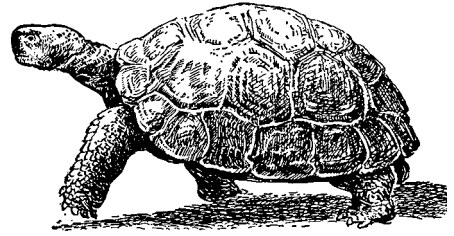


Commentaries

Getting Older



Having reached the age where my patients have begun telling me, “you look good, Doc;” a secretary remarking, “I hope I have your energy when I get to be your age;” or a patient asking, “Who should I see when you retire or something happens to you?” I’ve begun worrying myself about all the things my patients do.

Many years ago one of my patients, a very verbal, vivacious, mildly retarded woman, asked, in response to my not being able to recall what I wanted to tell her, “So you’ve got CRS, too!”

“CRS?” I asked.

“Can’t remember sh___.”

“I guess I do,” I answered.

For a very long time I’ve told patients that I’d give them something at the end of the visit, a leaflet about an organization, a referral for therapy, or something similar, and then forget at the end of the visit. So, the fact that I continue to do this hasn’t bothered me, but recently I visited another medical center where I talked to the movement disorders group, but was professionally friendly with some other department members as well. Yet I failed to recognize them when I passed them in the corridors. That wouldn’t be so bad except they recognized me. It’s not only embarrassing, but once we reach a certain age, it becomes worrisome. One interpretation for this is that I was in an unfamiliar place and assumed everything was unfamiliar, whereas I stood out to the people who worked there regularly. Alternatively I simply forgot faces. As Sherlock Holmes was wont to remark, the memory holds only so much information. One must discard that which is less important. I don’t have that much stored, and I’m hopefully not that kind of person.

Not long ago a student asked a question about a neurological syndrome, and specifically about a paper I had written over twenty years ago. I did recall that paper, and, equally importantly, what it said, but when I offered to find her a recent review article, and couldn’t come up with one, I

decided to print an article from an electronic neurology textbook, which I knew was updated each year. I discovered, both to my simultaneous horror and pleasure, that the chapter was my own. I simply had failed to recall that I had updated this article within the past few months. And since there was no co-author I had no one to blame. My initial reaction to seeing my name as the author of the chapter was pleasing. I had been writing so much that I didn’t recall something. This quickly was replaced by concern. I had not, in fact, written so much that I shouldn’t remember all the things I’ve written. There are some doctor research-authors who have, in fact, “written more than they’ve read.” Some organizations have professional writers who write articles for the doctors, or at least, used to. Ghost authorship is now banned by most medical journals, but the ghost authors are now listed as the second or third authors, where, in fact, they had actually written the whole thing. The first author goes first because he’s a VIP, and the justification is that the work was all her/his ideas anyway. And maybe she/he had discussed it with the actual author. Well, I don’t have such help. So, I simply didn’t recall updating this manuscript. In fact, I had written the bulk of it many years ago, but I did reread it and update it each year.

I don’t remember faces. I see patients and can’t recall that I’ve seen them before. But not just that. Sometimes I’ve been seeing them for quite some time. Several years ago I stopped asking the ones I did remember why the spouse wasn’t with them at this visit, having learned, more than once, that the spouse had died a few years before, and that I had been told this before. I try to enter this information in my notes, so I don’t make the same faux pas again.

Yet I don’t forget that a particular patient had a particular tic, or a peculiar tremor, or a psychogenic movement disorder, although I sometimes forget the whole patient. I don’t get lost much more when driving than I used to.

I worry that I’ll practice medicine the way my patients drive, insisting that their driving skills haven’t suffered a bit despite being 83, having severe Parkinsons’ disease and some visual impairment. “I’ve been driving for 65 years and haven’t had an accident yet!”

The tests required for continued licensing, given every 10 years, are intended, objectively, to make sure that I’m up to date, and hopefully, not yet demented. But I’m grandfathered in so I don’t have to take the test. Of course I *could* take the test voluntarily, but I’m a subspecialist. I don’t see patients who don’t have movement disorders. I try to keep up to date on the other neurological problems, but I don’t need to, so if I’m not up to date on MS or headaches, why should I stop seeing patients with movement disorders? At least that’s what I tell myself.

Houston Merritt, the great neurologist of the twentieth century, used to say, “when patients tell you their problem can’t be psychogenic, it probably is and when they tell you it is probably stress-related, it probably isn’t.” So maybe my fear is exaggerated. Most of my patients who report memory problems don’t really have them but, unfortunately, some do.

Who doesn’t forget stuff? I sometimes try to reassure those patients who I don’t think have a true problem with the observation I once saw on the back of a sweatshirt of a participant in the New York City marathon many years ago, “the older I get, the better I was.” My memory was never so hot.

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Disclosure of Financial Interests

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