

Room for a view

Fragments

So thoughtful of the geriatricians to invite the psychiatrists to dinner, even if I was the only one who could come out tonight. The restaurant is very nice, and the food is good. At my table are two geriatricians, a family physician with an interest in seniors, an anthropologist and the guest speaker, whose specialty is unclear to me. There are other tables in this private dining room, and the noise level makes it necessary to raise one's voice to be heard.

The speaker's topic was the ethics of dementia. I wonder, as I cut through the delicate flesh of caviar-topped scallops plated with sprigs of organic rosemary, how he managed to convince the pharmaceutical company to allow him to speak on such an esoteric subject. No irksome diagrams of cholinergic neurons to trouble the digestion. No complicated study protocols to decipher through the gentle fog of a glass or two of Pinot Noir.

I would like to be able to make intelligent conversation with the guest speaker. I try to think of something he might have said, some comment or fact that I could pick up on, but I can't come up with anything. I think I must have missed the point of this lecture — so completely, in fact, that now I am mired in a self-conscious silence.

Fortunately, the speaker is engaged in a vigorous debate with one of the geriatricians at the far end of the table. The topic is mild cognitive impairment and whether it represents the earliest stages of dementia

"Dr. So-and-So thinks ..."

"Really. When did he say that?"

"It was — let me think. It must have been last November. It was that conference in Ottawa. Help me out, when was that conference?"

"November."

"Right. November."

"He said that? I find that hard to believe."

And so on. This discussion has

perked up the guest speaker. During his talk he had that fatigued, distracted, if-this-is-Wednesday-this-must-be-Halifax look that speakers get at the end of a tour.

I consider trying to start a conversation with the anthropologist across the table, but I have forgotten her name. It occurs to me that the three women at the table have said almost nothing during the meal. I suddenly remember a comment the speaker made about the importance of the humanities in medicine and seize upon it: I ask him what he sees as the role of stories in the study of dementia.

"Stories," he says thoughtfully, spearing a piece of haddock. He tells me about narrative medicine and how it is being used to teach medical students. I have read a bit about this. It contrasts with the traditional humanities approach, in which you read the classics, study poems and watch movies to enrich your practice of medicine. I ask him if he is a writer. Then I feel foolish: obviously he's a writer, he just finished telling us about all the medical books and articles he's written and about the time he was on Oprah.

But he just says, "No, I'm not a writer."

Seated to my left is another geriatrician whom I've known for over ten years, since he was a resident and I was a medical student. I remember being on call with him at the old Infirmary, sitting in the TV lounge and watching the first season of "Friends." I remind him of that and he smiles. Because I respect his opinion, I ask him whether he thinks that mild cognitive impairment is part of normal aging.

He tells me no, that as a geriatrician he doesn't believe there is such a thing as normal aging. He says that he thinks everything that happens as people get older is the result of a disease process, or the consequences of neglecting one's health in some way. If

this could be prevented, then the slowing of the body and mind we associate with getting older would be eliminated, and we would just go on until the day of our death, when everything suddenly falls apart.

"Like the Deacon's one-horse shay," I say, spontaneously recalling the poem about a chaise that was constructed so that no part was weaker than the others. Because it couldn't break down in one place, it went on and on until it finally "went to pieces all at once." This is a perfect example of the kind of thing that sticks in my mind: fragments of old poems. They embed themselves in some especially resilient neurons and refuse to make room for more current information, like why the speaker disapproves of modern bioethics, or what the anthropologist's name is, or how the cholinergic system works.

I think of a patient I saw just that same morning, with moderately advanced dementia. She wrote a sentence for me: "My heart leaps up when I behold a rainbow in the sky." I had to look it up: Wordsworth.

So was it when my life began;
So is it now I am a man;
So be it when I shall grow old,
Or let me die!

The dinner ends, and the party breaks up. I shake hands with the guest speaker, and he tells me that I should keep up my interest in narrative medicine. I make a mental note to try to remember his name so I can look up some of his papers later. I climb the stairs leading from the private dining room and exit onto the street, where I start the questionably normal and darkly mysterious process of forgetting.

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