

Chapter 6

On Old Age—Impressions of a Geriatrician

Bert Keizer

Before saying something about ethics and aging I would like to point at the source of my knowledge. I am 63 years old and have been working as a geriatrician in nursing homes and chronic care facilities in Amsterdam during 28 years. This means that I have only seen the less attractive sides of old age, because obviously most elderly people do not end up in a nursing home or chronic care facility. But in my work I did not only have to deal with my mostly elderly patients, but also with their husbands, wives, brothers and sisters. Incidentally, when I speak of old, elderly or aged I am referring to people who are 85 or older.

A second preliminary is the fact that I am writing this and not a person of 80 or 90 years old. This is not because elderly people do not have an opinion about being old, but strangely enough, they are conspicuously absent in the public discussion of their predicament (and mainly absent in this volume?). An absence which I regard as a painful illustration of an aspect of old age that I want to bring to your attention. I mean the horrible experience of being irrelevant socially.

6.1 Why We Don't Like Old People

As an introduction to the subject I would like to call your attention to the fact that we do not like old people. What I mean is the biological basis of what I can only describe as the disgust or at best indifference with which we look at elderly people. I believe this dislike of the old is deeply rooted in our DNA. The reason for this dislike or the slight shudder with which we approach the very old is not only that they are a reminder of approaching death. There is also a biological reason. We are primates, higher apes, if you'll pardon the adjective, who used to live in groups of 20–40 individuals. In such a setting old animals are useless—biologically speaking. They do not procreate, they do not fight when it comes to warding off enemies, but

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they do eat and they do take advantage of the security a group offers. Caring for the elderly is biologically speaking a wrongheaded initiative.

This dislike of old persons is something they themselves feel as well. In the nursing home where I work we have a rehabilitation ward where people recover after orthopaedic surgery—hip replacement usually. Time and again I am called to the bedside of a fresh arrival, herself 85 years old if a day, who points out to me that she refuses to mix with the permanent residents, who in her eyes, are disgustingly old and as such a great hindrance on her road to recovery, because the sight of them severely depresses her.

I am not saying these things in order to announce my assent, but I believe we shall never arrive at a realistic view of old age if we do not take this biologically based disgust into our stride. I do not know what our chances are to liberate ourselves from these rather base emotions. I fear the chance is nil if we do not acknowledge these feelings in the first place.

Passing on from here I would like to say something about old age and wisdom; fashion; bodily functions; dementia or Alzheimer; and finally of course death and its availability.

6.2 A Few Remarks on Old Age and Wisdom

Possibly one of the few attractive things about getting old is that one experiences a certain relief at having been released from the struggle that life often is. La Rochefoucauld said that old people like giving advice to the young in order to compensate for the fact that they are no longer in a position to make certain mistakes. This remark covers their motivation, but a direr question is if they have any advice on offer that makes sense to the younger generation. My mother was very skilled in feeding, clothing and grooming her husband and six children with rather limited means in such a way that we could appear decently clad and fed in school, in church or at our jobs. These skills of hers are useless for my generation.

I was born in 1947 in a lower middle class, maybe artisan class, family and the problem for my generation was how to escape from the life your parents led and which they thought was good enough for you as well. How to make the most of your chances was our problem, and we were quite nifty when it came to finding our way out of the milieu we grew up in.

This eagerness to seize an opportunity to get away from your parents is something that mystifies my children, who don't want to get away from us at all. Their problem is that they are absolutely drowning in chances and opportunities. They can study what they like, travel to wherever they want to go and they have no need of my eagerness to seize upon any chance coming along.

Our children are also faced with a veritable onslaught of opportunities in the realm of money, alcohol, tobacco, and drugs, my experience of which is tiny and piecemeal. When I was 20 we could hardly afford much alcohol and apart from that we sometimes succeeded in laying our hands on hash, LSD, speed and very

occasionally some opium to smoke. It all resembled the small neighbourhood store. Our children live in the present day supermarket when it comes to drugs. Alcohol is cheap, cocaine and XTC are rife and the marijuana they smoke these days is so strong that you easily become psychotic. You can imagine what my advice to them is: Don't touch the stuff. And you can also imagine how effective this suggestion is.

Parents are always 40 years behind the times with their advice, and this is even worse in the case of grandparents.

6.3 A Few Remarks on Old Age and Fashion

To my parents the absolute height of impressive celebrations was a Christmas Night Mass with a mixed choir (that is boys and men) and on the altar three priests and six acolytes. To me the hair of The Beatles, Mick Jagger's accent, the desperate recklessness of Jimi Hendrix, Dylan's incredible style of singing, represented what I thought of as stylish, elegant, beautiful and true.

But the world moves on. More than forty years have passed since then and all those things that you regard as lovable, maybe even sacred, have lost their relevance in today's world. It is all still revered, but it has been shoved aside and is now to be seen behind glass, in a museum. Look at the Resistance Movement in World War II. Who does not feel respect for some of the things they achieved? But at the same time what is it to us now, when we are no longer threatened by obviously murderous armies marching into our country, but by banking people who do ungraspable things with the most awful consequences?

That is what is so unpleasant about getting old: The things you liked, knew, wished or feared, are slowly becoming more and more irrelevant. Very gradually but unmistakably you are being shoved aside. It is a relentless process, it is wholly unintentional, and the result is an ever-deepening sense of social irrelevance.

6.4 Bodily Functions

Another well-known and rightly feared aspect of getting old is the loss of bodily functions. I don't think there's any need to go into a long disquisition on the fact that as we grow older, lots of things that we do in daily life become more and more tiresome, difficult or downright impossible. I don't think anyone is going to say that as they get older, and I am talking of the years beyond eighty, they get better and better all the time in the performance of: Walking, stair climbing, skating, lovemaking, cycling, seeing, hearing, digging in the garden or driving their car.

And now that we are on to the body anyway, there is a gradual retreat from the erotic scene which Sophocles famously experienced as a case of good riddance, but which most of us, being a little less philosophical, do experience as an irretrievable loss. I am not saying that one cannot be an attractive man or woman in old age, but

that particularly fateful variety of attraction has faded irredeemably. Which inevitably leads us to the ultimate consequence of having a body: We have to die, and we know it.

When I was eleven, I knew only four dead people: Two grandparents, one neighbour and my mother. Now that I am 63 I would need a couple of hours at least to arrive at an estimate of the number of dead people I know. It must be more than a hundred and the number grows every year.

The older you get, the more dead people you know. This is a strangely hurtful kind of knowledge. Knowing that Shakespeare is dead doesn't affect us in the least, but knowing that your dear mum or unforgettable uncle Arthur has passed away and will forever remain in that state, is, when you come to think of it, a crushing realization, to which you'll have to add the inescapable conclusion that you yourself are heading that way.

I need to correct myself here. I sound too desperate. In the many years during which I have dealt with elderly people I have discovered that one of the few things that seem to be reasonably well arranged on this planet is the zest for life in the elderly. This is often more or less in accordance with their physical powers. I'm not saying that elderly people have no zest for life, but their anxiety about the approach of death has not the piercing sharpness that is felt by people in their forties.

6.5 Alzheimer and the End of Life

We have succeeded in prolonging what is called old age to such an extent that two dangers are lurking there. The first is Alzheimer. Once you are 85 or older, the risk of losing parts of your mind, or even most of it, is as high as 40 %. Quite a few people would like to forego this descent into a premature oblivion by ending their lives. In the Netherlands this is possible but not often enacted because not many doctors are convinced of the intensity of the anguish which is caused by mentally falling apart in the course of Alzheimer.

The treatment of Alzheimer patients offers a convincing illustration of that dislike of the elderly with which I started this chapter. For imagine that Alzheimer was not a problem of old age, but that we had 250,000 adolescents in our midst who were affected by a similar brain disease. Do you think it likely that we would dump these youngsters in care homes on the outskirts of our community so as to be able to get on with our lives? Yet that is precisely what we do with Alzheimer patients. Of course losing so many 18 year olds to a lethal brain disease is quite a different thing than losing the aged in that manner. The difference being that the aged are, biologically speaking, not a loss, when they die. I do not mean to applaud this, I merely point out that this is what we feel and it shows in the way we care for them.

The second danger of a prolonged old age is that it may simply last too long. It is difficult to say how many old people would like to die. I met quite a few who didn't feel like waiting around until the aging process would destroy their power to act independently, some of them taking their own lives before it was too late. I am not talking here of desperate suicides committed in horrible secrecy and utter loneliness.

I am speaking of what a Dutch psychiatrist, Boudewijn Chabot, has proposed to describe as auto-euthanasia—do it yourself euthanasia. In such cases the last act is perpetrated in the company of sons, daughters or friends.

Usually such initiatives are condemned outright, and this condemnation comes from those in their forties, for it is they who determine under what conditions people in their eighties or even older will be allowed to leave the planet. When a person of 85 years old is dizzy, loses urine, is short of breath, is no longer capable of climbing a stairway or walking in a street, cannot see the television, hear music, write or type a letter, or even read a book or put on his own clothes, it is the 40 year olds who say that asking for death on account of all this is an irresponsible request, forgetting that this list of incapacities would be seen as unbearable in someone of their own age. But their answer is: well that's all part of getting old.

There's nothing we can do about old age and death as such, but I do think that the last part of life's journey is unduly influenced by people who are themselves still at a much earlier stage. The entire healthcare in our countries is pervaded by the wishes and anxieties of those in their forties. It is their zest for life and it is their fear of death which are stealthily forced onto the very old when these fall into their hands. I think this is wrong. I don't propose to let the very old run our hospitals and care homes, but I do plead for them to be listened to attentively so that they can utter what it is they really want when it comes to questions of prolonging their lives or accepting and even organizing their deaths.