

Old Age: a terminal illness?

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Seniors are an ever-growing population of Canada in percentage and absolute numbers, and even more so in Quebec, where the proportion of 65 years old and more is just skyrocketing, due to the peculiar shape of its ages' pyramid¹. As observers note, recent general increase in life expectancy has failed to translate into additional years of healthy living. It has rather been a longer terminal period, where somewhat survivable but irreversible and incapacitating illnesses pile upon another. Most live longer, but most suffer longer. The bigger picture of multi-morbidity in Canada shows that more than one senior out of two suffers from at least two different morbid conditions and often more. Speaking of "happy end times" or "golden years" here sounds at best euphemistic as many elderlies just guffaw being awarded with such titles.

The burden resulting from chronic morbid conditions is conservatively estimated to double (as regards manpower and financial resources) from now to 2060 if one is to include dementias of all kinds whose growth rate is record-setting. Major age-induced cognitive deficits are generally media-exposed as hopeless and indignity-ridden, allowing no room for compassionated approaches for such a frequent form of health loss. Oftentimes we hear people declaring, while still in healthy state, that they would rather lose their life than "*lose their mind*". I for one, considering such an eventuality, I rather tell my mature-aged children: "If this be so, then make me laugh, let me eat what I like and love me the way you can".

We see so many "baby-boomers" coming into our offices to cry out their surprise as many irreversible chronic health conditions start besetting them, against which they had thought to be immunized by their proper disciplined and well-studied lifestyle. Our challenge in these years of "medical miracles" is to take the time to explain that old age is often an ever-growing suffering on all fronts, that it means progressive loss of health despite all what they have been promised for this last period of their life. Consider for instance how many reports provided by the medias about exceptional 88-year-old elders running marathons! Facing so many good news turning out to be fake for the great majority, our elderly persons cannot help feeling somewhat guilty when irreversible illnesses prevent them from being physically active. One of my own patients, a sturdy-built and resilient irishman, summed up the matter quite well: "*you've got to be tough if you want to age*".

Ezekiel Emmanuel published in 2014, in *The Atlantic* magazine, a scandal-raising article under the title "*Why I hope to die at 75*". Therein he just stated the obvious:

- After 75 years, the prevalence of irreversible and evolutive ill-health conditions rapidly goes from statistical normal to near certainty.
- Only a minority of people after 75 years can move without experiencing pain.
- Only a minority of people after 75 years can stay active in some field, with the quite artificial exception of a certain category of american politicians!
- Loss of mobility and health is a certainty for nearly everybody as life grants us more years of age.

We all wish to live beyond 75, but the price to pay often means renouncing the benefits associated with normal or even minimal health. Old age is NOT the "*golden age*" as some say. Let us rather call it rather **the age of grace**.

- Grace to adjust and adapt without drama to the gradual loss of physical and intellectual abilities.
- Grace to accept a diminished life as an opportunity to concentrate on the beauty of life as seen from a more and more general point of view, especially that of interpersonal relationships.

Aging means learning to stay calm in front of the unavoidable and general decay brought about by cumulative irreversible chronic health disorders. Buddhist philosophy can be a precious guiding aid in that matter, both as a practical method to exercise mature and serene acceptance about the inevitable in our old-agers' lives, but also as a philosophical teaching about the impermanence of all things.

Reference

1. Institut national de santé publique du Québec. La prévalence de la multimorbidité au Québec 2016-2017. Aout 2019