



Family Medicine Moments

October 3, 2024

Introduction: After my piece last week about writing a letter to my past self - I received an email from a former UMass Chan student who was in the FMIG and mentee of mine. She said the piece had motivated her to write a letter to herself on *literally* her first day of practice after completing residency. I love that. We hand one another along...

This week, in the spirit of sharing writing from alumni, I have a piece for you from Dr. Pam Adelstein. She is a long-time writer for FMM, a former resident at Family Health Center of Worcester, the current Director of Family Medicine for Fenway Clinic in Boston, and next week's Putterman Visiting Professor. And also, a great example of a clinician who has continued to reflect on many topics and is often published in [Pulse](#) (an online journal where you can experience poetry, prose, haiku, photos, artwork and now podcasts). As Donald Schön wrote: "The reflective practitioner allows [themselves] to experience surprise, puzzlement, or confusion in a situation which they find uncertain or unique. They reflect on the phenomenon before them, and on the prior understandings which have been implicit in their behaviour. They carry out an experiment which serves to generate both a new understanding of the phenomenon and a change in the situation." Amen.

(Note: This piece was previously published on Pulse. The prompt was Palliative and Hospice Care. You can view the original [here](#).)

Aging in America

By Pamela Adelstein

A dentist friend once mused that people should be born with a third set of teeth that would erupt late in life, since our permanent teeth evolved at a time when humans' life expectancy was shorter and thus they wear in midlife. Imagine the Tooth Fairy visiting us in our sixties!

Since that conversation, I've pondered how long our bodies are meant to last. As a family physician, I wonder whether medical advances have set up some body parts to fail prematurely. I'm deeply saddened that societal structures have evolved minimally to keep pace with the way we now age.

I think of my grandmother, who had severe dementia but whose body hummed along for years. During each visit to the memory unit, we skeptically speculated about her quality of life. My family grieved the loss of the person we knew her to be long before her body died.

I think of a patient of mine with a fatal illness who is from a family without the means or ability to support them. The quality of their days is poor due to pain, disability, and loneliness. They are ready to die and tried to seek care through Vermont's Medical Aid in Dying law. But they needed someone to accompany them there, and no one was able to. So now they lie in their bed, suffering, on Medicaid, wishing for death.

One evening my 8-year-old child noticed tears in my eyes as I hung up the phone and asked why I was crying. I replied that one of my patients with cancer was hospitalized with a complication and was about to have another surgery. With every surgery, the patient lost more vital function and ability to experience life's pleasures. The patient's next of kin and I felt that it was time for palliative care, yet the hospital oncologist was resistant to this notion.

To my surprise, my child made an important connection. Recently, friends had put their ill and aging dog, Skipper, "to sleep." My children and I had discussed this in anticipation of explaining why the dog would not be there during their the next playdate. When I shared the news about my patient, my child queried, "Why didn't they put your patient to sleep like they did with Skipper?" I was speechless—how to explain that our society allows our pets to die with dignity while we fumble about in caring for humans at the end of life?

Note: This essay was originally published in Pulse on September 25, 2024 at <https://pulsevoices.org/pulse-more-voices/2024/palliative-and-hospice-care/aging-in-america/>.