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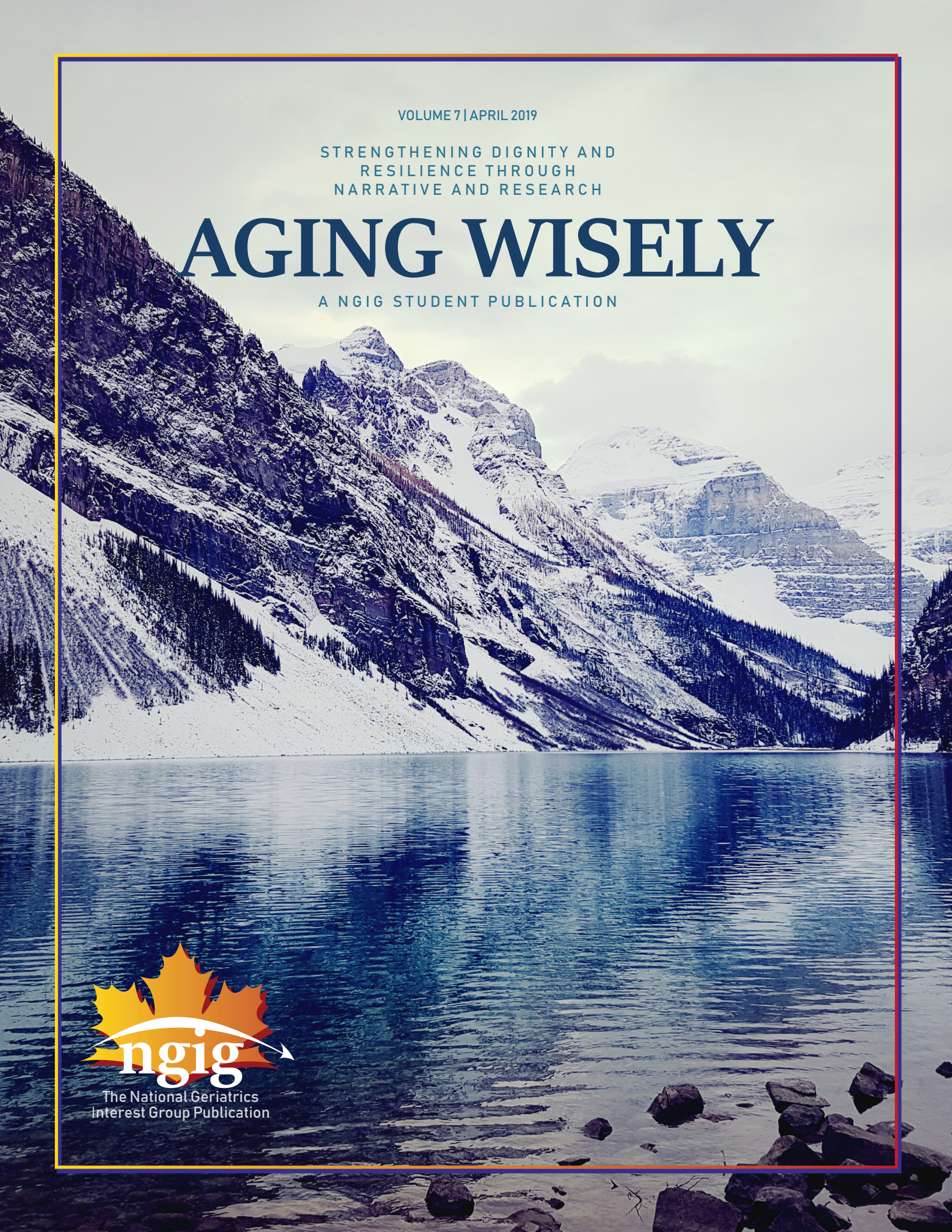
STRENGTHENING DIGNITY AND
RESILIENCE THROUGH
NARRATIVE AND RESEARCH

AGING WISELY

A NGIG STUDENT PUBLICATION



ngig
The National Geriatrics
Interest Group Publication

The National Geriatrics Interest Group Annual Publication
Volume 7 | 2019

NGIG is a centralized medical student-led group with the goal of bringing together individual GIGs and creating Canada-wide education initiatives in the field of aging.

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Co-Editors in Chief

Michael Elfassy
MD Candidate, 2020
University of Toronto

As NGIG Co-Editor in Chief, Michael has the unique opportunity to share his passion for Geriatric Medicine with likeminded colleagues and to work towards integrated strategies for the care of elderly patients across specialties. He recently held a Canadian Frailty Network research award for his work in frailty and critical care outcomes.

Kim Moore
MD Candidate, 2019
McMaster University

Kim obtained her B.A. honours in Psychology in 2015 from Carleton, with a research focus on health psychology. Since entering medical school, she has developed a keen interest in both geriatrics and palliative care. Her research interests include falls prevention, prescribing practices in geriatrics, and social determinants of health in later life.

Kai Yi Wu
MD Candidate, 2019
University of Ottawa

Kai is a continuing Co-Editor-in-Chief of the NGIG Publication. He enjoys working with other enthusiastic NGIG members to promote and increase interest in Geriatric Medicine across Canadian medical schools. He is excited to pursue his passion at the University of Alberta's Internal Medicine program.

Lisa Xuan
MD Candidate, 2020
University of Ottawa

In addition to attending medical school at the University of Ottawa, Lisa is an award winning graphic designer and a part time Medical Illustrator. She has designed and illustrated for published books including University of Ottawa's Anatomy Colouring Book. She has helped direct audiovisual videos to increase awareness of elder abuse.

Letter from the NGIG Co-chairs

Jennifer Zlepnig
MD Candidate, 2019
University of Ottawa

Jennifer has had a personal interest in geriatrics for many years, as she has been actively involved in her family's retirement residence business and helped care for her grandmother who was living with Alzheimer's Disease. She is excited to start her Family Medicine residency at The University of Toronto and hopes to pursue further training in care of elderly!

Glara Gaeun Rhee
MD Candidate, 2019
University of Ottawa

Glara's strong passion for geriatrics is not only deeply embedded in the complexity of the cases but also in the limits of what we can do. Fortunately, her aspiration helped her team to identify gaps in geriatric education across Canadian medical schools. The findings allowed the team to strengthen Ottawa's geriatrics curriculum. She hopes to continue her work during residency to further advance geriatric care.

Dear Readers,

It is our great pleasure and honour to present you with the 7th edition of the National Geriatrics Interest Group's (NGIG) Annual Publication! We are extremely proud of these inspiring articles, artworks, and photographs from across the country which highlight this year's theme: "Aging Wisely: Strengthening dignity and resilience through narrative and research." This publication is truly a culmination of the hard work and the passion of individuals who are committed to improving the health of older Canadians. This year, we were thrilled to have received many captivating submissions from students across various disciplines and at various stages in their training, thus reinforcing that there is growing interest in the field of geriatrics!

The NGIG is a centralized national interest group that is lead by medical students across Canada who are striving to make a difference in geriatrics education and health care. NGIG works collaboratively with Geriatrics Interest Groups (GIGs) at each Canadian medical school to lead country-wide education initiatives and discussions on senior's care. This partnership also allows medical students from across Canada to connect with one another and share their ideas on important issues. This year, NGIG partnered with multiple stakeholders across Canada and the Canadian Federation of Medical Students to establish the "Senior's Care and Aging" campaign, which brought medical students from across the country to Parliament Hill in February. The purpose of this initiative was to advocate for improved health services for our aging population by making specific policy recommendations to the Federal Government. Such recommendations included the development of a National Seniors Strategy and a cost-effective National Pharmacare Program, as well as enhancing access to community, home, and palliative care for older adults. In addition, our members have continued to work on the NGIG Alumni project which has shown that participation in NGIG and GIGs fosters interest in the care of older adults and has inspired students to incorporate geriatrics into their future medical practices. Finally, we have organized the annual NGIG Student Day, which will take place in conjunction with the Canadian Geriatric Society's (CGS) Annual Scientific Meeting in Halifax this spring.

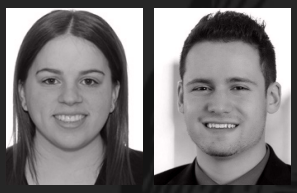
In closing, we are truly proud of the exceptional work that has been done this year by our NGIG and GIG members - we are grateful for your passion and commitment to enhancing the lives of older Canadians. We would also like to thank all members of the NGIG Publication team, including Kai Wu, Lisa Xuan, Michael Elfassy and Kim Moore for their dedication and hard work. Finally, we would like to express our deepest gratitude to the CGS for their ongoing support, the Resident Geriatrics Interest Group for their commitment to working with medical students, and Dr.Tricia Woo for her continuous mentorship and invaluable guidance to make this publication possible.

We hope you enjoy it!

Sincerely,

Glara Gaeun Rhee and Jennifer Zlepnig
NGIG Co-Chairs 2018-2019

Michael D. Elfassy, Jaime C. Sklar
MD Candidates, class of 2020
University of Toronto



Separating Cognition and Confusion:

A Necessary Skill for Medical Students in the Assessment of the Acute Geriatric Patient

The term cognitive spectrum disorder (CSD) has been used to describe the presence of cognitive impairment, which may occur secondary to delirium, dementia, iatrogenic triggers, physical morbidities, or in combination (1). CSD is commonly seen in the geriatric population and is estimated to be present in approximately 39% in patients over 65 and more than 50% in patients over 50 (1). Elderly patients presenting to hospital with CSD are a highly variable and vulnerable group, many of whom often go undiagnosed, misdiagnosed and are therefore mismanaged. With an aging population, the next generation of physicians must be well versed in these disorders and able to accurately differentiate the acute presentations of cognitive impairment, specifically, to distinguish between dementia, delirium or superimposed delirium on dementia. Timely diagnosis and intervention can have dramatic benefits in morbidity and mortality (2, 3). A comprehensive history and physical examination must be accompanied by collateral information from a caregiver or another reliable source to establish baseline functional status.

In the acute geriatric patient presenting with cognitive impairment, the diagnosis of delirium can be a matter of life or death. A complicating factor is that delirium may be mistaken for other causes of cognitive impairment, especially dementia. While dementia is one of the main risk factors for delirium, changes in cognition in patients with dementia can also be attributed to progression of their disease. In these cases, it can be challenging to determine whether delirium or dementia is causing these cognitive disturbances or to identify when there is a mixed picture. (4-6). Delirium is characterized by an acute onset of symptoms with a fluctuating course that is reversible, while dementia usually has an insidious onset and irreversible. Once suspected, there are a number of standardized tools to help confirm the diagnosis in different settings including both the CAM and the CAM-ICU (7, 8). Once properly identified, delirium must be treated as a medical emergency to avoid the associated significant sequalae including increased length of hospital stay, as well as an increased prevalence of morbidity and mortality (9). Additionally, the development of delirium has been demonstrated to be associated with an elevated risk of development of true, irreversible cognitive impairment (6, 10). Therefore, once delirium is identified, one must thoroughly review potential precipitating factors, with an aggressive search for underlying organic or iatrogenic causes (including medications/drugs, metabolic disturbances, infection and/or structural anomalies). Delirium should be regularly screened for in all inpatients. If the clinical examination is consistent with a cognitive impairment in keeping with dementia, this could an opportunity to institute pharmacologic and non-pharmacologic therapies

"Tranquility"
Emily Kearsley
University of Ottawa

that have been shown to delay cognitive deterioration and improve quality of life, as well as discussing advanced care planning (3).

Although discerning delirium from dementia can be difficult for medical students, it is a crucial skill because the treatment protocols and prognoses differ between these two conditions. The literature has consistently shown that medical trainees demonstrate poor knowledge of delirium when compared to other serious disorders (11, 12). Several studies have searched for innovative ways to teach medical students how to properly identify delirium and concluded that reading the criteria in a textbook is not enough. It has been reported that visual aids such as documentary videos using clinical examples, and simulation-based teaching increased knowledge recall, performance, and even perceptions of geriatric medicine among medical students (13, 14).

As our patient population evolves, so too should our medical education. Recognizing delirium in the geriatric patient should be an essential skill for our future physicians. As we continue to refine undergraduate medical education, the shift in focus and resources should go into making medical students comfortable identifying and managing these common and potentially life-threatening conditions in our geriatric population. Innovative ways to teach these important skills could be in the form of visual and interactive teaching modalities to help students grasp and promptly identify an underlying diagnosis of delirium in a patient presenting with a cognitive impairment.

Michael and Jaime are third-year medical students at the University of Toronto with an interest in geriatric medicine. Michael's research focuses on frailty and its prognostic utility in critical care outcomes. Jaime's interests specifically lie in developing the skills required to give appropriate care to our aging population.

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The 2019 CFMS Day of Action on Seniors Care and Aging

Yipeng Ge, Linda Lam
MD Candidates, Class of 2020
University of Ottawa, University of Manitoba

The Canadian Federation of Medical Students' (CFMS) Day of Action is an annual event where medical students from across Canada travel to Ottawa to meet with Parliamentarians and propose positive health system changes. Extensive advocacy training is provided to medical students in advance of the meetings.

Over 75 medical students from across Canada met with Members of Parliament and policy advisors on February 4, 2019, on Parliament Hill, to discuss steps to improve seniors care and aging for all Canadians.

Why Seniors Care and Aging a Priority?

A 90-year-old female living independently in a retirement residence who enjoys bowling two nights a week, playing bingo, and visiting friends. A 78-year-old newcomer male living in an inter-generational home with depression after the passing of his siblings, mistaken for dementia. A 67-year-old with multiple comorbidities requiring assistance for all activities of daily living (ADLs), living in a long-term care home.

One of the challenges of planning for an aging population is the heterogeneity in our needs and abilities as we age. The prevalence of chronic conditions increases as we age, which accounts for a disproportionate usage of the healthcare system and an increase in the average number of prescription medications. Compared to adults ages 18 to 24, individuals 65 years-old and older were 4 times more likely to report having a chronic condition, and about 1.5 times more likely compared to the 45-64 age group.1 The result is that the average cost of healthcare for the average senior is 4.4 times greater year than the rest of the population, at $12,000 per year compared to $2,700 per year.2 This accounts for nearly half of healthcare dollars despite seniors only making up one-fifth of the population. A higher prevalence of chronic conditions is closely related to increased medications. Statistics show that seniors with 1-2 conditions take an average of 3-4 prescription medications, which increases to an average of 6 prescription medications in the group of seniors with 3 or more conditions.1

For the first time ever in Canada, the number of seniors exceeded the number of children aged 14 and younger.3 This is a positive reflection on Canada's advances in public health, medical innovations, and social supports that have allowed Canadians to live longer and healthier. Given the opportunity, an aging population has a lifetime of knowledge, experiences, skills, and history to share with the rest of society.

Policy Recommendations

Every Canadian deserves to age with dignity, with access to necessary supports, and appropriate resources and care. Thus, the Canadian Federation of Medical Students (CFMS) calls upon all Members of Parliament to:

1. Commit to targeted funding and development of a National Seniors Strategy for the 2019 Federal Election.
2. Commit to the development of a national evidence-based formulary as a first step towards designing and implementing a truly universal, comprehensive, and cost-effective National Pharmacare Program that provides access to drugs for all Canadians. Work in collaboration with national experts to promote targeted deprescribing to minimize polypharmacy.
3. Support national leadership on making full use of quality indicators, to enhance the quality of and access to home care, palliative care, and community care provided in the provinces/territories, at the next Federal/Provincial/Territorial Ministers Responsible for Seniors Forum.

Conclusion

The demographics of Canada are quickly changing, and it is critical to be proactive and intentional in the care, services, and policies that are designed for seniors' care and healthy aging.

Prioritizing seniors care and aging now will have a strong impact on supporting a diverse Canadian population to age in a healthy and dignified way, that is acceptable to each one of us and sustainable for the healthcare system.

Canadian medical students believe that the federal government has the leadership, infrastructure, and resources to unify supports for seniors under a National Seniors Strategy.

To learn more about the 2019 CFMS Day of Action on Seniors Care and Aging, and how you can get involved, please visit our website: https://www.cfms.org/

Yipeng Ge the Director of Government Affairs for the Canadian Federation of Medical Students (CFMS), and Linda Lam is the CFMS National Officer of Political Action. They worked with 13 other medical students from across Canada on the CFMS Day of Action Research Committee to develop the 2019 National Day of Action on Seniors Care and Aging.

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"Banff"
Kim Moore
McMaster University

LGBTQ Seniors with Dementia: A Tale of Three Stigmas

Brigida Bruno, Alexander Adibfar
MD Candidates, Class of 2020
University of Toronto

The LGBTQ experience of dementia is a matter of social justice: LGBTQ seniors face triple stigmatization arising from the intersection of age, cognitive impairment, and sexual orientation as well as gender identity (1). While there is a paucity of nationally available data on LGBTQ persons in Canada (2), current statistics conservatively estimate that LGBTQ seniors comprise 2-5% of our population aged greater than 65 years (3). As Canada's aging population continues to grow, so does the number of LGBTQ seniors with dementia. In fact, owing to our aging baby boomer cohort, there are currently more seniors in Canada than there are children, and seniors are projected to account for 25% of our population by 2036 (4). There is therefore a strong need to provide culturally competent, inclusive, and dignified healthcare to meet the unique—and accelerating—needs of our LGBTQ senior population (5).

To better understand the current challenges encountered by LGBTQ seniors with dementia, it is important to explore the history of systemic discrimination against the LGBTQ population. Early views of homosexuality were ingrained in religious principles, which considered homosexuality to be sinful due to the inability to procreate (6). Religious views soon translated into secular law, and homosexuality was deemed a crime punishable by death in the 16th century (6). Homosexuality was later pathologized and classified as a mental disorder in the original Diagnostic and Statistical Manual of Mental Disorders published in 1952 (7). While the gay liberation movement has led to several strides in LGBTQ rights including the decriminalizing and depathologizing of homosexuality in 1969 and 1973 (8), respectively, same-sex marriage only became legalized across Canada in 2005 (9), a relatively recent event for most seniors. Thus, the current cohort of LGBTQ elders has experienced key historical events of criminalization, pathology, and oppression. As such, entering long-term care poses yet another risk, and many LGBTQ seniors may choose to live in secrecy (10).

The experience of dementia among LGBTQ seniors is unique, thus necessitating specific resources and care plans. The process of relinquishing independence and entering long-term care poses a challenge, as many LGBTQ seniors feel they must "go back in the closet," and routine encounters of daily grooming and interacting with staff and co-patients may be especially distressing (10-12). In addition, while the senior population as a whole is often desexualized (13), adding LGBTQ status and dementia to the equation creates further obstacles, where voluntary or disinhibited sexual behaviours may be met with aversion and discrimination (14). Thus, the deterioration in cognitive function coupled with the institutionalized discrimination may result in LGBTQ se-

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"Tulip Festival"
Ruby Hsin Yun Yang
University of Ottawa

niors losing two identities.

The impact of discrimination has implications beyond the level of long-term care (15, 16). Given the lifetime history of systemic discrimination encountered by LGBTQ seniors, many have become estranged from their families and live in social isolation—in fact, a recent study showed that 53% of LGBTQ seniors are socially isolated (17). LGBTQ seniors are more likely to age without a partner, more likely to live alone, and less likely to have children compared to non-LGBTQ counterparts. These factors limit social support—a key risk factor for poor health outcomes in those with dementia (18). In fact, a 2015 meta-analysis demonstrated that socially isolated LGBTQ seniors have higher rates of mortality (19). Moreover, due to perceived discrimination in the healthcare system, many LGBTQ seniors distrust the system, fail to seek care, and experience health disparities as a result (11). For example, there is a higher incidence of depression, suicide, heart disease, diabetes, and substance abuse among LGBTQ seniors (17, 20).

The LGBTQ senior community is a strong and resilient one that has advocated for its rights in the face of oppression. However, discrimination and stigma continue to exist today (16). At the healthcare system level, the development of cultural competency training is a suggested strategy to foster welcoming and inclusive environments (18). Furthermore, advocacy for more research on LGBTQ health is required to bridge the existing gap in health disparities (18). Thus, it is incumbent upon healthcare providers, researchers, and policymakers to recognize the unique lived experiences of LGBTQ seniors and provide them with the care and dignity they deserve (12).

Brigida and Alex have a keen interest in holistic geriatric care. In their second year, they created an LGBTQ inclusivity training module for healthcare workers at Alzheimer Society Peel, which inspired this commentary. Brigida's research focuses on patient-centred care and she served as Geriatrics Chapter Editor of the 2019 Edition of Toronto Notes. Alex is passionate about geriatric surgery as well as the improvement of care for those living with dementia and their caregivers.

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3.8 million. This is the number of Canadians currently providing unpaid care to seniors in Canada. In addition to being cherished spouses, children, and friends, these individuals commit a tremendous amount of capital to preserve the independence and dignity of their loved ones in their homes. The vast majority of care needs for individuals living with chronic health concerns are typically addressed by unpaid caregivers, translating to approximately $25 billion of economic value per year. This equates to about 10% of the national health expenditure in 2018.

When deciding to provide care for a loved one, caregivers often consider taking time away from work, incur additional financial costs associated with care, and feel the downstream consequences to their pensions and financial security. Caregiver burden from a financial perspective tends to be gendered. Females represent 57% of the unpaid caregivers in Canada and provide approximately 11 more hours of care per week than their male counterparts. In the short term, women are more likely to reduce their work hours, resign from their jobs, or go into early retirement in order to provide care to a loved one. If this care exceeds a certain threshold of hours per week, caregivers may choose to prioritize their domestic responsibilities over their careers. This sense of personal responsibility and familial commitment contributes to healthy aging in the care-receiver, but it might predispose the caregiver to social and economic disadvantage.

Although the presence of women in the labour force has increased substantially over the last 50 years, the dilemma between domestic responsibilities and occupational aspirations still remains a challenge. Selecting unpaid caregiving over career-based pursuits compromises lifelong economic productivity and earnings, which ultimately reduces future social security and pension payments. In addition, since women have a longer life expectancy than men and their husbands are often the sole income providers, it is unsurprising that female seniors are more likely to age in poverty than men.

"Banff"
Kim Moore
McMaster University

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The Financial Implications of Gendered Caregiving

Chantal, Maham, and Linda played an active role on the Day of Action Research Committee developing the Canadian Federation of Medical Students' (CFMS) 2019 National Day of Action (DoA) on seniors care and aging. While conducting research for the DoA, they were drawn to the meaningful work that caregivers do and their integral role in supporting the health needs of seniors across the country. They feel privileged to have advocated alongside community members, politicians, and other medical students to address this topic at a federal level.

Recommendations and Solutions

Policy makers have the power to implement solutions that allow caregivers to fulfill their caregiving duties without compromising financial stability. With an aging population and a greater dependence on unpaid caregivers, family leave policies and pro-family employment policies in the workplace are necessary. For instance, men could be encouraged and allowed to take family leave without suffering financial or professional consequences, so that all genders can have an equitable share of caregiving responsibilities. Currently, through the family caregiver benefit, caregivers can receive financial assistance of up to $562 a week for 15 weeks. However, this stipend is insufficient to financially support the unpaid caregivers of those living with long-term health conditions. One suggestion to further enhance the economic stability of caregiving households is to improve quality and access to homecare. Adequate homecare would allow caregivers to successfully maintain employment and personal well-being. Home care service workers must be trained and funded to provide assistance with instrumental activities of daily living so that seniors can live autonomously. Most importantly, home care funding and the family caregiver benefit must be modified to account for socioeconomic barriers and meet the personalized health needs of each individual.

Medical trainees and physicians can also play a role in implementing change within their realms of influence. In order to address gendered caregiving and seniors care and aging in Canada, medical students from across the nation met with parliamentarians in Ottawa for the Canadian Federation Of Medical Students (CFMS) National Day of Action on Seniors Care and Aging on February 4th, 2019. One of the CFMS policy recommendations to all members of parliament is to commit targeted funding and develop a National Seniors Strategy for the 2019 federal election, including support for caregivers. In clinical practice, medical trainees and physicians should also be encouraged to support caregivers through attentiveness to their wellbeing, connecting them to social workers, and increasing awareness of available community resources. Through these recommendations, we hope that tangible steps will be taken to change the landscape of seniors' care and healthy aging in Canada.

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"Caring through Clothing"

An initiative to support elderly patients both in and out of Ottawa's emergency rooms

Kaitlin Endres
MD Candidate, class of 2021
University of Ottawa

Imagine you've been traumatically injured and brought into the Emergency Department (ED). In a few days, you have been treated and are ready to be sent home, but the bloodied clothes you came in wearing were cut off of you and discarded. Now you don't have the appropriate clothing to brave the winter weather upon your discharge. Traumatic injuries suffered by older adults make up a significant proportion of traumas treated at the Ottawa Hospital (TOH) (1). Further, isolation in the senior community is also a substantial problem. Thus, many older adults do not have anyone to visit them in the hospital and bring them the necessary items for self-care while they are admitted. In addition, many seniors do not have family living close by that could bring them appropriate clothing prior to discharge.

Other important reasons why we see patients lacking clothes and basic toiletries is because they have been brought into TOH for specialized care from their home, which is a great distance away. This makes it impossible for their loved ones to visit them in hospital. Homelessness and poverty are other common reasons one may not have access to appropriate clothing. Some homeless individuals attend the ED on a regular basis just to get to get a new set of clothes. Whether a patient is staying in hospital or being discharged, appropriate clothing is essential for their dignity and safety (2). An Ottawa Hospital Social Worker told us: "I had an elderly patient who had a prolonged hospitalization. He had no family and few friends, so his mood was quite low. He repeatedly reported feeling, tired and not presentable for visitors as he had no clean clothing and hated wearing the hospital gowns. When Physio would take him for walks, he was embarrassed by his appearance. He showed me pictures of himself and his dog where I noticed he was always wearing plaid shirts. I was able to go to our lovely clothing cupboard and get him a plaid shirt (like in his picture)! He was so appreciative and happy! When he was taking walks with Physio,

Liard River, BC
Photo by Maggie Lin

he was standing taller and beaming as the staff gave him so many compliments."

The Emergency Clothing Cupboards at TOH, General and Civic Campuses were established to address this issue and support patients by providing them with clean clothing during their stay in addition to ensuring they are appropriately clothed for discharge. The Emergency Clothing Cupboards are not only used by hospital in-patients, but also out-patients who cannot afford items such as winter coats and boots. Anybody within a patient's circle of care can access the inventory of the Clothing Cupboards. Some caregivers don't even ask the patients what they need, but just show up with socks, underwear, soap and shampoo when a patient is too proud or shy to ask for such items. It means so much to patients to receive this kindness, and many patients will even wash the clothing and return it to their local ED (3). The social workers we talked to at TOH report a boost in their patients' morale after using the Emergency Cupboards, stating that it's great to see their patient's "feel like human-beings again."

Although the Emergency Clothing Cupboards are open to patients all year long, there is definitely greater demand in the winter months. This past winter, the Volunteer Departments at both hospital campuses collaborated with the University of Ottawa Medical School on a Winter Clothing Drive. More than 55 winter coats and over 15 winter boots were collected. Donating gently used clothes is an environmentally friendly alternative to throwing them in the garbage and you can be assured that the items donated bring instant comforts to patients (4). It gives them one less thing to worry about and enables them to feel more dignified during their hospital stay and also while leaving the hospital (2, 4, 5).

Many other EDs from Charlottetown to Hamilton have similar programs. However, Ottawa is one of the only programs that expands the program to involve healthcare workers beyond just the Social Work Department (2, 6, 7). Medical students have been instrumental in ensuring adequate inventory by running two clothing drives a year. The advertising that accompanies these drives also raises consciousness about The Emergency Clothing Cupboards to other members of the healthcare team. Organizing a clothing drive within a division or service is a great way to build spirit and show commitment to ensuring our patients get the best possible treatment in every aspect of their care.

For many elderly patients, as well as those suffering mental illness and chronic medical illnesses, social determinants of health may be of greater importance in ensuring ongoing recovery than many medical interventions (6). Yet, when time runs short while interviewing a patient, often the social history is the first to be abbreviated (8). Sometimes the small act of ensuring the patient is appropriately clothed can serve as a reminder to the healthcare team, that our medical interventions will be so much more successful when we ensure that patients' social needs are also met. Supporting the clothing cupboard has raised University of Ottawa medical students' awareness about another aspect of care in which we as members of the healthcare team can be involved. We encourage medical students across Canada to find out if their affiliated hospitals have clothing cupboards they can help support.

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Kaitlin Endres is a second-year medical student at the University of Ottawa. She currently serves as an executive of Ottawa's Internal Medicine Interest Group (IMIG) as well as VP Philanthropy for Ottawa's Aesculapian Society (ASOC) Medical Student Council. Since completing her undergraduate degree in Physiology at the University of Western Ontario, Kaitlin has had a strong passion for philanthropy and helping those in need, especially the elderly population. As VP Philanthropy, she strives to engage her peers in charitable initiatives not only within the Ottawa community, but also within The Ottawa Hospital (TOH) community itself.

Acknowledgements:
I would like to thank Dr. Elianna Saidenberg (Hematologist at the Ottawa Hospital) for her contribution to making our Winter and Easter Clothing Drives possible this year. I would also like to thank the Ottawa Hospital Social Work Department and Volunteer Team at the Ottawa General and Ottawa Civic Hospitals (Sherri Daly and Suzanne Lariviere) for providing the patient used in this article.

Stakeholder Perspectives on Seniors Care and Aging

Yipeng Ge, Linda Lam
MD Candidates, Class of 2020
University of Ottawa, University of Manitoba

Introduction

On February 4th, 2019, over 75 medical students from across Canada gathered on Parliament Hill in Ottawa to meet with policymakers to advocate for dignified seniors care and healthy aging. The demographics of Canada are quickly changing, and it is critical to be proactive in the care, services, and policies that are designed for seniors and healthy aging.

Our Process

In preparation for the 2019 Canadian Federation of Medical Students' (CFMS) Day of Action, community leaders and health experts in the area of Seniors Care and Aging across the country were engaged by medical students to participate in a consultation process. The purpose of this process was to learn and receive insight from those that see and understand first-hand the gaps impacting seniors, and how we, as medical trainees, can add our voice as allies to a growing conversation.

Medical students connected with stakeholders in several ways, including in-person meetings, phone calls, and communication through email. A qualitative analysis using an inductive approach was utilized to identify emerging themes from the stakeholders. The knowledge and advice from the consultation process ultimately guided the research committee in the development of the CFMS policy recommendations to federal parliamentarians.

Our Major Findings

Five major themes were identified, reflecting the values that underpin the various concepts discussed by stakeholders, which are inter-related in many ways: 1) Wellness, 2) Quality of Life and Dignity, 3) Choice, 4) Innovation, and 5) Support.

Wellness

Our stakeholders emphasized that the focus of seniors' care should be on preservation and health promotion throughout the lifespan as an important way to achieve wellness in the late stages of life. To achieve this, attention to the social determinants of health are critical in the development of policy. In addition, comprehensive community health resources including oral care, and appropriate primary care with interdisciplinary teams and universal pharmacare are important aspects to addressing care, especially for those living with complex health issues.

Quality of Life and Dignity

Stakeholders reminded us that even on a policy level, we need to treat the person and not the disease. Caring for an individual takes into consideration the desires of a person for a good quality of life and dignified aging. Stakeholders call for us to

The CFMS would like to thank the community leaders and health experts involved in the consultation process.

Dr. Soham Rej, Investigator, Geriatric Psychiatrist, McGill University
Dr. Thomas Hadjistavropoulos, Research Chair in Aging and Health, University of Regina
Dr. Janet Kow, Geriatric Specialist, Providence Health Centre, British Columbia
Susan MacDonald, Physician, Palliative Care Medicine, Newfoundland and Labrador
Dr. Rose Hatala, General Internist and Palliative Care Physician, St. Paul's Hospital, British Columbia
Dr. Howard Bergman, Chair, Department of Family Medicine, Professor, Geriatric Medicine, McGill
Dr. Eric Anderson, Communications Leader, Sherbrooke Community Centre
Dr. Olivier Beauchet, Senior Investigator, McGill University, Dr. Joseph Kaufmann Chair in Geriatric Medicine, McGill University and Geriatrician, Jew-

Photo by Maggie Lin

reimagine traditional health care delivery that prioritizes people and not the convenience of the system. While home care has been championed as a model of care to support aging in the community, we need to modify these systems to account for the unique socioeconomic barriers of each individual. As a society we need to address stigma and ageism, and address social isolation in the community and in long-term care homes with opportunities for meaningful interactions.

Visit www.cfms.org to read the full "2019 National Day of Action Consultation Process Review and Summary".

Choice

When designing both physical infrastructure and policies for healthy aging, considerations for accessibility and equity can go a long way to preserving choice as a privilege that we can continue to enjoy as we age. The concept of 8-to-80 cities (cities designed for 8-year-olds but also accessible for 80-year-olds) promotes accessible spaces for all. Honest and truthful discussions about end-of-life care along with accessible palliative care programs offers choices for individuals in their last stage of life. Universal pharmacare, coupled with adequate medication reviews, and deprescribing medications are important aspects of allowing individuals the choice to decide 'what matters most' in their lives.

Innovation

Innovation is the support of creativity, new ideas, and new methods. Our consultations revealed conflicting thoughts around the idea of technology. While technology can be used to support independence, as well as greater connectivity through the integration of health care management, we must be careful not to solely quantify individuals. Another aspect of innovation is funding and promoting research to better understand the effectiveness of current programs for seniors, as well as coordinate research for complex topics such as dementia.

Support

This theme consolidates stakeholders' insight on how we can support those that care for us as we age. This includes promoting the profession of personal support workers and recognizing and properly supporting unpaid caregivers. It is also important to realize the gendered work of care, and a gendered lens should be used to understand the burden and impact of seniors' care at home and within the system.

Conclusion

Seniors Care and Aging provides an opportunity for us to rethink accessibility in our systems and use innovation to redesign a society that promotes wellness, quality of life, dignity, and choice throughout the lifespan, resulting in healthier senior years and supported caregivers. Through our consultation process, several recommendations were made by stakeholders to different groups. To medical students and physicians, we are encouraged to share personal stories to promote change, to become comfortable with and initiate discussions on end-of-life and advanced care planning with patients, and to integrate social services in a clinical setting for patients. Recommendations were also made to each level of government - federal, provincial, municipal.

ish General Hospital
Brian Harris, Member at Large, Saskatchewan Seniors Mechanism
Michel Sorensen, Program Coordinator, Saskatchewan Seniors Mechanism
Norma Kirkby, Program Director, Alzheimer's Society of Manitoba
Tia Chiasson, Ubuntu Program Coordinator, TAIBU Community Health Centre
Mike Cass, Patient Safety Improvement Lead, Canadian Patient Safety Institute
Diane A. Ducas, Geriatric Psychiatrist, University of Manitoba
Elizabeth Macnab, Executive Director, Ontario Society of Senior Citizens Organizations
Larry Chambers, Research Director, McMaster University
Jan Legeros, Executive Director, Long Term and Continuing Care Association of Manitoba
Connie Newman, Executive Director, Manitoba Association of Senior Centres
Julie Turenne-Maynard, Executive Director, Manitoba Association of Residential Care Homes for the Elderly
Mary Ennis, SeniorsNL
Dr. Frank Molnar, Geriatrician, Ottawa Hospital and President, Canadian Geriatrics Society
Pat Irwin, President, ElderCare Canada
Dr. Suzanne Brake, Seniors Advocate, Newfoundland and Labrador
Dr. Samir Sinha, Geriatric Medicine Specialist, Lead of Ontario's Senior Strategy and Member, Federal Ministerial Advisory Board on Dementia
Dr. Amina Jabbar, Resident Physician, Geriatric Medicine and PhD student, Health Policy, McMaster University
Dr. Roger Butler, Geriatric Medicine and Family Medicine, Memorial University
Naheed Dosani, PEACH Program, Inner City Health Associates
Sabrina Akhtar, Family Physician, Toronto Western Hospital Family Health Team
Dorina Simeonov, Policy and Knowledge Mobilization Manager, AGE-WELL NCE Inc.
Melissa Anderson, Advocacy Lead, Canadian Physiotherapy Association

Sundown

Jennifer Guan
MD Candidate, 2020
McMaster University

It is a common phenomenon that perfectly pleasant patients become agitated and aggressive as the night falls. This is due to a combination of being ill, being in a strange environment, and having one's regular schedule disarrayed. Elderly patients are more susceptible and unfortunately, our medical management of patients who "sundown" largely involves medical sedation and physical restraints.

A few shifts ago, I saw an 80-year-old patient who presented with "syncope" to the emergency department. A quick glance over his chart and blood work showed no abnormalities in his ECG or troponin levels. I saw Mr. S smiling and sitting up patiently in bed with his blanket neatly tucked in around his arms. I introduced myself and asked what brought him to hospital today.

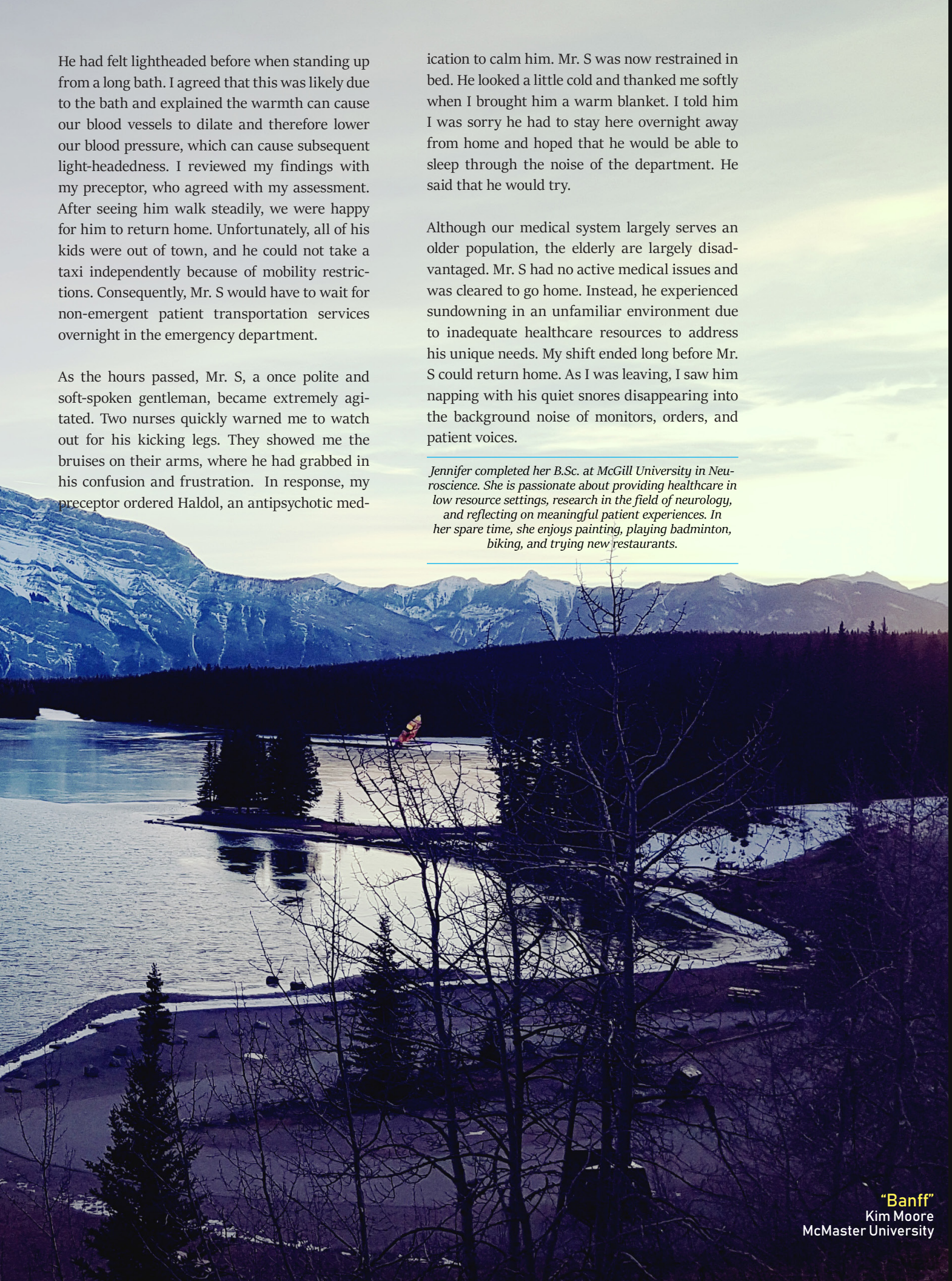
He had been taking a hot bath, which he frequently does to relieve pain related to his Parkinson's. When he stood up to get out, he suddenly felt faint and light headed. His wife was fortunately caught and lowered him to the bathroom floor. He did not hit his head and was feeling back to normal shortly after. Just to be safe, his wife had called an ambulance to bring Mr. S into hospital. I asked about any associated symptoms such as shortness of breath, chest pain, vertigo, double vision, nausea, vomiting, fever, or headache. He denied experiencing these symptoms and said that he was really feeling fine. If it was up to him, he would not have come in the first place. Apart from his diagnosis of Parkinson's Disease, his medical history was very short. His arms had mild cogwheel rigidity, but he was independent and able to do most things for himself. He lived with his wife and had the help of their children several times a week.

He had felt lightheaded before when standing up from a long bath. I agreed that this was likely due to the bath and explained the warmth can cause our blood vessels to dilate and therefore lower our blood pressure, which can cause subsequent light-headedness. I reviewed my findings with my preceptor, who agreed with my assessment. After seeing him walk steadily, we were happy for him to return home. Unfortunately, all of his kids were out of town, and he could not take a taxi independently because of mobility restrictions. Consequently, Mr. S would have to wait for non-emergent patient transportation services overnight in the emergency department.

As the hours passed, Mr. S, a once polite and soft-spoken gentleman, became extremely agitated. Two nurses quickly warned me to watch out for his kicking legs. They showed me the bruises on their arms, where he had grabbed in his confusion and frustration. In response, my preceptor ordered Haldol, an antipsychotic medication to calm him. Mr. S was now restrained in bed. He looked a little cold and thanked me softly when I brought him a warm blanket. I told him I was sorry he had to stay here overnight away from home and hoped that he would be able to sleep through the noise of the department. He said that he would try.

Although our medical system largely serves an older population, the elderly are largely disadvantaged. Mr. S had no active medical issues and was cleared to go home. Instead, he experienced sundowning in an unfamiliar environment due to inadequate healthcare resources to address his unique needs. My shift ended long before Mr. S could return home. As I was leaving, I saw him napping with his quiet snores disappearing into the background noise of monitors, orders, and patient voices.

Jennifer completed her B.Sc. at McGill University in Neuroscience. She is passionate about providing healthcare in low resource settings, research in the field of neurology, and reflecting on meaningful patient experiences. In her spare time, she enjoys painting, playing badminton, biking, and trying new restaurants.



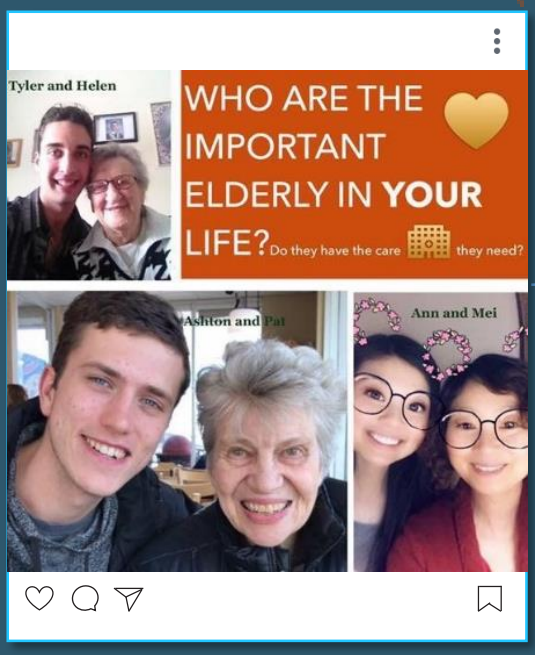
"Banff"
Kim Moore
McMaster University

#SNAP4SENIORS

Members of National Geriatric Interest Groups across Canada share posts about what they've learned about seniors care, and why seniors care matter for them.

NGIG

University of British Columbia



University of Manitoba

Western University

Bryan Franco shared a link.
October 3 at 5:07 PM · Add Topics

From new planets to emerging technology, the media is filled with inspiring stories of innovation to improve the human condition. This story about Jelly Treats shows that innovation need not be complicated to make a difference for older adults who have and continue to inspire us.
#NationalSeniorsWeek
#Snap4Seniors

BBC.COM
Jelly treats for people with dementia
After his grandmother was hospitalised, Lewis invented a hydrating treat f...

Queen's University

Aditi Dobriyal
Just now ·

This is my granddad. 15 years ago, he wasn't doing this well. He was hospitalized with TB and my family was told that he likely wasn't going to make it much longer. Fortunately for us, he somehow made it past this phase in his life, and through the care provided by his healthcare team, today he is as healthy as he can be. He is currently 95 years old, loves doing yoga, watching the leafs, going for 5k walks and cooking.

Although he is healthy and happy today, he still reminisces on the time he was in the hospital. Even to this day, my granddad remembers the names of his nurses and physicians who took care of him. They regularly gave us updates on his health, and treated my granddad with respect. Its moments like these that remind me that the quality of care we provide is something that stays with all of our patients, including our seniors.
#Snap4Seniors

University of Ottawa

Ari Cuperfain
@AriCuperfain

How can we better care for our older adults in hospital to prevent readmission? buff.ly/2P4Pequ article from recent @CMAJ research paper buff.ly/2Opsjcw @NGIG1415 #Snap4Seniors

2018-10-01, 9:18 PM
Tweet your reply

University of Toronto

petermhoang @petermhoang · Oct 3
Advanced care planning help us involve patients back into their own care! I was able to reduce the suffering of a patient and his wife by using an end-of-life discussion they've already had in the GP office. bit.ly/2y9illu @NGIG1415 #snap4seniors

Advance care planning in family medicine training
Advance care planning (ACP) is an increasingly important topic in primary care as more patients with multiple comorbidities and chronic diseases are living longer o...
cfp.ca

McMaster University

#Snap4Seniors #Snap4Seniors #Snap4Seniors #Snap4Seniors #Snap4Seniors #Snap4Seniors #Snap4Seniors #Snap4Seniors #Sn

Make your own #snap4seniors!

The Ocean of the Soul

The ocean. It looks calm and simple, yet its vastness is so daunting that when we think we have discovered all there is to know about it, we realize that we have not. The reality is that only the ocean can tell us its secrets, its joys, and its sorrows. This 90-year-old man is no different. His uneven shoulders represent years of carrying gallons of water to make sure his family could cultivate. They represent someone who later immigrated to Canada alone, without speaking English, in order to give his family better opportunities. Reflecting back on life, we can see that it is not just one day that demarcates something beautiful or something tragic. It is a series of events that give us strength to endure; the moments that carefully craft a life. Aside from the facts of this man's life, there is one thing that cannot be described fully, and that is how much he was loved by his family and how much he is missed daily. We would not know any of this, unless we had asked him. Just like the ocean, let's make sure we always ask and be sure to listen.

Sara Trincao-Batra
MD Candidates, Class of 2021
University of Ottawa

Prior to starting medical school, Sara was an Ontario Certified Teacher. However, she has always held a special passion and love for older adults, which is one of the reasons she decided to pursue a career in medicine. Outside form medical school, she enjoys travelling, trying new cuisine, and spending time with family and friends.

Reminisce the Loved

Early calls rarely come with good news
as reality slaps with unforgiving cruelty.
A sudden gasp and a crushing heart drop.
Muffled whimpers and uncontrolled shivers
with silent tears flowing endlessly.
Face buried in a pillow hard as concrete,
stone cold in the peering sunlight.
The loving has become the loved.

There is much to say,
but little comes out.
What could have been -
should have been
can no longer be.
The unspoken words hurt the most.

Afraid to look around, afraid to feel.
Constantly patching a crumbling wall,
playing a bluffing game as the day endures.
Everyone buzzing about in their world.
Hoping to create a better tomorrow,
hoping to change future lives,
but not for the one yesterday.
Yesterday has already gone away.

Yet, the promises and memories
drive the shakeable but unbreakable will.
What becomes lost from the sight,
but not missing from the heart.
In the one place, it still resides
the love that I claim, by my side.

Because of "you", my aspirations to be
I will never forget.
So, for others with time now,
still together.
Resolve to ask
- ask for their untold stories.
Remember who they once were,
who they currently are,
and who they can be for you.

Hsin Yun (Ruby) Yang, Emily Kearsley
MD Candidates, Class of 2020
University of Ottawa

Hsin Yun (Ruby) Yang and Emily Kearsley both have a passion for family medicine and look forward to the privilege of working with geriatric patients in their future practices.

"Dock"
Katherine Kim
University of Ottawa

Sati

Dr. Shara Nauth
PGY-2
University of Toronto

As I weave through the tachycardic streets of Toronto, I barely see the passing crowds. Their faces are masked completely by the undercurrent of my own mind.

Jen's wedding... I need to buy a dress. And a gift. Ugh, I'm already in so much debt. Don't forget to submit that abstract by midnight Sunday.

I nod perfunctorily at the front-desk brunette, and head to the change room. I've had two missed calls from my mother on the walk over. I slip out of scrubs and throw a foot into leggings, barking at Siri, "Call mom!".

Beside me, a woman startles at my voice. With her silver hair and arthritic fingers, she stands out at a downtown yoga class. As the call rings out, she smiles sympathetically.

"Walk up with me?" she asks.

Where's my mat? Water bottle?

"Absolutely!"

I consciously slow my pace to her careful steps. Eva is 77 years old. She lives with her daughter, who works long hours as a Bay Street corporate lawyer.

We set up our mats side by side. As our spines lengthen and arch in cat's pose, it is impossible to ignore the differences in our movements, separated and stiffened by decades. In seated twists, my youth extends the arc of my shoulders, and where Eva hesitates in inversions, I trust my muscular strength with ease. Yet as the class proceeds, her smile is peaceful, while my mind splinters.

I need to pack food for my call shift tomorrow. And review ventricular tachycardia - what if there's a code during my shift?

My thoughts interrupt my balance. I tumble down from eagle's pose, huffing in frustration. Eva chuckles. When the class is over, she turns to me. "You have beautiful technique," she says warmly, "but I wonder, how strong is your sati?"

"My what?", I ask absently, already rising.

She puts her arm on mine. "Sati: your memory of the present."

And so begin my lessons in mindfulness. Every day

for a month, I meet Eva before class, and we sit for twenty minutes. We bring focus to our inner experiences, to the narrative of thoughts, feelings and bodily sensations. I begin to let them simply rise and fall. With Eva's time-honoured guidance, I start to notice the faces on the sidewalk, the ground under my feet, and silence when I close my eyes.

"Some people feel the rain," Eva says, quoting Roger Miller. "Others just get wet."

Months pass, and my yoga attendance wanes. The next time I see Eva, I am the senior resident on the wards, and she has been admitted for pneumonia post-hip replacement. I pass by her with the physiotherapist and am heartbroken to see her once-calm face crippled with pain and frustration, as she takes laborious breaths.

Before I go home for the day, I visit her room, where she is frowning at the ceiling. She smiles feebly in recognition as I sit beside her.

"I invite you to close your eyes," I say. "Bring your focus to your breath."

She closes her eyes, and her inhalations slow.

"Notice how your whole body feels. Pain, tension. Passively observe, not trying to change anything. Simply take note of how your body feels."

We breathe together, using the words that she once taught me, and I watch her monitor as the heartbeats slow, blood pressure lowers, and her face relaxes. We sit in silence.

"Thank you for helping me remember," she says finally.

"Remember what?"

"Sati," Eva says. "Memory of the present."

Perhaps resilience is not something we need to teach our geriatric patients, but something we can instead learn from them, and reflect back.

Shara Nauth is an internal medicine resident and her interest in geriatrics has been a guiding light since her preclerkship days. She is currently doing medical education research to improve the geriatric clerkship education with virtual patient cases. Additionally, she serves as the Chapter Chair of the Residents Geriatrics Interest Group, and the national VP Social Media. When she is not on the wards, she enjoys a daily yoga practice, and would recommend it to anyone!

"Peggy's Cove"
Kai Yi Wu
University of Ottawa

Preamble

The following two pieces discuss life in its aging and memory, and eventually, the lack of it. Both are discussed below.

Toxoplasmosis shows life with Alzheimer's, a caregiver who is at tired of watching over their husband. In each moment, where "each body is becoming less of a body" and "on a ripped page is an entire universe", the life they lived together is punctuated by pause. Some moments leak through: memories of books shared, childhoods expressed, religions discussed. But in all, despite all, love reigns through despite the disappearing and disease.

Courvoisier's law is simple. It shows a rotation in geriatrics with a patient who had advanced pancreatic cancer and will be put into palliative care. There should've been more possible, more achievable, but there was not. It was an end.

Drawing by
Lisa Xuan

Toxoplasmosis

Kacper Niburski
MD Candidate, Class of 2021
McGill University

as if you've already known
that it must be i
quiet i looking i
holding the heavy love
for us both

these giant holes of light
these hands wrecked with the small
and the insects that sit on bony branches
like lesser gods dissolving in the leaves
that too know
how to pray
or kill a man

my brother is tickling my feet
my sister is wanting to wrestle us both
air laughs between then and then in the
sweet pardon
of excuse me child
have you heard what rumi said
about this
let the beauty we love be what we do
are you done
is this night
where i dream in the slop of your inhale
with persian on my tongue
the split fruit of books on the carpet
where i am trying to swear more often
because of that damned poet reminding
each day is a tinier day
each body is becoming less of a body
by being with others

on a ripped page is an entire life
in a word there the worried universe

the scalps understand
the scallops even more so
you lick your fingers with childhood
meat full of meat
like my grandmother who taught her
earth brown cat
a persian i think
to tickle
to hold
to love the unknown
universally

courvoisier's law

she was 82 and
i was 26 and
she was going to die and
i was not and
i think i am supposed to tell you
something about it with meaning
and
emotion and
hope against the lack of hope and
yet all i have is this and
she does not and
both of these are too soon an end

"Lake Louis"
Kim Moore
MacMaster University

Coffee as a Post Exercise Initiative

Patricia Barlow
MA, McMaster University

One of the most important things I have learned in the 20 years I have been teaching older adult fitness classes is the importance of post-class coffee. It is the difference between a good class and a great class. There's a social connectedness which decreases social isolation. Support and validation for life experiences occurs with sharing. Participants themselves become resources as those new to the area mine their experience and history for information. All become integral to a community that results in increased resilience. In a post-retirement world of ageing that shrinks the world as work goes by the wayside, these coffee times have a reciprocal benefit: participants find their self-esteem returning and pride in self follows – dignity is maintained or re-established. Given the benefits that I have witnessed over the years, coffee time as a post-exercise initiative boasts positive impacts for older adults' dignity and resilience.

I've worked hard to ensure all of the important aspects of an older adult fitness class have been integrated into the hour of exercise. Strengthening exercises to maintain activities of daily living, balance training to stay upright on two feet, agility work to move the body in ways that just don't happen as often as they used to, posture for personal pride and balance, and stretching on the floor to work on flexibility. All of this is to stay healthy and out of the medical system. But this group is not finished – the next part of fitness class will begin momentarily – coffee time. The coffee is good and strong, the group sits, and the real business begins.

What initially may seem like a counter intuitive gathering – there is most always a tin of cookies, muffins or quick bread – serves as at least one of the topics that will come up for discussion. How the baker has cut back on sugar, or replaced some of the fat with apple sauce, is discussed to improve nutritional value. Recipes are shared, experiences compared, and stories are told about the recipe book from England, or a mother-in-law's failproof recipe that elicits laughter and more reminiscing. How much butter was used then? How much exercise did our parents get walking, cycling or working the farm over the course of the day? Reminiscing begets dignity; stories that have been almost forgotten find an audience that is curious and appreciative. The sweets that find their way to class often serve as a jumping off point for conversation.

New people to town attend classes and the opportunity to share long time knowledge from having lived in the area becomes gold. Those from out of town learn about where to go shopping for the best sausage, cheese or whatever it is that they need to find. Local history is shared; one of the volunteers from the museum brings the group up to speed on the succession of changes that have occurred in town from a question asked by a new resident. Long-time residents are a treasure of local information - a wealth of knowledge and experience. Those individuals' relevance is restored, and their experience is valued. Each time their experience is called upon their face brightens and their dignity increases.

The support those in the group have for each other is astonishing. I have watched women rally behind a friend with cognitive decline to ensure she continues to attend a fitness class. Other participants are patient and caring when she becomes confused. At coffee time she is still a contributor and participant in conversations. She remains a part of the community and enjoys the gathering, from the fitness class workout to the discussions and stories that follow during coffee time. Her dignity is fostered as her participation is maintained by those in the group who support her while bolstering her resilience. She is supported so that she remains part of her community.
Another participant was preparing for a cardiac procedure. A Get-Well card was circulated to receive everyone's signature and ensure that she knew the group was thinking about her and cheering her on. A couple of individuals in the group had experience with the same procedure and were there to lend support and mitigate worries with caring words. They were also able to validate concerns while sharing positive outcomes. This participant came


Photo by Maggie Lin

to coffee the week prior to returning to active participation to receive hugs, and ears to listen to her experiences. The community was there to support her prior to, during and after her procedure. It was important for everyone to lend support and participate in her journey. Her reliance was reinvigorated by her inclusion in her post exercise coffee community.

One individual confided that her husband had seen her in the coffee shop at a post-class gathering and later told her that she radiated happiness. This woman was having a very difficult time transitioning to retirement and the group coffee time was an anchor for her to help navigate her world as a new retiree. Without the commute, the colleagues and the daily stimulation of her teaching, she was feeling a loss that was palpable to those in the group. Everyone pitched in with ideas and opportunities in the community. A book club was suggested, she joined, and her community increased again. This came with the simultaneous benefit of having another place to share her passion for history in a thoughtful and intelligent manner. Coffee time resulted in tools to maintain dignity post retirement – the esteem gained by sharing her knowledge in a new place and a new way.

A new class with a post coffee initiative rendered new neighbours. Conversation resulted in people discovering that they lived in very close proximity. This opened up opportunity for new walking partners, and new friendships began. These few older adults gathered together have watched as their communities become smaller as they no longer work, have geographically distant children, who are often widows or widowers, and who witness friends dying ultimately diminishing their circle of friends. New neighbours for walking, or new neighbours for coffee. A new community that offers positive possibilities around new relationships and support increases the resilience of those gathered together.

I have listened to the stories shared around the positive impact of fitness classes. One woman explained that her core strength was improved enough that she no longer required assistance getting out of bed in the morning. The pride that crosses the faces of individuals after getting down to the floor and back up again for the first time in years and talking about it. How pelvic floor contractions actually gives control over their bladders vs. their bladders controlling them. These conversations lead to sharing experiences that have resulted from attending exercise classes and have led to realisations that getting to class is often a chore – one more thing to do, another grey day, a good book on the go – has benefits that go beyond the "fitness" gained during classes. They come for the coffee afterwards. It leads to the formation of a new community that strengthens their dignity, all part of the big picture of ageing wisely.

The dignity and resilience of each and every one of these individuals is noticeable when they come together for coffee after exercise. Everyone looks forward to attending and the group is vocal when someone needs to absent themselves. The time spent as a group swapping bits of life experience and some of their stories is entertaining but also has value. The knowledge that there is a place to go with questions and curiosities where they will find experience, care and concern is a huge support for those who are regulars and those who are new. Newcomers are shy at first, but soon become integral to the group. How can that not boost dignity and resilience? Coffee as a post exercise initiative is the difference between a good class and a great class, it's the spoonful of sugar that makes the medicine go down.

Patricia graduated from McMaster University with a Master of Arts in Social Gerontology in 2017. Her graduate research focused on older adults and falls prevention programs as well as potentially inappropriate prescriptions. Patricia lives in Ontario, where she instructs older adult fitness classes to numerous groups of varying ability in the Brant County area. Social inclusion is integral to, and a highlight of, the classes she loves to teach. Patricia's writing is a new, exciting and expanding love and vocation.

Ellen Wong
MD Candidate, Class of 2019
University of Toronto

Caesura

One of my favourite things to do post-call is to go for a long, relaxing run. Not that I'm an elite runner by any stretch of the imagination. In fact, I am quite anemic and often find myself exquisitely short of breath after a few paces. But the quiet rhythmic pattern of sneakers on ground lets my thoughts distill so I can reflect on the previous 26 hours of the call shift. Sixteen hours ago, I encountered my first patient death. I should have expected it as the patient was declining, but whether due to inexperience or hopefulness, I did not. Approaching the end of third year, I somehow made it through without direct encounters of patient deaths, or major codes. It wasn't that I lacked enthusiasm - we simply missed each other by a hair in time. Just

"Lake Louis"
Kim Moore
McMaster University

as I thought I might glide through the year uneventfully, I was told by my staff Mr. V had just passed away.

Mr. V was a 95-year-old whom I admitted on call about a week before for pneumonia. He had mild delirium, but we were able to interact enough for him to remember me the following day (or so he said—and I liked to believe). Initially, he improved swiftly, but just as we were considering discharge, his electrolytes began to stray, and we kept him overnight. In days after, his mental status followed the unruly electrolyte counts, and despite our efforts at correcting these, the labs and confusion refused to retract.

Yesterday, I found him napping comfortably, mouth slightly open. Though reluctant to wake him from his quiet slumber, I approached to round. "Mr. V?" No response. I spoke a little louder and tapped on his arm. Still nothing. I then prodded his sternum and heard a soft "mmhmm?" Relieved, I proceeded to a respiratory exam. I barely needed my stethoscope to hear the adventitious roar from his lungs. Were these crackles? Rubs? Benign snoring? Though the rest of his exam was normal, he was sleepier than expected, so I asked my staff to check in, in case I had missed something. Later in the afternoon, as the team regrouped, nurses discovered Mr. V had died.

In Mr. V's room, we delivered the sad news to his family. I don't think I was prepared to see how a dead person would look. It turned out the deceased do not have the muscle tone for mouth closure. The grey-blue central cyanosis of the oral cavity pitted starkly against the frosty-pale complexion. I won't forget the heart-shattering cry from his daughter as we confirmed her worst fear.

Mr. V grew up on a small farm. Working diligently, he started a small business and built it into large company while raising 8 children to become people who were not only successful, but warm and compassionate. What he lacked in formal education, he more than made up for with hard work and dedication. I had felt his personality and story while interacting with him. And I could still feel it standing in the room, accentuated by the agonizing heartbreak of his loved ones.

"Are you okay?" My staff later asked. "Yes, I guess we weren't expecting this..." Several staff members pointed out that it actually wasn't unexpected. He was 95 and from a nursing home. He had become increasingly delirious and somnolent with respiratory decline over the past few days. This is a common scenario in medicine. At some point, the level of consciousness sinks enough that the patient loses their gag reflex and aspirate. The terminal respiratory secretions I heard while rounding fitted. My training tells me to meticulously recognize this pattern and apply it to the next patient encounter. This is how medicine is learned. Yet there was something about that framework that was difficult to accept in this case. How do I reconcile such a rich life history and profound sadness from its loss into just another pattern?

As I ran into my 3rd kilometer mark, I reflected on my emotions throughout this event and what they meant. I felt sorrow for the loss of a person whom I had learned so much from, as both patient and human. I felt fear from realizing that I could one day be in his loved ones' position. I felt guilt that this had happened to my patient.Was there something that I should've done differently this week?

Deaths are a significant part of medicine. As I moved forward with my training, it became clear that patients will pass, with and without forewarning. Devastating as they may be for the loved ones, many healthcare providers seem unfazed by them. How much distance do I need to remain professional yet empathetic? How much acknowledgement do I want to give each death? For me, I found it difficult to let this death pass as just another clinical pattern while forgetting to recognize its significance. Running after each shift has become a way for me to ensure I take enough time to pause and acknowledge emotions. Although I finish at my starting point, each reflective run hopefully brings me a bit closer to the physician I want to be.

Ellen Wong first became interested in caring for the elderly as a MAUVE (Maximizing Aging Using Volunteer Engagement) volunteer in the Acute Care for Elders unit at Mount Sinai Hospital.

Page photos by Maggie Lin

Photo 1 (top). Queen Charlotte - Graham Island, Haida Gwaii, British Columbia

One of my favourite moments from 2018 was the precious opportunity to stroll the shorelines of Queen Charlotte while attending the LEAP Core course at the Haida Gwaii Hospital and Health Centre.

Artist Bios

Maggie Szu Ning Lin

RN, BScN McGill University
Featured Photographer

Maggie is a Registered Nurse working in an Indigenous community in northern British Columbia, who also enjoys nature photography. She graduated with a BScN from McGill University in 2017. Her passions include global health as well as health promotion in the geriatric population, which focuses on healthy and safe medication use, fall prevention and active living.

Katherine Kim

MD Candidate, 2020
University of Ottawa
Photographer

Katherine completed her bachelor degree at the University of Toronto. Her areas of interest include investigating how the discipline of women's health overlaps with other clinical disciplines, like geriatrics. As a soon-to-be doctor, She looking forward to working with a variety of different patient populations, including the geriatric population.

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