

## SSPP CREATIVE PROJECT 4/13

Thank you for your lovely SSPP project that highlighted all the incredible qualities of your senior partners: trust, kindness, success (on multiple dimensions), wisdom, unconditional love. Your partners were indeed exceptional individuals – but you should also give yourselves some credit for being able to recognize and appreciate these attributes. You did a wonderful job of opening yourselves to the humanity of your partners, and you were amply rewarded. Although the relationship with your senior partners is not the same as the doctor-patient relationship, I hope you can always remember that these qualities are part of every patient as well. They may not shine forth with quite the brilliance as you found in your particular partners, but they are there waiting to be acknowledged by a doctor invested in caring for the whole person. I also liked your awareness that older people can enjoy a robust quality of life not necessarily in the absence of any medical conditions, but *despite* their health issues. Altogether a moving and insightful work. Dr. Shapiro

Nellie and Nabila, thank you for challenging some of the stereotypes of aging, and emphasizing your senior partner's intelligence and curiosity, his strong social networks, and his commitment to live life to the fullest. You also made us rethink stereotypes of sexuality (or lack thereof!) among older persons by pointing out that independent/assisted living facilities often enjoy active romances and relationships. Nellie, I especially appreciated your noting that, lovely as Regents Point is, it requires a lot of financial resources to live there. As you rightly observed, many seniors struggle with poverty and limited access to the programs and services that might improve their quality of life. I also thought your insights about culturally-influenced assumptions about care for older persons were important for the group to ponder. Ideally, older individuals and their families should have the freedom to make the choices that work best for themselves and their loved ones; but whatever those choices are, they deserve to be able to utilize all available support and expertise. Finally, Nabila, thank you for integrating poetry into your presentation, they expressed beautifully what prose alone sometimes struggles to say. In particular, I liked your stressing that old age is not a bed of roses. There is plenty to be miserable about in growing old, and this should not be whitewashed for the convenience of health care providers. However, as your senior partner demonstrated, it is how people respond to the challenges of old age that makes all the difference. Thank you for a valuable project. Dr. Shapiro

Bianca, thank you for sharing something about your own grandfather, who sounds like a pillar of your family. As we discussed in class, patients (and senior partners) remind us of people in our own lives. This is by no means a bad thing, but a reality to be aware of and work with in ways that benefit the patient. For example, a loving relationship with your own grandfather can remind you to be more sympathetic to a crotchety older patient; while a patient who calls to mind another relative whom you dislike sounds a cautionary note not to let those feelings become unconsciously transferred. The poem about Grandfather Great Spirit from the Native American tradition was quite beautiful, and certainly a reminder of how older persons can be treated with respect and reverence, rather than discarded and ignored when they no longer appear "useful" to society. Although we did not have time to focus on this point in class, I also appreciated your reference to historical distrust of western medicine among individuals from certain cultural backgrounds. In some ways, medicine always involves working "across cultures," and it is

essential for physicians to explore and attempt to understand culturally influenced health beliefs and expectations with respect and interest. Thank you for your project. Dr. Shapiro

You all came up with a fascinating project reflecting your senior partner's interest in brain fitness classes motivated by her fear of Alzheimer's disease. You clearly put time and effort into understanding something that was a great importance to your senior partner. Sharing the "neurobic" challenges was quite interesting, and a great way of involving your classmates. I particularly liked the recommendation to laugh for no reason for 2 minutes. I think if more medical students (and doctors!) tried this regularly, hospitals would be much happier (although perhaps slightly more bizarre) places. Best, Dr. Shapiro

Dear Jessica and Guy, I was so impressed by the way your two different projects fit together, hand-in-hand so to speak ☺. The theme of encroaching fragility was outstanding, and clearly something to all older persons have to address. The glass hand was an evocative embodiment of this issue. When I held it, I worried I would drop it, and thus I experienced viscerally one of the fears of old age. Very creative! Jessica, your drawing of a hand represented all the QOL issues that lie closest to patients' hearts. The technical ins and outs of neuropathy are much less important to most patients than knowing whether they can swing a golf club or hold hands with their spouse. You also tactfully noted that a physician can be a brilliant diagnostician and still overlook basic empathy. It was quite interesting to learn of the husband's and wife's differing perspectives about physicians – one more holistic, the other more mechanistic. It raises intriguing questions about being human – are we simply a collection of body parts, or are we an interconnected whole? How you answer that question will influence the kind of doctor you are. Finally, I loved your thoughts about how doctors should position themselves in relation to patients with dementia or AD. As you rightly observed, the SSPP involves cognitively intact (often pretty darn smart!) older persons, which makes it easier to treat them respectfully and 3-dimensionally. You provocatively asked, should that change because of cognitive limitations and impairment? How do we acknowledge the humanity of the patient with dementia? No simple answers, but how important it was that you asked the questions. Best, Dr. Shapiro

Dear Anjali and Tejal, what a creative project! It captured an important essence of your senior partner – her love of plants and flowers. How amazing that she had compiled 17 volumes of descriptions of plants across the United States. The origami flowers were a perfect tribute to her dedication; and the poem "Potpourri" captured beautifully both the impermanence of experience and the pain of loss (flowers blooming, then fading), and how smell (perhaps our most vibrant sense) can evoke the memories that allow us to cherish these evanescent moments. The life lesson your senior partner shared – and embodied – is so valuable: keep your passions. Hopefully for you and your classmates medicine is one such passion. But as we discussed in class, to create that oft-referenced "balance" in your life, it's crucial to maintain other interests and pursuits. Thank you for a truly moving and thoughtful project. Dr. Shapiro

Simone and Esther, You both were clearly open to and appreciative of your senior partner, eager to learn all she had to teach you. One indication of this was your willingness to compare your lives to her life, and to see the relevance of her values and determination to your daily challenges. The picture of the old Flatiron Building in NYC was a wonderful metaphor. Like your senior partner, it was full of history and it endured. I also very much appreciated your

observations that family relationships are dynamic, and that parent-child (and also spousal) relationships shift and evolve over time as a result of the changes brought about by aging. Physicians who treat older patients should be particularly sensitive to these alterations because they often have important ramifications for how the patient is cared for and how the caregivers are coping. Excellent work! Dr. Shapiro

Dear Larisa and Christy, your project showed great attunement toward and respect for your senior partner. You paid careful attention to her, and clearly got to know her beyond the superficial. You asked a wonderful question, “How does she have such strong roots?” (what keeps her going, what anchors her in the world?) and then proceeded to search for answers. What a perfect question to think of for all your future patients. The many positive attributes that you identified in your senior partner (weighing and applying information, being proactive about her health, being generative, staying productive and engaged, nurturing relationships, having a sense of humor) strike me as ways of being in the world we should all strive to emulate! Best, Dr. Shapiro

Dear Kirti and Christine, it was lovely to hear how much you enjoyed your SSPP experience, and how it enlarged your understanding of the possibilities of older age. It sounded as though, in different ways, this experience allowed both of you to form a meaningful relationship with an older person in ways that you don’t have the opportunity to do with your own grandparents. The “good doctor/bad doctor” example you gave was so illustrative. I loved that it was a problem as “trivial” as dry eyes, such an easy problem to dismiss (as essentially one physician did). Yet the other doctor took it seriously and empathized with the discomfort. Your conclusion was brilliant – both doctors gave the same advice (and if you looked at their charts, they might have been virtually identical) – but one doctor connected on a human level with the patient about something of concern, and the other did not. And “that makes all the difference” (thank you, Robert Frost). Dr. Shapiro

Dear Carlo and Shane, thanks for tackling the issue of the body failing, even in the face of the patient’s humor and resilience. You contributed two good (well, maybe one good, and one timeless) poems. Carlo, the way you referenced Romeo and Juliet was clever, and also perfectly suited to the theme of your poem. Just as names should not prevent true love, age should not prevent living fully. You captured very well your partner’s enjoyment of simple pleasures and his determination to count his blessings; yet you also detected the tension between the desire to keep going and the inevitable slowing down and ultimate acceptance of decline. Regarding Dylan Thomas’ classic poem, I deeply admired your reading, which showed the commitment and dedication you intend to bring to future sufferers at difficult junctures in their lives. Your willingness to encourage and support these future patients is inspiring. When I read this poem, I keep in mind that it was written in the voice of a *son* to a father, not in the father’s voice. In clinical settings, time and again I’ve seen families urging this attitude upon their loved one: don’t give up, don’t give in, keep fighting, keep raging, do not go gentle. The life force is strong, and should not be quenched prematurely (indeed, several other projects touched on the importance of not allowing ageism to obscure a vigorous older patient’s ability to survive difficult surgeries and demanding treatments). Yet there may be a difference between giving up and letting go, between resignation and acceptance. In my experience, often the patient arrives at this point more quickly than the family members, but keeps going because they know this is expected. It is a complex

issue, and I commend both of you for focusing our attention on it. I suspect it is something you will return to again and again throughout your training and beyond. Best, Dr. Shapiro

Dear Michelle and Danielle, two wonderful pieces of art. The photo mosaic was a truly creative concept – we are all made up of millions of small moments that comprise the totality of our life. I particularly liked the (inadvertent? 😊) symbolism of the photo – it was blurry because you are still growing. Many, many experiences lie ahead of you before you will come into completely crisp focus. It was also touching that the picture formed was of you with your senior partners. That is an entity in and of itself – yet one day that photo will be a tiny piece in the mosaic of who you are. The Tamkin sketch was also lovely. The fact that you chose to represent the 4 individuals from the back enhanced their universality. Yet for you they were very specific – two medical students and their senior partners, soaking up knowledge in the lecture hall. This was a very effective (and surprisingly poignant) way of conveying your insight that the process of discovery and learning doesn't stop with age. As I mentioned, the horizontality of the drawing – all 4 of you in a row on equal footing – also emphasized this message. All around very well done. Best, Dr. Shapiro

Dear Gaby and Krystal, I loved your warm and affectionate description of your senior partner. You really brought him to life, with his great sense of humor, his welcoming demeanor, his positivity, and his willingness to talk about things that mattered to him. The contrasting photos of Wilshire Blvd “then” and “now” were fantastic. “When Wilshire Was a Dirt Road...” – who could ever have imagined that? His one refrain gave us all wonderful insight into just how much history and how many experiences this gentleman had lived through. I was also impressed by your conclusion – that truly good clinical medicine cannot occur in the absence of personal knowledge of the patient. This man, like all patients, is the sum total of his life experiences. This life affects how he will respond to medical diagnoses, how he will take care himself, and how he will approach end of life issues. You both showed insight and compassion in understanding this. Thank you for such an enjoyable project. Best, Dr. Shapiro p.s. Gaby, it was so nice to see you again. I hope you are doing well. I miss lit med and all of you 😊

This was a terrific project because media in all its many guises has a profound impact on our attitudes, views, and interactions. The conceptualization of your project – the “senior edition” of the Beyond Belief tv show – was quite clever, and involved us all. You did an effective job (often with great humor) of identifying a range of stereotypes and then exploding them through your experiences with your senior partner. Stereotypes of senility, inflexibility, grumpiness, social isolation, dependence and helplessness, ignorance of their own health issues, poor exercise and diet are all extremely prevalent in both the media and society at large. Clearly, your encounters with your senior partner reinforced an alternative view of seniors as informed, knowledgeable, self-sufficient and independent, concerned about personal health, open to new ideas, cheerful, caring, and optimistic, embedded in strong social networks. Perhaps the most important message you sent your classmates was the importance of seeing older persons not as members of a category, but as unique individuals with strengths and weaknesses. Thanks for such a comprehensive and well thought-out project. Best, Dr. Shapiro

Hi Tatiana, your pictures were great. I loved that you illustrated the possibility of unrestrained exuberance BOTH through a kid on a swing (what we would expect) and two seniors jumping on

a bed (NOT necessarily what we'd expect!). I was moved by your comments about our natural state being one of joy. I was especially glad to see that your senior partner could inspire you in this way and serve as a reminder of the value of positivity in life. It was quite interesting that your senior partner felt that optimism and a positive outlook were much more significant contributors to her good health than exercise, diet, or frequent doctor visits. Your conclusion seemed very apropos – youth is about how you live. Your presentation was full of good insights and reflection about what being an older person really means. Thank you. Dr. Shapiro

Heidi, thanks for contributing your well-observed painting/collage to the SSPP discussion session. The focus on the contrast between the independent living part of Regents Point and the skilled nursing unit and Alzheimer's wing was very well-chosen. The difference has often struck me as well. The way you used color versus black was very effective and deeply troubling. It made me think that in some ways the independent living area is nice shiny public face of aging, while the other units are its dark underbelly. I'd say that, in some respects, both are true. Old age can be vibrant, interesting, joyful, and fulfilling; it can be isolated, constricted, confusing, and full of suffering. If you think of it, old age is like any other age – it is like life. *It is* life. Perhaps our challenge is to ensure that there is not an impermeable barrier between the dark and the light – to figure out how the colors of life can find their way into the darkness. I think compassionate, expert medical care can help to make this happen. Thanks again for making me think. Best, Dr. Shapiro