GERONTOPHOBIA
DISCLOSURE: F. FITZGERALD M.D.

I HAVE NOT BEEN BRIBED
I HAVE NOT BEEN CORRUPTED
I HAVE NO HIDDEN ALLIANCES WITH RICH PEOPLE
MY MOTIVES ARE PURE
FATHER DAMIEN deVEUSTER

HE VOLUNTEERED TO GO TO THE ISLAND OF MOLOKAI, AN ISOLATION COLONY, IN 1873. THERE HE WAS DOCTOR, NURSE, PRIEST, CARPENTER, GRAVEDIGGER, BUILDER AND BEGGAR FOR HIS FLOCK.

LEPERS
DAMIEN AT MOLOKAI

HE BUILT HOSPITALS, ORPHANAGES, HOUSES AND HIS CHURCH- ST. PHILOMENA’S.
HE RELENTLESSLY PESTERED THE GOVERNMENT AND THE CHURCH FOR SUPPLIES, MEDICATION, NURSES.
HE HAD CLOSE CONTACT WITH HIS FLOCK, TOUCHING THEM FEARLESSLY
HE BEGAN A SERMON ONE DAY IN 1883 WITH...

“WE LEPERS....”
WHAT DO LEPERS LOOK LIKE?
FATHER DAMIAN DIED IN 1889 - HE WAS 49 YEARS OLD.

AND AT HIS BEDSIDE WAS THIS WOMAN.
MOTHER MARIANNE COPE

CAME TO THE USA AS A BABE IN ARMS, AND BECAME A CITIZEN. SHE WAS A SISTER OF ST. FRANCIS, THEN MOTHER. SHE WAS A TEACHER, HOSPITAL ADMINISTRATOR, AND HEALTH PRACTICE INNOVATOR. SHE WAS CRITICIZED FOR TREATING “OUTCAST” PATIENTS: ALCOHOLICS, THE POOR, IMMIGRANTS.

SHE GOT A LETTER FROM HAWAII IN 1883 BEGGING HER TO COME TO TAKE CHARGE OF “OUR HOSPITALS, AND EVEN OUR SCHOOLS...HAVE PITY ON OUR POOR SICK, HELP US.” SEVERAL MONTHS LATER SHE WENT WITH 6 OTHER NUNS TO HELP.

Beloved Mother of Outcasts
AND, AT AGE 80 SHE DIED ON MOLOKAI, AFTER 35 YEARS OF CARING FOR THE ‘OUTCASTS’ THERE.
WHO ARE OUR OUTCASTS?

CRIMINALS

“SELF-ABUSERS”

THE DEMENTED, FRAIL, OLD, AND ‘UNPRODUCTIVE’

HOMELESS, SOME –MANY- MENTALLY ILL.

THE “NOT US”...
“MODERN” ETHICAL THINKING

1. **ALL** HUMAN BEINGS HAVE CERTAIN RIGHTS **BECAUSE** THEY ARE HUMAN....

2. **ALL ETHICAL** HUMAN BEINGS ACKNOWLEDGE AND HONOR THOSE RIGHTS.
THEY DON’T SEEM TO WORK!

DECLARATIONS OF HUMAN RIGHTS
ETHICAL PROBLEM # 1

WHAT IS “A HUMAN?”

“US” VERSUS “NOT US!”
DEEP SUSPICION OF "THE OTHER"

I think there's a spy among us...

OH-OH!

NOT CAT!
AN ANCIENT SUSPICION?
NOT QUITE HUMAN?

NEANDERTHAL
DENISOVAN
FLORES HOBBIT

COEXISTED IN TIME WITH HOMO SAPIENS
WHY DO WE CARE?

WHO ARE OUR CHILDREN?

Discrimination as an evolutionary legacy of humankind?
S0 HOW DO WE KNOW WHO IS ‘LIKE US’?

PRIMAL SENSES

VISION

APPEARANCE

HEARING

MUSIC/LANGUAGE

SMELL

ODOR/TASTE

DOES IT ALL START HERE?
HOW DO WE IDENTIFY ‘HUMAN BEINGS’?:

DO ‘THEY’ LOOK, SPEAK AND SMELL LIKE ‘US’?

We may not be able to tell them apart from each other, but know they are different to “us”.

CROSS-RACE EYE WITNESS IDENTIFICATION IS LESS ACCURATE THAN SAME-RACE IN MULTIPLE LEGAL STUDIES……
LEPERS LOOK DIFFERENT
WE MAY HAVE A MAJOR PROBLEM WITH “HUMAN RIGHTS”
ARE WE “HARD-WIRED” FOR DISCERNMENT OF WHO IS A HUMAN BEING?

Alterations of the sense of "humanness" in right hemisphere predominant frontotemporal dementia patients.

Mendez, Mario F, Lim Gerald T.

WHERE IN THE BRAIN?

This is a **disease**, but its existence suggests at least one discrete site of localization in our brains of the ability to recognize “others” as human.

*(Not the same as prosopagnosia)*
ARE THE AGED AN EVOLUTIONARY WORK IN PROGRESS?

In a study of the relative ages of skeletons found in archaeological digs, the team compared the proportion of those who died young with those who died at an older age, and concluded that longevity only began to significantly increase beyond the age of 30 about 30,000 years ago – very recently in the span of human evolution.

Author Rachel Caspari* calls the shift the “evolution of grandparents”, as it marks the first time in human history that three generations might have co-existed.

*Scientific American 305, 44 - 49 (2011)
THE FIRST GRANDPARENTS?

AND EVEN THESE GRANDPARENTS SELDOM LIVED BEYOND THE AGE OF FIFTY
HOW DO WE NOW “SEE” THE OLD?

What if the ability to identify old people (who look “different”) as human beings never fully developed in the ancient brain, because there were so few old then?

Their families could recognize them as human as their children would have known them before the physical changes of aging took place.

But what about the perception of the old among non-family members, strangers?

Is this why we are all so eager to “look young”? 

Yay! Ugh!
AND THE OLD WERE USEFUL TO THEIR FAMILIES AND SOCIETIES IN PREVIOUS ERAS

They (especially women) had value in perpetuating the family genome by caring for grandchildren.

They had experiential craft and life wisdom, [though this is thought to be far less valuable in the late 19th through the 21st century than it was throughout previous human history].
GERONTOPHOBIA

IT HAS 2 MEANINGS:

1) FEAR OF BECOMING OLD
FEAR OF AGING

... but you look so natural and lifelike!

Another birthday? Well, look in the mirror!
Do you see wrinkles? Do you see grey hairs? Of course you don't!

Your eyesight's gone!
AND DON’T WE ALL HAVE THAT?

APPEARANCE?

( Youth=Health=Good)

Elizabeth Taylor @ 70yrs

The cost of anti-aging products in the USA is estimated to reach 114 billion dollars by 2015.
PEOPLE WHO LOOK DIFFERENT:  
“NOT HUMAN”?  
MONSTERS?

A little girl had seen her before the operation and had run to her mother screaming, ‘Monster, Mommy!’

A man, after he had a face transplant, said he was "not a monster" any more and even looked younger after surgery.
ARE THE OLD ALSO “MONSTERS?”
GERONTOPHOBIA

2) FEAR OF THE OLD

Gerontophobia: Fear of old people; often characterized by the disillusion that all elderly individuals are plotting to extinguish their lives. People with gerontophobia experience acute panic attempts when two or more of the elderly surround them, living out a paranoid fantasy that a cunning attempt to forcibly extract the youth from victims is ready to occur.
GERONTOPHOBIA: THE FEAR OF OLD PEOPLE OR OF GROWING OLD

AHHHHHHHHHHH!!!
GERONTOPHOBIA
SOME STORIES IN EUROPEAN FOLKLORE
MAY PERPETUATE THIS PHOBIA

OLD WITCH IN THE WOODS?
HOW ABOUT THIS?
.....OR THIS?

VAMPIRES STAY YOUNG BY SUCKING THE BLOOD (AND LIFE) OUT OF THE YOUNG
HOW DO WE “FEEL” ABOUT THE OLD?

ARE SOME PEOPLE MORE “WIRED” TO UNDERSTAND THE EMOTIONAL STATE OF OTHERS?
IS **EMPATHY** FOR THE OLD (FOR ANYONE) BIOLOGICALLY BASED?
AND THIS IS IMPORTANT BECAUSE OF WHAT “EMPATHY” IS NOT!

PITY

SYMPATHY

AN INTELLECTUAL DISCERNMENT

WHAT IT IS:

“IT COULD BE ME!”
“I KNOW HOW YOU FEEL, BECAUSE I FEEL IT TOO”
IS THERE A BELL-SHAPED CURVE OF ‘HUMAN’ DEFINERS AND EMPATHS?

PSYCHOPATH

GLOBAL

EMPATH

SELF..FAMILY..‘RACE’..COMMUNITY..NATION..CO-RELIGIONISTS..ALL PEOPLE
ETHICAL PROBLEM #2

IF WE CONCUR THAT ALL THE SICK ARE HUMAN, TO WHOM DO DOCTORS OWE THEIR PRIMARY ETHICAL ALLEGIANCE?
A POEM:

RIGHT VS RIGHT IS EASY
YOU DON’T HAVE TO BE VERY BRIGHT
THE MAJOR PROBLEM IN ETHICS
IS WHEN YOU PIT RIGHT VS RIGHT.
OUR PLEDGE OF ALLEGIANCE

THE AMERICAN DISSONANCE

LIBERTY AND JUSTICE FOR ALL
THE BASIC DOCTOR-PATIENT COVENANT:

- CERTAIN ASPECTS OF REQUIRED PHYSICIAN BEHAVIOR ARE NOT PHILOSOPHICALLY ARGUABLE IN REAL LIFE, AND ARE FUNDAMENTAL TO OUR PROFESSIONALISM:
  1. DOCTORS PLACE PATIENT WELFARE FIRST.
  2. DOCTORS ARE TRUSTWORTHY AND DEPENDABLE.
  3. DOCTORS DO NOT DELIBERATELY DO OVERALL HARM TO PEOPLE.
OUR ABILITY TO FUNCTION AS DOCTORS IS TOTALLY DEPENDENT ON TRUST

THIS REQUIRES THAT WE ADHERE TO A STANDARD OF CONDUCT THAT ENSURES THAT TRUST:

CONSIDER THIS
WE TELL OUR PATIENTS WHAT TO EAT, WHAT THEIR BODY SHAPE SHOULD BE, WHAT PLEASURES TO AVOID, WHAT UNPLEASANT THINGS THEY MUST DO. WE ASK THEM TO TELL US THE MOST INTIMATE AND EMBARRASSING DETAILS OF THEIR PRIVATE LIVES. WE POKE INTO HIDDEN PLACES IN THEIR BODIES. WE ALTER THEM PHYSICALLY AND MAY EVEN CHEMICALLY ADJUST THEIR MOODS AND THOUGHTS.
...AND THEY SAY

- “O.K., DOCTOR.”
WE SAY TO PATIENTS: “I KNOW WHAT’S WRONG WITH YOU AND HOW TO FIX IT. I SHALL GIVE YOU A MEDICINE. IT HAS SIDE EFFECTS, THOUGH: IT CAN WIPE OUT YOUR BONE MARROW, STOP YOUR BREATHING, COVER YOU WITH A RASH, OR EVEN KILL YOU. BUT YOU SHOULD TAKE IT.”
...AND THEY SAY

• “O.K., DOCTOR.”
TRUST?

• **WE SAY TO PATIENTS:** “I KNOW WHAT’S WRONG WITH YOU. I CAN FIX IT BY OPERATING ON YOU. THIS MEANS YOU’LL BE UNCONSCIOUS AND HELPLESS, BUT WE’LL SUPPORT YOUR BREATHING.

• **WE WILL CUT OFF ONE OF YOUR PARTS. YOU COULD DIE OR HAVE MAJOR COMPLICATIONS, LIKE SHOCK, INFECTION, KIDNEY OR HEART FAILURE...BUT I THINK YOU SHOULD AGREE.”
....AND THEY SAY

• “O.K., DOCTOR”
TRUST?

• WE SAY TO THE PARENTS OF PATIENTS: “YOUR CHILD IS VERY SICK. I INTEND TO TREAT HER WITH MEDICINE AND POSSIBLY SURGERY. I KNOW THERE ARE RISKS TO BOTH, BUT I THINK I KNOW THE RIGHT THING TO DO. SHALL I GO AHEAD?”
.....AND THEY SAY

- “O.K., DOCTOR”
EACH OF US MUST CONDUCT OURSELVES IN SUCH A WAY AS TO JUSTIFY THE AWESOME HONOR OF SUCH TRUST.
WITH SUCH TRUST COMES GREAT RESPONSIBILITY

AS AN INDIVIDUAL PHYSICIAN

AS ONE WHO, TO PATIENTS AND THEIR FAMILIES, REPRESENTS ALL PHYSICIANS
DOCTORS TAKE AN OATH

“...I WILL COME FOR THE BENEFIT OF THE SICK...”

HIPPOCRATES OF COS
460-370 BCE
PROMISE PARADOXICUS

“ISOLEMNLY PLEDGE MYSELF TO CONSECRATE
MY LIFE TO THE SERVICE OF HUMANITY....THE
HEALTH OF MY PATIENT WILL BE MY FIRST
CONSIDERATION....”

OATH OF GENEVA

WE HAVE A PROBLEM!
THE MEDICAL DIRECTIVE

• THE CARE OF MY PATIENT IS THE GREATEST GOOD......
THE SOCIAL DIRECTIVE

• THE GOOD OF THE MANY OUTWEIGHS THE GOOD OF THE ONE
THE PUBLIC (SOCIAL) HEALTH PARADOX

PERSONALLY, ECONOMICALLY, OR BIOLOGICALLY, THE BEST INTEREST OF THE INDIVIDUAL AND THE GOOD OF THE GROUP MAY BE AT ODDS:

SOCially: TAXES

MILITARY SERVICE
THE PUBLIC HEALTH PARADOX

- MEDICALLY:
  - IMMUNIZATIONS
  - QUARANTINE
  - REPORTING LAWS
  - HUMAN EXPERIMENTATION
THE SOCIAL HEALTH PARADOX

• RATIONING
DISTRIBUTION OF LIMITED RESOURCES

THE SANDWICH GENERATION

SENIORS CARING FOR SENIORS
THE SOCIAL HEALTH PARADOX

- THE CHRONICALLY ILL, DISABLED, DYING, AND PHYSIOLOGICALLY OLD ARE DRAINS UPON THE COMMONWEALTH.

And doctors, by the nature of our work, often make this worse…
SOME PATIENTS ARE VERY EXPENSIVE TO DIAGNOSE AND TREAT*, AND MONEY IS TIGHT.

*INAPPROPRIATE TESTING AND THERAPY ARE ALWAYS INAPPROPRIATE.....
AND SOME PATIENTS ARE A BURDEN

INCLUDING....

THE VERY OLD AND HELPLESS OR DEMENTED

SHALL THE DOCTOR ADJUDICATE ‘SOCIAL WORTH’?
“USELESS EATERS?”

Elderly people who are terminally ill have a "duty to die “ Gov. Richard D. Lamm of Colorado said in 1984.' You've got a duty to die and get out of the way," said the 48-year-old Governor. "Let the other society, our kids, build a reasonable life.”

Mr. Lamm was 78 years old Sept. 12, 2013
WE MUST KNOW WHO THE DOCTOR IS IN ANY RELATIONSHIP WITH ANY PATIENT.

This must be made very clear ahead of time to the patient and family:

- PRIMARY PHYSICIAN?
- TRIAGE OFFICER?
- ADMINISTRATOR?
- RESEARCHER?
- PUBLIC HEALTH OFFICER?
CAN ANY ONE OF US SIMULTANEOUSLY SERVE INDIVIDUALS AND SOCIETY?

ASK THE LAWYERS:

MEMBERS OF THE LEGAL PROFESSION MAY SERVE BOTH THE ACCUSED AND SOCIETY:

AND, AS A PROFESSION, MANY AMERICANS DON’T TRUST THEM
AND ARE OUR ‘INDIVIDUAL VS GROUP’ DECISION TENDENCIES BIOLOGICALLY SET IN THE BRAIN?

- Six patients with focal bilateral damage to the ventromedial prefrontal cortex (VMPC), a brain region necessary for the normal generation of emotions and, in particular, social emotions, produce an abnormally 'utilitarian' pattern of judgements on moral dilemmas that pit compelling considerations of aggregate welfare against highly emotionally aversive behaviours (for example, having to sacrifice one person's life to save a number of other lives).

HISTORICAL MEDICAL BIOETHICS....

THE EXERCISE OF CRITICAL THOUGHT, USING PHILOSOPHIC PRINCIPLES AND LOGIC, APPLIED TO MEDICINE IN ALL ITS ASPECTS.

DO GOOD, AND DO NOT DO EVIL, TO HUMAN BEINGS

WHAT IS GOOD? WHAT IS EVIL?
THE STRUGGLE BETWEEN HUMAN EMOTION AND REASON

‘WILL’* VS. INTELLECT

CAPITAL PUNISHMENT
ABORTION
POLITICS
EVOLUTION
IMMIGRATION
RELIGION
DISTRIBUTION OF RESOURCES

* THE WILL TO POWER, TO SET MORAL ORDER BY ONE’S OWN DESIRES
A ‘BICAMERAL’ BRAIN?

DATA BRAIN

EMOTIONAL BRAIN
CAUTION!
EARLY DAYS YET, AND NO SOUND SCIENTIFIC CERTAINTY—but interesting
“FEELINGS?”

“….. for there is nothing either good or bad, but thinking makes it so. “

SHAKESPEARE
(HAMLET).

ETHICAL THINKING IS NOT JUST LOGIC,

“WHAT DO YOU THINK?”

“WELL, I FEEL STRONGLY THAT....”
BUT DARE WE BASE CHOICES ON AN ETHIC WHICH INCLUDES ‘FEELINGS’?

BUT WE DO JUST THAT NOW....

WHENEVER WE ASK, OF WHATEVER WE DO, “IS IT WORTH IT?”

ASSISTED SUICIDE
PROLONGATION OF DYING
CPR
ABORTION
COSMETIC SURGERY
EXPERIMENTAL THERAPIES
etc,etc,etc

“worth” = “value” = “how we feel about it.”
THESE TWO BASED THEIR CHOICES ON EMPATHY!

THEY COULD NOT BLIND THEMSELVES TO THE HUMANNESS OF OTHERS

AND MANY CALL THEM SAINTS!
FULL DISCLOSURE

WHAT DO I THINK (FEEL) IS RIGHT TO DO IN THIS EVER DEEPENING CONUNDRUM?

I HAVE CHOSEN TO BE A DOCTOR TO INDIVIDUAL PATIENTS

I MUST PLACE THEIR WELFARE ABOVE OTHER CONSIDERATIONS

I AM CONCERNED THAT “DOING THINGS” IF I HAVE GOOD DATA TO BELIEVE THAT THOSE THINGS WILL NOT BENEFIT MY PATIENT IS BOTH COSTLY AND, OFTEN, INHUMANE.
MEDICALIZED DYING
HERE IS MY OPINION ABOUT CARING FOR THE OLD

GRATITUDE AND LOVE ARE FEELINGS

THESE ARE THOSE WHO CREATED US AND THE WORLD WE LIVE IN. HOW SHALL WE REPAY THE GIFT OF LIFE?
P.S.

• It has been suggested that fear of aging is, in fact, the fear of nearing death...

• Not always...

• Often, the fear of growing old, in both young and old people, is the fear of not dying soon enough to avoid the inevitable depredations of advancing age.

SORRY ABOUT THAT!
GERONTOPHOBIA

PHYSICAL WEAKNESS
LOSS OF DESIRED APPEARANCE
INTELLECTUAL DECLINE
LOSS OF PRODUCTIVITY
LOSS OF SOCIAL WORTH

IN AMERICA, THE FUTURE IS CONSIDERED MORE IMPORTANT THAN THE PAST