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Geriatric Medicine: A Student's Thoughts

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There are 7.4 billion people on the planet hailing from different countries, composed of a multitude of races, participating in various occupations, and holding distinct sets of values; yet, one phenomenon that binds us all, is aging. We are all confronted with aging, and history demonstrates that we run from the inevitable. Throughout time, common practice was to discard those who aged or try to prevent the aging process. As medicine evolves our view on aging remains stagnant. As we navigate the 21st century, there is a call from media outlets to embrace the aging process; however, geriatric medicine continues to fade into the background. The reason for the decline could be apathy, ignorance, or fear. Despite the reason, the geriatric population is not going anywhere, and it is our duty to give them our best.

Over the course of history, the human race has been fascinated with the idea of maintaining youth. From depictions in art by Lucas Cranach the Elder to the myth of Ponce de Leon searching for the fountain of youth, the fixation on remaining young forever has persisted in our society. In this futile pursuit, we have gone to great lengths to find the answer. In 1919, the medical community recognized Dr. Serge Voronoff for his rejuvenation procedures which entailed grafting monkey testicular tissue into human testicles. Some praised Dr. Voronoff's methods while others vehemently condemned his practices, but his work inspired others to delve into other rejuvenation procedures [1]. A patient who underwent ovarian irradiation with hopes of renewal touted "I do not merely look young again, I am young. I am not the year I have passed in this world; I am the age of the rejuvenated glands in my body. Some day we shall have the proverb: 'A man is as old as his endocrines'" [1]. Today, these practices may seem odd, but it is common practice to use hormone replacement therapy for revitalization. Although the methods may vary, the motive remains the same, cheating the aging process. The continued need to clench youth throughout time, demonstrates a persisting negative perception of aging. Could aging carry a negative connotation because it is an unstoppable force or the fear of its endpoint's grim unknown?

Despite our efforts, the aging process is relentless; unfortunately, many chose to neglect those succumbing to its grasp. Prior to the 1940s, care of older people was grouped in homes of other older adults, the poor, or within asylums for the mentally ill [2]. "Physicians made little distinction between the care of older patients and treatment of any other adult, other than to spend less time in diagnosis and therapy of older patients, especially if those patients were suffering from chronic diseases" [2]. The description of places where the older adults were housed is quite appalling:

The walls of the infirmary were all painted in shades of chocolate

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and dark green. The electric lighting was poor, giving little illumination to those wanting to read. Each ward contained an ill-assorted mixture of cases in its beds. Some were relatively healthy; others were sick and needed treatment. There were often demented, incontinent old fold, restless and disturbing others with their behavior [3].

Although the conditions where older adults were subjected to were dreadful, the attitude of the medical community at the time illustrates the thought that older people were obsolete and could not be helped. The esteemed Dr. William Osler expressed that “men over 40 years were relatively useless, as they were beyond the golden age of 25 to 40. Men over 60 years were considered absolutely useless, and chloroform was not a bad idea for this age group” [4].

Whether Osler was being facetious (he was known for releasing comical writings) or not, his overt ageism was taken seriously, and definitely reflects the attitudes of many physicians in his time. The geriatric community did not fit into medicine which accounts for their treatment, but change was on the horizon.

As life expectancy increased, clinical research opportunities flourished, and chronic care patients from WWI needed aid, the demand for specialized healthcare for older people was on the rise. In the early 1900s, Ignatz Leo Nascher, an Austrian pharmacist, coined the term “geriatrics” and began the modern geriatrics movement [4]. His interests and developments for treatments for the geriatric community fostered enthusiasm in others, notably Dr. Marjory Warren. In 1935, Warren was given the task of organizing a chronic hospital in which chronically ill and geriatric patients could receive the best standard of care. She published many articles supporting and illustrating methods to achieve optimal management of geriatric patients [5].

Even surgeons began considering older patients as operative candidates. “Both of these authors believe that there is little evidence for the truth of the popular belief that advanced age is a strong contraindication for the employment of operative treatment” [6]. In 1953, Dr. Warren H. Cole described the importance of preoperative care in geriatric patient for a successful clinical course [7]. These trailblazers mentioned are just a few of the many who have contributed to what we know about geriatrics today; but, would those who dedicated their life’s work to a modern field be just as invigorated with the state of geriatric medicine today?

As medical students are finding their niche in today’s society, there is a reported lack of interest in the field of geriatric medicine. Essentially, the reluctance to join the field stems from lack of financial reward, prestige, and ageism. Regarding finances, “Geriatric medicine involves long-term care and disease management, endeavors that do not pay as well as the more interventional subspecialties. Because of low reimbursement, some physicians limit the number of Medicare patients in their practices or do not accept Medicare at all” [8]. The cost of a medical education only increases as time goes on, and one cannot blame these students for thinking about their future financial security.

In addition to financial status, medical students see prestige as an issue when considering entering the geriatric field. A national survey was conducted among medical students in the United Kingdom regarding their attitudes about geriatric medicine. Students reported a lack of prestige associated with the field over all, but the reason for such was not determined [9]. In any case, people desire the feeling of importance tied to their work. Lastly, ageism is prevalent in our medical students today. “Some studies have indicated that medical students perceive older people as being dull, disagreeable, inactive, and economically burdensome” [10]. The negative perception of older people among the new breed of physicians is counter conducive to the growing geriatric population. What is to be done?

Is it possible that there is a need to redefine how geriatric medicine integrates into other specialties? “Geriatricians are “not specialised in a system. You are specialised in seeing patients who are old. So, you need to know about everything in older people” and the branch of medicine was described as “vague” [11]. Having a knowledge base that encompasses everything about aging from a medical standpoint is a tough feat. The time to categorize geriatric medicine into a less intimidating and more efficient system is now. Doing so would create more exposure for the field and help extinguish ageist perceptions.

In order to peak the interest of students, geriatricians should expose how they work in some of the well sought out realms of medicine such as surgery, gastroenterology, and anesthesia. More often than not, people form perceptions without having all the information available, and in this case, I was one of them. I had no idea what options were available in the field of geriatric medicine until late in my clerkships. I was surprised to see that geriatrics can be found in various fields medicine. Many students mentioned how they enjoyed working with geriatric patients, but no one expressed forming a career out of that interest. Students enjoy the idea of options and career fulfillment which lies within geriatric medicine; the key is getting them to see it differently.

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