“I Want to Tea”: An Entering Medical Student’s Perspective on Geriatrics

Every Friday, I eat meals in the dining room of an assisted living facility, alongside fuzzy-haired seniors and caregivers spooning tinned peaches into their mouths. This has been my life for the past 3 years.

Winnie isn’t doing well, the lines of her face tightening every time she opens her mouth. Today, she’s convinced the nursing aides have stolen her jewelry. Angrily clasping at her chest, each time exposing a small square of wrinkled skin, she shouts: “Where are my pearls?”

I glance at the glistening beads threaded around her neck. I don’t know what to say.

A phrase flashes into my mind: Alzheimer’s World. Coined by Bob Demarco from the Alzheimer’s Reading Room, Alzheimer’s World is the absurdist universe that people with dementia inhabit. It’s a planet populated with alternative conventions, with figures coming back from the dead and words sliding into a perpetual jumble. Although to some extent, this universe resembles our own reality, it’s a reality that’s been picked up like a vase of flowers and repositioned slightly to the left.

The important thing about Alzheimer’s World is not that you bring its residents back to the real world (for such a thing is impossible); it’s that you stay with them inside their convoluted universe.

So I play along, helping Winnie open the drawers in search of the missing pearls.

“I want to tea,” Winnie says, forlornly. I know what she means. I wheel her into the bathroom and let her go about her business.

There’s a lot I’ve learned from spending time with elderly people: Use “we” instead of “you.” Follow up on your promises. Enunciate. Use your eyebrows.

I’ve also gotten to understand the language of dementia. Sometimes, when a person says “no,” it doesn’t really mean “no.” Like a young child learning to talk, but sadly in a developmental reverse, it’s just the only word she has left.

Most believe a doctor’s role is primarily to save lives. If an individual is sick, you prescribe a pill. If he has a tumor, you put him on the operating table. But what’s the cure for old age? How do you rescue someone who’s already pushed the brakes on life? Past a certain age, no one can stop the inevitable deterioration of the human body. Arteries harden, arthritic knots work their way into hands, feet, and backs. Synapses fizzle out.

What I’ve realized is that caring for those afflicted with “old age” is not to cure them of their diseases but to allow them, as best we can, to live a life of dignity and grace until the end. To look out for the little, less-romantic things. Whether the individual is at risk for falling. Whether her clothes are going to chafe in her wheelchair seat.

What I like about medicine, that imperfect art, is how nothing is ever straightforward. Truths are challenged every day, with one medication blasting through viruses one day, burning holes through the person’s digestive system the next. It becomes imperative to adjust to changes quickly and judiciously, to draw from a large and kaleidoscopically changing body of knowledge beneath the surface level formula of diagnose, treat, cure.

I’ve found myself gravitating toward geriatrics because such readjustments are integral to the practice. Because each body deteriorates in a different way, each regimen of care must also be individualized. Volunteering at the hospice, I’m seldom told what “disease” my patient has. We’re taught to get to know the people underneath, rather than let an illness define them.

“I want to go home,” Winnie says as she exits the bathroom. I step in and flush the toilet.

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