



The healer, the warrior, and the technician

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Never in my wildest dreams had I imagined that I would return to another year of training. But something called out to me, drawing me back to another year of indentured servitude in the name of higher education.

I was aware that such a negative attitude would poison the commencement of a new phase in my life, but I had fallen into this program without having deliberated it as thoroughly as I was accustomed to. I still wasn't completely convinced that I wanted to do a primary care of the elderly fellowship, to supplement my existing academic fellowship and provide me with some funding. That was the practical reason for taking on this position. The downside would be the whirlwind of in-hospital, on-call, and clinic responsibilities, often amounting to a grueling work schedule—not to mention keeping up with the classes, assignments, and essays of an academic program.

Could I really survive the year? The prospect was daunting. I had already been through various intellectual callisthenics, and I still hadn't come to any definitive conclusions.

I am a warrior

All of my senses were reeling. I tried to interrupt my mental year-in-training pros and cons list by bringing my attention back to the orientation I was being given. Oblivious to my distraction, the voice droned on. "And here is the medical supply room. You can find what you need in here, or you will need to call it up from central supply—" The voice stopped speaking. The woman appointed as my supervisor looked at me questioning. Expectantly. Had I missed something? I nodded my head in response.

In truth, I had stopped listening. Aside from my internal debating, I could not get beyond the foul miasma of stale urine permeating our surroundings. I looked around me. Faces with blank expressions looked back. Any glimmer of understanding I thought I saw from the inpatients just as quickly disappeared. I must have imagined it.

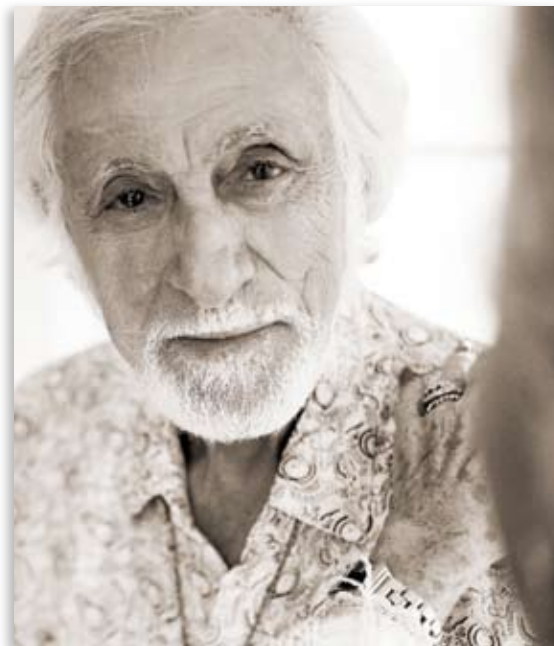
I took a deep breath and tried to refocus my attention on what my supervisor was saying, "...is the cognitive support unit. It is a locked-down unit with 30 in-patient beds. Most patients are in the later stages of dementia and are unable to cope at home." A sympathetic, almost apologetic, smile crossed her face before she continued, "We have tried to get the smell of urine out, but it's a losing battle. Here, let me show you some of the rooms...."

Dementia. Alzheimer disease. Vascular dementia. Lewy body disease. Of course I was familiar with the words. I could easily rhyme off their definitions, diagnoses, prognoses, and management. I just passed my family medicine examinations, and yet the bulk of my experience with these diseases, or any of the other geriatric syndromes for that matter, was limited to textbook explanations and the occasional fleeting glimpses in the office. Now I found myself staring directly into the faces of dementia: Faces that stared back but did not register my existence. Faces that spent each day chasing shadows and grasping at elusive images of their former selves. I shuddered as a sudden chill passed through me.

I am a technician

It's hard to believe that was so many years ago. Now I breeze through the hospital like it is my second home. Living through the depths of tears, terror, turmoil, compassion, and understanding during my training makes me feel that I have undergone a trial by fire and survived. In fact, I realize I have done more than just survive. I have evolved.

Looking back, I can't remember exactly what my attitude toward geriatric medicine had been before completing a fellowship. It hadn't been negative, but it wasn't brimming with positive energy either. My experience until that point had been so limited that, in all fairness, my opinion was based on ignorance. The exposure to the elderly I had received in my residency was coloured by images of decaying, wrinkled, stooped-over figures, as well as



the half-comatose, open-mouthed expressions of ailing patients transferred from nursing homes.

I was aware of the facts and figures, that nearly all the elderly lead richly textured, fulfilling lives in the community without the haunting spectre of total dependence and rapid mental deterioration. I knew these kinds of people personally, including those in my own family. Yet, I could not connect images of my parents' vitality with what I had seen in clinical medicine. In my subconscious, my own fears of dying and aging compounded the impressions I had formed from dealing with the very sick elderly and from waging futile battles with end-stage disease.

I am a healer

Thankfully, the hours I have spent caring for the elderly, speaking with their families and friends as well as their care staff, have opened my eyes to an otherwise cloistered community. The strength of spirit I have observed among some of my patients has been inspirational. There are those who continue to live their lives and enjoy many pleasures in spite of having lived through decades of heartache, tragedy, tears, and now disability. One can often observe an inner drive and joie de vivre that persist despite the frailty of their bodies.

I have also experienced helplessness and frustration with a system that puts up many roadblocks and hides behind regulations. There are prejudices that inadvertently or perhaps deliberately limit treatment on the

basis of age. Ageism has been cleverly camouflaged and in many cases is so ingrained into our worldview that it has not even come to the surface of our collective consciousness. There are, of course, intrinsic limitations that accompany chronic disease, but as I have come to realize, they are not beyond ingenious adaptations. The shift in ideology from trying to cure at all costs to being able to alleviate pain, reduce suffering, increase function, and (most of all) improve quality of life is a hard-won lesson learned on the battlefield of geriatric medicine.

I have had the honour of holding a patient's hand in the last hours of life. I have been able to comfort another being without

the compulsion to initiate all that could be medically feasible, yet that would be futile in changing the overall outcome. I have had to embrace a certain vulnerability, and in so doing I have been able to peel away the cynicism and helplessness that threaten to overwhelm me at times. As a doctor, I have always known that I have the training to be a warrior and a technician in the cutting-edge world of medicine. Now I understand what it means to be a healer. ✨

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Competing interests

None declared

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