Medicine's eternal struggle

The pursuit of human health is, in many ways, a never-ending battle. Winning one fight, curing one disease, or successfully managing one condition simply buys time for the next concern to arise. It is sometimes commented that the conditions that consume most of our time, attention, and resources in health care are the direct result of prior successes in medicine. One hundred and fifteen years ago, infections were the leading cause of death. As we improved our ability to combat these maladies, heart disease became our primary reason for leaving this world behind, followed closely by malignant neoplasms. The additional years of life gained when large swaths of the population no longer fell victim to influenza, tuberculosis, or the latest stomach bug gave more time for our coronary arteries to narrow or for malignant cells to grow and multiply within our bodies.¹

This diatribe may sound defeatist, but within the cold reality that medicine will never truly conquer death lies a rather comforting truth: medicine has become quite effective at denying our ultimate mortality for a significant period of time. Each medical discovery may only delay the inevitable, but the time bought can amount to decades. Indeed, though medical advances can only take credit for a portion of this change, life expectancy since 1900 has increased by approximately 30 years in North America.²

The emergence and expansion of geriatric medicine in many ways represents the clearest demonstration of the triumph of modern health care. With many more individuals living so long

we now need a whole field of medicine, with dedicated practitioners, to manage the unique challenges of growing old and remaining as healthy as possible at an advanced age.

It is difficult to overemphasize the importance of geriatric medicine at this juncture in history. The wave of baby boomers has begun the transition to retirement and the start of their senior years.³ Our health care system is in the midst of tackling tough questions on cost and sustainability, exploring new models of care and compensation, all with care for the elderly as a central concern.⁴ The recent Supreme Court of Canada decision on physician-assisted death has brought forth a new national conversation on the role of dying in medicine and society at large, a conversation with particular relevance for the elderly.⁵

It is in this context that the UWOMJ presents our issue on geriatric medicine. Challenges abound in the field of geriatrics. As we meet these challenges and, with luck, prove equal to them, new issues will arise to take their place. Yet, just as the problems posed in geriatric medicine today are the result of the successes of the past, so too will the problems of the future demonstrate the accomplishments of the present. We hope this issue provides a taste of both the unique challenges within geriatric medicine, as well as the potential solutions moving forward, contributing to an ever-brighter path to old age.

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