



Commentary

Practicing Anesthesiology at Age 79

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Anesthesiologists have many unique reasons and passions for pursuing their profession, among them leading care teams, performing procedures, and helping others. With an overall shortage of anesthesiologists and with many clinicians reporting burnout, we need to understand their motivations to recruit and retain them. In that spirit, I am sharing reasons why at age 79 I am in my 50th year of anesthesia practice. It is a personal story with family roots.

My father, an obstetrician, developed dementia in his late 70s and died from it at age 93. Early signs seemed like normal aging – less confidence, less physical activity, and worry about retiring before he lost skills. Eventually, his dementia became obvious and severe - forgetfulness, slowed cognition, prolonged chair sitting, and dependence on my mother for decision-making. For the decade before he died, Dad's dementia stressed our family and required the near full-time attention of my mother.

I often see the terrible consequences of this brain-robbing disease in my clinical practice. Recently I anesthetized a woman with a broken femur who seldom left her bed and could not remember how she broke it and counseled about hospice care a demented man with lung cancer who had difficulty organizing his healthcare. Dementia can distress families, physicians, and me.

Now at age 79, an age when Dad started his overt dementia, I am concerned. My genetics are half his, even more, my psyche. I want to continue living without dementia, to avoid its onset by recognizing its causes and mitigating them. So, I am continuing to practice anesthesiology, now half-time. The hustle of patient care and teamwork with younger colleagues seems personally therapeutic. I am energized when knowledgeable colleagues request me for their care. I enjoy research, creating new knowledge for others and maybe some cognitive reserve for myself. Lifestyles enriched with socially and mentally stimulating activities in older

age can build cognitive reserve and reduce dementia risk [1].

Growing up, Dad was my hero and life model. He was a busy obstetrician, successful academician, department chair, accomplished golfer, and popular socializer. When people learned who my father was, they might tell me how skillfully he had delivered their children or helped them with some difficulty, always how lucky I was to be his son. I wanted to be like Dad throughout college, medical school, residency training, and into anesthesiology practice. I followed his life course. Now I want to change this course, to one without dementia.

Dad enjoyed the outdoors, but two decades before his death he stopped joining family hikes and started using a cart on the golf course, blaming worsening knee damage from college football. I am a lifelong runner, logging 20 or more miles per week while ignoring knee pains that sometimes make me limp and annoy my wife when I deny anything is the matter. I joined a family mountain climb this summer because not climbing might signify unwanted physical decline. Medical studies suggest that aerobic exercise is associated with a reduced risk of cognitive impairment and dementia [2]. I will run as long as I can, hopefully away from dementia, even if towards other impairments.

Dad grew increasingly deaf from his mid-60s. He blamed his deafness on exposure to gunshots and artillery rounds during World War II. He did not like wearing hearing aids and gradually retreated from conversations he formerly enjoyed, developing coping mechanisms for what he could not hear correctly – “How do you spell your name?” His deafness and dementia seemed entwined. When I developed high-frequency hearing loss a few years ago, I got hearing aids and started wearing them, despite no one else in our surgical suite wearing aids. Communicating correctly and preventing dementia were more important than worrying someone might perceive I was old.

Two years before Dad died, he developed pain in a second molar. Mother advised him that he didn't need that tooth since he mostly ate soft food, and a dentist extracted it. Slightly prognathic, a physical trait inherited from my father, I have always prided myself on having 32 teeth, a full set of third molars. When a filling on the lingual side of an upper third molar came out last year, a dentist recommended extracting the tooth, saying I didn't need it for chewing and the hole would be hard to refill, maybe requiring a crown or something more extensive. I argued for a filling, but the dentist did not want to try. She viewed the situation practically, while I saw it symbolically. Losing a tooth, even one of 32, seems tied to dementia in my mind. In the end, practicality ruled, and I have 31 teeth. Brushing and checking them seems preventative to me for both tooth and brain diseases.

I am grateful that recently my department chair found me clinically competent and the academic medical center where I practice, after its standard credentialing and performance reviews, renewed my clinical privileges for another two years. Practicing anesthesiology combines communicating, thinking, and doing – discussing symptoms and plans with patients and surgeons, arriving at a good and safe anesthesia plan, sharing it with colleagues, and then administering it to the patient. Practicing anesthesiology combines activities that many recommend for preventing dementia. It also gives me joy, to help others while socializing in a professional group and continuing to learn. I share my experiences and lessons learned with younger colleagues, while they help me master ultrasound and digital technologies that they have grown up with.

Despite running, hearing, brushing, listening, and working, I remain concerned. Life's activities have seasons, and my days for clinical work and academic engagement will eventually pass. I live now between resisting dementia and recognizing that endlessly pursuing vigor is futile, between rage and vanity. I am channeling the protests of poet Dylan Thomas while accepting the wisdom of Ecclesiastes. Thomas wrote, "Do not go gentle into that good night, Old age should burn and rave at close of day; Rage, rage against the dying of the light" [3]. In Ecclesiastes, the Preacher

states, "What profit hath a man of all his labor...One generation passeth away, and another generation cometh....The thing that hath been, it is that which shall be....All is vanity" [4]. I first read these lines years ago but find new meaning and truth in them as I now live between them.

Other aging clinical colleagues seem trapped in similar health and life struggles, of prevention versus inevitableness and denying genetics. A hospitalist whose father also died from Alzheimer's dementia threw out her cookware when she read a study linking the non-stick chemicals coating them to dementia. Another colleague adopted a vegan diet after seeing statistics linking meat consumption to dementia. A third colleague whose father died of dementia retired early to travel and enjoy his unknown remaining years of good health and lucidity.

I am grateful to my professional colleagues for their advice and for tolerating three generations in our anesthesia workforce. I am grateful to have observed Dad's experiences, to resist a future he did not see coming, and to adjust my own. With effort and good fortune, I hope to continue living a meaningful life, help others, remain cognizant, not burden anyone, enjoy camaraderie, and practice proficiently. So, I continue working clinically, focusing on simple goals, listening to my body, running when I can, raging when I cannot, wishing for immortality, and recognizing reality. Aging is certain, but dementia maybe not, as I take a course different than my father. I do not know where it will end. Neither do family, friends, or physicians. We will find out together, and my family and colleagues may decide to take an even different course.

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