The art of medicine

The art of the demographic dividend

When students troop into my introductory lecture on geriatric medicine, they are generally surprised that the first slide is Henri Matisse’s The Snail (1953): radical, vibrant, and witty, it does not quite conform to their preconceptions of medicine with older people. The second slide, of the 83-year-old Matisse in a wheelchair, provides the context: his later life not only provides surprising developments in his art, but it occurs in the face of significant disability. Indeed, Matisse’s response to illness illustrates not just his resourcefulness, but also the role of adversity in sparking personal growth. This was most notable in his development of the technique of découpage, cutting out the shapes and applying gouache with the assistance of his students, to create an unforgettable series of large art works into his ninth decade.

In the face of the almost invariably negative popular images of ageing, creativity in later life provides an invaluable lifeline to understanding the benefits of societal ageing, thereby transmuting the feared “grey tsunami” into a demographic dividend. Moreover, this artistic output generates powerful metaphors to illuminate the complexities of later life: although simultaneous personal growth and loss occur at all ages, society dwells on the losses of old age and fails to acknowledge not only the positives but also the increased interindividual variability that is one of the hallmarks of ageing—and a major source of intellectual challenge in geriatric medicine. The message is all the stronger for being delivered metaphorically, transcending supplication and the usually worthy tone of advocacy by harnessing the emotional, aesthetic, and transformative power of great art.

Indeed, these messages need to be delivered. Most of us will be fortunate enough to grow old and may eventually suffer from two major forms of ageism in health care. The first is the restricted access to investigations and therapies that benefit people of all ages. The second is the failure to incorporate gerontological principles into everyday care; instead of older people being assured of age-attuned, effective services that account for the complexity of age-related syndromes and frailty, in much of the world they are processed through systems that focus on single-organ disease.

If we do not replace prejudice against ageing with a redefinition of the status of older people, our health-care journey will suffer accordingly. As Susan Sontag wrote: “Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick...Yet it is impossible to take up one’s residence unreprehended by the lurid metaphors with which it has been landscaped.” The lurid metaphors of old age are those of decline, failure, and societal burden: yet how long can they be sustained in the face of the late paintings of Matisse, Titian, Claude Monet, the engravings of Hokusai or Francisco de Goya from their eighth decades, the mature poetry of Seamus Heaney or Alfred Tennyson, or the final compositions of Gabriel Fauré or Richard Strauss? This sense of an increasing dividend grows as we broaden our scope, and begin to appreciate the radicalism of later life—I M Pei’s bold design for the pyramid at the Grand Louvre when he was 66 years old, Frank Lloyd Wright starting the design of the Guggenheim Museum in New York aged 73, and the 89-year-old Louise Bourgeois filling the Turbine Hall of Tate Modern with her magnificent installation I Do, I Undo and I Redo.

At this stage the body language of some students, ever pragmatic and critical, may signal that the metaphor based on the arts may have been stretched too far and needs further grounding: whereupon I suggest that extending this idea opens new horizons. Effective older politicians come to mind. Field-Marshall Mannerheim of Finland, brought out of retirement at the age of 72 to defeat the Russians twice in the Winter and Continuation Wars and using his wisdom to know when to sue for peace; Charles de Gaulle at 67 leading the Fifth Republic and engineering the withdrawal from Algeria; and Winston Churchill’s formidable achievements of his later years. Then comes business with the likes of Warren Buffet, the Sage of Omaha, buying up much of the...
US railroad network at the age of 79 years. This beachhead of high-achievers helps to unpick the pervasive and durable myth that older people are a financial burden on society, a view promoted by tax-averse governments and a rapacious pension industry with their in-house economists. Exploring the work of economists such as Kevin Murphy even suggests a net financial gain to society from collective ageing. A host of other attributes of older people also open themselves to scrutiny: altruism, civic engagement, and social responsibility, perhaps most vividly illustrated by the role of older people in caring for children whose parents have died from HIV/AIDS.

Thankfully, medical students remain a hypercritical audience, and some struggle with a focus that over-emphasises the positive aspects of ageing—a phenomenon known as gerontolism. Once again, I suggest to them that older artists come to our rescue, with the art of later life offering insights into its unique challenges. All ages of life, of course, have their particular miseries, from the angst of adolescence to the compromised dreams of mid-life—and old age is no different. However, great art, no matter how dark, always retains a vitality that is the assertion of the human spirit in adversity.

Straits’ Metamorphosen, composed when he was 81 years old as an elegy to the ruins of Germany is searing and dark but with a steely beauty. In Leos Janáček’s Cunning Little Vixen, composed at the age of 70, the forestier’s pursuit and eventual destruction of the vixen has clear parallels with the travails of love in later life, and in particular the composer’s love of the much younger Kamilla Stĕsošlová. Similarly, Philip Roth’s later novels The Human Stain and Everyman are unsparing in their bleakness of approach to illness and frailty in younger old age, and an insight into how reviewing the life course is a sword with at least two edges. Perhaps the most eloquent and direct personal statement of ageing for me is represented by the last self-portrait by Edvard Munch (1863–1944). In Selvportrett mellom klokkken og sengen (Self-Portrait. Between the Clock and the Bed), the colours are vibrant, the message a mixture of loneliness and a fierce independence. Painted in the last years of his life, Munch depicts a life review of canvasses behind him, including a pale female form symbolic of his many muses, caught between time—the clock with no hand or numbers—and illness and death characterised by the bed. In this interaction between the artistic impulse and the frailties of ageing I find a poetic echo in William Butler Yeats’s Sailing to Byzantium: “An aged man is but a paltry thing,/ A tattered coat upon a stick, unless/Soul clap its hands and sing, and louder sing/For every tatter in its mortal dress”.

Even with the most feared illnesses of later life, art can afford insights into the preservation of our humanity and continuing need for self-expression. The remarkable self-portraits of William Utermohlen that documented his journey with dementia or the compositions of Igor Stravinsky and Alfred Schnittke after stroke provide a parallel to the everyday creativity of older people faced with disability who in my experience so often react with aplomb, dignity, and resourcefulness to these challenges.

Putting the demographic dividend at the centre of medical practice and teaching can be challenging. Geriatric medicine did not get off to a good start. The preface to one of the very first textbooks of geriatric medicine, in 1914, contains the following extraordinary passage: “We realize that for all practical purposes that the lives of the aged are useless, that they are often a burden to themselves, their family and the community at large. Their appearance is generally unesthetic, their actions objectionable, their very existence often an incusus to those who in their humanity or duty take upon themselves the care of the aged.” Textbooks of geriatric medicine have considerably improved since then. However, while focused on the (very real) effectiveness of the techniques of geriatric medicine, they still remain earthbound on the demographic dividend, failing to illuminate Carl Jung’s dictum that the afternoon of life must have a significance of its own, and cannot be merely an appendage of life’s morning. Gerontology does not fare much better: most reviews of cognition and ageing focus on what we have lost, and fail to include the wisdom, strategic thinking, and highly developed social cognition of older people. This is not just a matter of political correctness: understanding this balance is integral to understanding counterintuitive gerontological insights, such as how older drivers, despite an array of age-related disability, remain one of the safest cohorts on the road through their strategic and tactical gains of later life.

Most of us will be fortunate to live into old age, and it is not unreasonable to hope that future doctors will be equipped to deal with the complexities, richness, and paradoxical coincidence of growth and loss in later life. All medicine, and particularly geriatric medicine, encompasses an element of brokering of complex concepts with patients, families, and society. Older artists and the art of the demographic dividend provide a rich resource for those who need to develop and nurture flexibility of thought about later life, and those who instruct in the skills needed for the care of older people. I am continually encouraged by the response of students and trainees to the jeu d’esprit inherent in phrasing of the intellectual and moral challenge in these terms. Samuel Beckett would surely approve, as he said to Lawrence Shainberg: “I always thought old age would be a writer’s best chance. Whenever I read the late work of Goethe or W. B. Yeats I had the impertinence to identify with it. Now, my memory’s gone, all the old fluency’s disappeared. I don’t write a single sentence without saying to myself, ‘It’s a lie!’ So I know I was right. It’s the best chance I’ve ever had.”

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Further reading
Noscher IL. Geriatrics: the role of older people in caring for children whose parents have died from HIV/AIDS.

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