

Ageing: Predicament and promise

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In the name of Allah, Most Gracious, Most Merciful

O mankind! if ye have a doubt about the resurrection, (consider) that We created you out of dust, then out of sperm, then out of a leech-like clot, then out of morsel of flesh, partly formed and partly unformed, in order that we may manifest (our power) to you; and We cause whom we will to rest in the wombs for an appointed term, then do We bring you out as babes, then (foster you) that ye may reach your age of full strength; and some of you are called to die and some are sent back to the feeblest old age, so that they know nothing after knowing (much), and (further), thou seest the earth barren and lifeless, but when We pour down rain on it, it is stirred (to life), it swells and it puts forth every kind of beautiful growth (in pairs). This is so, because Allah is the Reality: it is He Who gives life to the dead, and is He Who has power over all things.

*Sura Al-Hajj [the Pilgrimage] (The Holy Qur'an)

Old is a nebulous term. An active and fit eighty-year old woman can be as young as a sedentary, sixty-year old woman. We all have both a chronological age measured in years, as well as a psychological age that is expressed in our emotional and mental state. Furthermore, the ageing process does not occur at a uniform rate all over the body and is a very individualistic phenomenon. But what actually happens to us when we get older? Do we gradually disappear as our memory and eyesight fail us? As our bodies and minds begin to fail us what do we become? It is said when you are 80 year old you know everything, but remembering is the problem.

My grandmother a small woman in her mid nineties with rough worn hands and a warm smile; I love her raisin tea bun and the plateful of homemade cookies she offers every time I visit her in her room which is filled with unhurried peaceful stillness which encourages a slower pace of life. Wearing glasses magnifying her eyes she tells me that her legs are stiff and all hanged up; she can no longer perform her ritual prayer (genuflection) as she used to do before. She finds her hearing aids too bothersome to wear so she 'd rather avoid social events with large crowds of people, being in a large room with boisterous people where she is unable to follow a conversation is uncomfortable and distressing. However she is fortunate because I know people at her age require incontinence pads. For some of them their sense of pride often leads them to avoid social company (who can blame them!). Even though she has had to deal with many losses in her

life in the war torn country Iraq she has managed to create her own enjoyment out of simple things in life. I set out with questions only to arrive with handfuls of new questions. Ageing is too often like the process of peeling.

Layer by layer, year by year, we surrender yet another piece of our independence, another part of our identity, as our bodies and minds fail us and as we lose another ability, another friend, and another cherished memory. However, amongst these stories of losses, I sensed underlying optimism and determination. How can we turn each loss and each new hardship into an opportunity to reinvent ourselves, to create a new connection, to experience another facet of life?

Ageing, says Richard Suzman is "reshaping our world". Like climate change, "it seems inexorable, and is gradual", but the global impact of ageing on health, disability, wellbeing, and poverty might eventually turn out almost as profound for society as rising temperatures. Awareness is growing that the world's population is rapidly ageing. Although much of the related policy debate is about the implications for high-income countries, attention is broadening to less developed settings. Middle-income country populations, in particular, are generally ageing at a much faster rate than was the case for today's high-income countries, and the health of their older populations could be substantially worse.

Recently, a medical student entered an operating room in a tertiary care medical centre affiliated with a leading American medical school. The room had pale walls, bright lights, lots of chrome, and a gurney on which lay a large, unconscious man, his abdomen open. A surgeon greeted the student enthusiastically. He had a reputation as an outstanding teacher and explained the procedure so the student could understand what he would be doing and how she could help. Until that moment, the student hadn't considered surgery as a career option. As if he could read her thoughts, the surgeon asked, "So, do you know what you want to go into?"

"I think I do," replied the student. "Geriatrics." The surgeon's head jerked up. Then he raised his voice to a high pitch whine and intoned, "Doctor, I'm constipated. Doctor, I'm constipated." Laughing, he scanned the room for agreement before returning to work. At regular intervals during the surgery, the surgeon repeated the same phrase in the same tone as if by doing so he could communicate everything a young almost-doctor needed to know about older patients. Although some might argue that this story represents nothing more than the indiscretions of a misguided physician or attitudes at a single institution, conversations with colleagues nationally and internationally suggest otherwise.

In such anecdotes, replace the older patient with a black or female or disabled patient, and you get a sense of the scope of the problem—derision, segregation, and discrimination. But as Harvard psychologist Gordon Allport pointed out more than a half century ago in his seminal book, *The Nature of Prejudice*, "People who are aware of, and ashamed of, their prejudices are well on the road to eliminating them." This is not a new problem—either for medicine or for society. During the 1960s, US physician Robert Butler coined the term ageism, which he defined as: "A process of systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this with skin color and gender." "Aging," wrote Butler "is the neglected stepchild of the human life cycle. Though we have begun to examine...death, we have leaped over that long period of time preceding death known as old age." He ascribed this neglect to ageism, noting that older adults are often viewed as universally sharing certain negative attributes, including senility and rigid thoughts and beliefs. In fact, older age is the most varied time of life; there are the 80 year olds who hold public office or run marathons, and there are those who live in nursing homes because they can no longer walk, think, or care for themselves. Why then might people ascribe such uniform negativity to older age? Butler had the following explanation: "Ageism allows the younger generations to see older people as different from themselves; thus they subtly cease to identify with their elders as human beings." This makes sense, but it doesn't fully explain what seems to be a widespread need to hold older adults apart. It's also true that we feel sympathy for—and those of us in medicine may devote our careers to caring for—people with malaria, lung disease, or cancer perhaps in part because many of us don't and won't have those challenges. We are safe. Not so for old age. Barring an early death, old age is every human's fate, and not one generally met with eager anticipation. In some ways, even death might be more attractive. It is more clear-cut we are either alive or dead. For many, it is the way in which life might

be compromised by advanced age, limping slowly rather than leaping towards death that brings the greatest dread. In reality, most older adults are content, productive, and living independently. But we rarely acknowledge how well old age can and often does go, with years and decades offering new opportunities for work, pleasure, family, relaxation, and self-knowledge. Instead, in everyday life, we see grey hair and baldness, limps and stooped posture and slowed paces, wrinkles and canes and hearing aids. In medicine, we see the disquieting extremes: the acutely ill, the multi-morbid, and chronically disabled, and the almost, but not quite, dead. Perhaps it is because the effects of age are so visible, even in the healthiest older adults, and because most people do become ill or disabled in some way before death that we reduce the last, decades-long phase of life to a single, noxious state, despite overwhelming evidence about its joys and variety. The English literary humanist, William Hazlitt, described prejudice as "the child of ignorance". This comment rings true for certain sorts of prejudice. But we all know older people. We have parents and grandparents, friends and mentors. Sometimes, it seems, prejudice is borne less of ignorance than of fear and dread. I am inclined to go with Voltaire who said, "We are all formed of frailty and error let us pardon reciprocally each other's folly." While elimination of prejudice is utopian, recent advances in the rights, achievements, and medical care of other systematically marginalized groups offer precedents for how we can reduce bias and improve care for older adults. The first step toward overcoming ageism in medicine is acknowledging the problem. As Allport pointed out: "If a person is capable of rectifying his erroneous judgments in the light of new evidence he is not prejudiced...A prejudice, unlike a simple misconception, is actively resistant to all evidence that would unseat it." To combat ageism in medicine, we cannot tolerate speech and jokes based on stereotypes and fear, or allow isolation and avoidance of patients on the basis of age (or other inherent characteristics), or continue age-based and age-blind policies, research agendas, and care plans. The care of older patients may differ from that of younger patients, but older people are no less deserving of our respect, compassion, and highest quality care.

Finally in Muslim culture, respect and esteem increase with age. Elderly parents are respected on account of their life experiences and hierarchic position within the family unit. The opportunity to attend to the needs of one's parents in their later years is viewed as a gift from the mighty Allah. In the Muslim community one is astonished that so much emphasis was put on the relationship with the parents. Here are a few sayings of the prophet Muhammad on this subject.

May his nose be rubbed in the dust! May his nose be rubbed in the dust! (an Arabic expression denoting degradation). When the Prophet was asked who he meant by this, he said "The one who sees his parents, one or both, during their old age but does not enter Paradise"(by doing good to them).

A man came to prophet Muhammad and asked him permission to go to battle. The Prophet asked him, "Are your parents alive". The man replied "yes". The Prophet responded, "Then strive to serve them".

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