

# So Frail and Fleeting a Thing Is Man

**Frailty comes in various sizes and guises. There is frailty of moral character, frailty of self-confidence, even frailty of passions; but, most commonly, there is frailty of physical strength and bodily integrity. Frailty, or its sibling, fragility, is a word that is charged with intense emotional feelings. Things are never mildly frail, or marginally fragile. Most believe that if something is frail, then it is very frail.**

Yet the word, frail, offers some linguistic latitude. Consider, for example, how this liberality is displayed in two quotations from Shakespeare: In the first, Hamlet berates his mother for remarrying so quickly after the mysterious death of her former husband. He exclaims bitterly, “Frailty, thy name is woman.” And in the second instance Falstaff, when confronting his excessive obesity, sadly reflects: “Thou seest I have more flesh than another man, and therefore more frailty.” In neither sentence is there a literal sense of an object displaying the physical qualities of dilapidation or friability; yet in both, the word remains faithful to its more metaphoric interpretation of something akin to fragility, an integral weakness that can be readily achieved: first, a marital commitment too fragile for Hamlet’s censuring taste; and the second, a recognition that corpulence is not added robustness but rather a frail departure from a healthy norm (much as the word, malnutrition, currently defines marked obesity as well as the effects of an impoverished diet.).

Medicine, when it employs the word, frailness, uses it in a very narrow, literal sense. It asks: what qualities, physical or behavioral, makes this particular human deserving of the diagnosis of frailty? Certainly the frail person, usually but not always elderly, is easy to recognize by mere physical appearance, indecisive gait, fragile voice, gaunt habitus and hesitant behavior. But somewhere between the robust sixty-year-olds who play winning tennis three evenings a week and the fragile persons protected within an assisted living facility, there must be a vast population of seemingly robust persons deserving perhaps of a more sheltered environment if tests might demonstrate that the trajectory of their lives is swiftly entering a new diagnostic zone of what might be called pre-fragility.

Fully developed medical frailty is closely associated with frequent falls (and associated bone fractures), non-compliance with elementary health-preserving steps, malnutrition, increased susceptibility to systemic infection, increased mental confusion and apathy, significantly higher morbidity and mortality rates, emotional depression and diminished self-esteem. And so, medicine seeks ways of detecting the earliest beginnings of frailty under the presumption that the full measure of frailty can be aborted or at least delayed by active clinical intervention.

Geriatricians have sought simple, quasi-quantitative measures of emerging frailty, faintly discernible frailty, that might be detected in minutes without the encumbrance of diagnostic machinery. Yet no single objective test yet exists to identify those

about to enter the world of the frail personage. Its recognition rests, then, upon the intuitive judgment of those, such as nurses and geriatricians, who are sensitive to the body language—as expressed over time—heralding the emergence of the earliest signs of body fragility.

But then there is frailness solely of character seen in both the anorectic and the corpulent, the aged and the youthful. This kind of weakness in character bears little resemblance to the physical frailties observed by geriatricians. And this kind of behavioral frailty may even lend a bit of charm to otherwise undistinguished persons. Perfection in others, after all, is so dismaying that it forces us to seek out the winsome, redeeming flaws in each of us, flaws that we might call quirks; and so imperfect behavior, wildly idiosyncratic behavior, paradoxically, brings us closer to each other, as we silently rejoice in our imperfect humanity.

Cynics believe that aging increases our flaws; and if not augmenting their numbers, at least turning each flaw, each frailty to become more withered, more exaggerated, more repellent. And so it is heart-warming to think alternately that old age represents a time when mellowness has begun to accept our imperfections, when humor has softened our sharp edges, when acceptance has supplanted our numberless frailties; and when men and women have the courage to look back at the tapestry of their lives with neither fear nor distaste and rejoice in the reality that the fabric is not totally tattered.

— STANLEY M. ARONSON, MD

*Stanley M. Aronson, MD is dean of medicine emeritus, Brown University.*

## Disclosure of Financial Interests

Stanley M. Aronson, MD, and spouse/significant other have no financial interests to disclose.

## CORRESPONDENCE

e-mail: SMAMD@cox.net

