficult for most patients and families to view health care under the lens of common sense. Not when we live in a society that thrives on excess. There is always a story of someone saved by a procedure or test who is just like mom. Always a glimmer of hope hanging just beyond our reach. Always someone who thinks there is an answer to every problem, or at least there should be. Always a doctor willing to be the hero.

So therefore, it is up to us to redefine thorough and help our patients live better than the dogma allows. I view myself as a guide through the older years, an individual who can help my patients understand, accept, and adjust to the many hazards that barrage us as we age. I try to teach my patients, and their families, to continue living and thriving despite the tide of illness and disability thrust at them. Rather than medicate people, I try to withdraw medicine. Rather than searching for disease, I try to avoid looking too hard. Rather than aggressively treating ailments such as diabetes and high blood pressure, I try to convince my elderly patients to back off and not worry. To me, the enemies of successful aging are stress and inactivity, and very often the quest for immortality through medical thoroughness only accelerates both of these demons. I try to retreat from hard-core medical dogma scripted by experts in the form of clinical guidelines, and instead learn to concoct individualized strategies to help my patients maintain their vitality. Sometimes it is difficult for old people and their kids to accept this minimalistic outlook. But medical studies have proven its wisdom, and those of us in the field treat it like gospel based on our ample experience.

Every elderly person lives within a delicate balance between function and disease. Even those who look good externally are standing one insult away from a cascade that may unravel everything. A good doctor knows that. A good doctor is not one who looks for problems, who seeks perfection in numbers, who adds stress to their patients’ lives by tossing tests and specialists at them, and who is oblivious to the precarious balance within their patients’ bodies. A good doctor is one who knows you well, who holds your hand, and who helps guide you through the medical theater in which you are enjoying the final act. A good doctor has the guts to put on the breaks. When we back off, almost everything improves. Backing off is not giving up. It is the best medicine we have. It is akin to hope. It is truly thorough care.

Medicare does not facilitate successful aging. It does not reward or assist those who take a path of less aggressive care. Often, in fact, it gets in the way. By paying for specialization and hospitalization, for tests and procedures, for the most aggressive of care, it sends patients down a road that is traumatic and stressful. By not paying for most home treatments, for nursing aides and phone calls to a doctor, for palliative long-term care and the ability for families to keep the elderly at home, Medicare turns its back on quality and dignity.

When I titled this book, I initially named it after one of my patient’s daughters who jokingly anointed herself as “the Boss.” The Boss helped me to understand that the most thorough patient advocate is not necessarily the one who most bombastically demands to dive into the teeth of a health care delivery system that Medicare will gladly finance. Rather, a truly thorough family member, like the Boss, is one who aggressively provides comfort and dignity in someone’s final years, and who fights against a system and a society that would have her do otherwise. The Boss was that person, and her thoroughness paid off.

The Boss’s mother was my patient for more than a decade. Mrs. Lo was a small, pleasant lady who spoke very slowly and repeated herself often. She saw me for visits every three months, typically to discuss her diabetes, some minor aches and pains, and her many stories from Poland where she was born. Overall Mrs. Lo was very healthy as she entered her nineties, still independent, and not crippled by any serious medical problems. But her mind was slowly deteriorating, and her ability to carry out simple activities of daily living became an increasing burden of which she was never aware but that clearly impacted her life.

I had heard from her daughter sparingly prior to her more pronounced memory loss, but by her mother’s late eighties the daughter started to call me often, often tremulous, shooting me a list of Mrs. Lo’s most recent sugars, talking about her poor balance, and then asking: “She’s going to be OK, right? She’s not going to die, right?” The Boss, as she labeled herself due to the fact that she had now put herself in charge of her mom’s life, loved her mom as excessively as anyone ever loved anyone else. She could not imagine life without her.

So, unmarried and without kids, she found a night job, and she spent her days with her mom. She took her on trips to restaurants and stores, talked about making an excursion to Poland sometime soon, and more than anything kept her mom happy and mobile and independent.

When I first met the Boss she assaulted me with a threatening proclamation: “I want you to know that I am going to do whatever it takes to keep my mother alive, and I expect you to do the same, doctor.” I thought, OK, here’s another one of those family members, the ones who treat their parents like little children, drag them from doctor to doctor and test to test, dominate appointments without letting their parents get in a word edgewise, and ultimately drive their parents into an early and painful grave at great financial and personal expense.

But the Boss was not like that.

Yes, she called me a lot, typically with an alarmist charm about her. But never did she demand anything other than reassurance.

“Mom’s diabetes is out of control, doctor,” she said to me, more than just once, reading me a list of sugars that were not very high. “Should we be changing her medicine? Should I be worried? Should we be taking her to an endocrinologist? My sister says these sugars are going to kill her. She is going to be OK, right?”

“Well, those numbers look good to me, but if you want her to go to an endocrinologist, you don’t need my permission. Medicare lets you take her to whomever you want whenever you want to.”

“Doctor, I just want to know that we are doing the right thing and she’ll be OK.”

“I think she’s doing great,” I told the Boss.

“Really? She will be OK? Thank you, doctor. Thank you.”

The calls were brief and predictable, and the when the Boss called I always called her right back. It took just a minute of time, and once I gave the magic word that all was OK she brought her mom on another walk, or trip, or imaginary adventure in Poland.

And so it went. “Does my mom need a mammogram, doctor?”

“Not at ninety-two.”

“But she’ll be all right, right doctor? She won’t die of breast cancer, right?”

“There’s probably a higher risk of her getting hit by a car on the way to the test.”

“Do you think she’ll die of a car accident?”

If I ever suggested a test, or even a specialist appointment as benign as an eye doctor, the Boss bucked. She clearly did not want to put her mother through all of that, even though she asked about it incessantly. Being barraged by a society that believes in excess, the Boss needed constant reassurance from me to do what she knew was right by way of her mother. She needed me to alleviate her stress so she could relieve her mother’s. So, from my perspective, everything was OK. Everything would always be OK.

One day the Boss took her mother for a walk in the hall and accidently tripped her mother, who tumbled down and slammed onto her back. Mrs. Lo did not walk again for three months, and the Boss was overcome with guilt. But I continued to deflect the blame (carpets, lighting, poor vision), to help the Boss keep her mom out of the hospital or nursing home (I wrote many letters to her employer to allow her to stay with her mom and arranged some home health, none of which Medicare helped cover), and kept her away from narcotics and specialists and other interventions that might cause her harm. We talked daily on the phone (“She’ll be all right, won’t she doctor? I didn’t kill her did I?”), and I visited her a few times, and eventually Mrs. Lo resumed her car rides and her walks and her dreams about visiting Poland.

One day recently, not long after I left my former job to pursue my own practice, Mrs. Lo had a massive stroke. I talked to the Boss regularly. We discussed hospice, and the Boss agreed to that. “I just don’t want her to leave my side,” the Boss told me. “I don’t want her to have to leave her apartment.” I promised her that her mom would stay right there.

I visited Mrs. Lo a few days later. Other relatives were there, and Mrs. Lo was lying in her bed, smiling, mumbling a bit, and staring ahead. The Boss seemed very calm. After my requisite stethoscope to the chest, and after discussing with her what may come next in the dying process, the Boss looked at me and said, “Doctor, thank you so much for coming. Now I know that she’ll be OK.”

Mrs. Lo died a few days later, in her mid-nineties, in her own bed, her daughter by her side, free of pain or stress, likely thinking about the next car ride and her pending trip to Poland. Medicare paid very little for her care in her final years; she was a bargain for the system. The Boss innately understood the dangers of excess. She went cheap. So many others of my patients and families squander more Medicare dollars in a week than the Boss incurred in a decade. But the Boss considered herself just as thorough and loving as those other patients and families. She wanted the best for her mom. And she delivered on her word.

As a doctor who tries very hard to push my patients off the train of thorough, I know how difficult that is in our current environment. My patients read the papers, watch TV, surf the Internet, talk to friends and medical “experts,” are privy to the many “breakthroughs” and “advances” that may help them if they just keep at it. Many buy into the specialized model of care that is so widely revered in this country. The hospital is clearly where most think they need to be if they are very sick, even if aspects of hospitalization frighten them. Many are suspicious of medicines, but want their numbers to look good, are afraid to stop their pills and supplements, believe in ample screening and testing especially if suggested by specialists or other smart people they know (even TV doctors), and cannot shake the idea that cure is possible for nuisance problems and for the inevitable symptoms of aging. Many would rather chase miracles than accommodate, exercise, and work hard at self-improvement.

Even if you incent a doctor like me to do less, which is what so many reforms are attempting, there is no chance of success unless Medicare changes its rules and payments that currently push my patients down a road of aggressive care that even the best of us cannot curtail. In the end, when financial incentives guide our elderly toward a path that emphasizes palliative medical care to enhance dignity and function, rather than down the costly precipice of high-cost medical aggression that swallows so many of my patients now, I know that people will be happier and healthier. Clinical studies, and the whole of my experience, demonstrate that the elderly do not want to be tossed into the caldron of medical excess when intervention is hopeless. Most of my patients seek comfort in their later years. And comfort comes cheap. It is hard to extirpate our medical falsehoods when they are so pervasive in society. But if Medicare changed course and nudged people in a different direction, then our medical landscape would be so much more beautiful and affordable.

If we intelligently curb care by allowing patients to make reasonable choices, we are not only going to save Medicare, but we will also be saving their lives. A thorough medical system need not bankrupt the insurance that finances it. In fact, the most thorough system that we can build for our elderly would be inexpensive, humane, and lifesaving. With just a sprinkle of political will, and a whiff of common sense, the answer sits upon our stoops. It is time to open up the door and take a look.

1. 418. Verghese, J, “Leisure Activities and the Risk of Dementia in the Elderly,” New England Journal of Medicine, 2003, 348: 2508-16 [↑](#endnote-ref-1)
2. 417. Gregg, EW, “Relationship of Changes in Physical Activity and Mortality among Older Women,” New England Journal of Medicine, 2003, 289(8): 2379-86 [↑](#endnote-ref-2)
3. 420. Lautenschlage, “Effect of Physical Activity on Cognitive Function in Older Adults at Risk of Alzheimer’s Disease,” JAMA, 2008, 300: 1027-37 [↑](#endnote-ref-3)
4. 421. Larson, “Exercise is Associated with Reduced Risk of Dementia in the Elderly,” New England Journal of Medicine, 2003, 348: 2508-11 [↑](#endnote-ref-4)