

The changing view from Lookout Mountain

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My mind was racing. My son was about to be married on Lookout Mountain, a beautiful setting on the eastern edge of the Rocky Mountains just west of Denver. At such a contemplative moment, the panorama was an ideal location to reflect on the passages of life. The Great Plains extends east from Denver for miles and miles. I could easily imagine a Sioux Indian sitting on a pony in my very spot scanning the horizon for buffalo. William “Buffalo Bill” Cody, the famous scout, hunter, and organizer of the celebrated Wild West Show, was buried on this mountain nearly a century ago.

Contemplating the pioneers made me think about a dear, elderly patient of mine. Eleanor was born in 1909 on a homestead near where Buffalo Bill rode the Pony Express in Sedgwick County in northeast Colorado. Cody was still alive when Eleanor was born at home to a family of German and Italian heritage. Eleanor’s ancestors helped to build the first intercontinental railroad. Her parents had a small subsistence farm where she lived until she was married. She lived in humble circumstances and only attended school for 8 years. She was widowed at 65, outlived 3 of her 4 children, had multiple chronic conditions including myasthenia gravis, and endured a loss of independence and numerous relocations. She often regaled me with stories about Buffalo Bill, the most famous person from her area. Nicknamed for the buffalo meat he once sold to railroad workers, he participated in the Colorado gold rush, herded cattle, and was a Union scout in the Civil War.

At age 40, Eleanor and her husband moved to Denver to earn a better living. After her husband died and as she grew older and less able to care for herself, she moved in with her children. She was shuffled from home to home as daughters whom she consecutively lived with became ill and died. At age 74 she developed weakness, double vision, and difficulty talking and swallowing, and I became her treating neurologist. When her last surviving daughter developed Parkinson disease and dementia, she entered a nursing home. These difficult transitions led

to periods of depression that invariably worsened her myasthenia. With time, she adjusted to her situation, her weakness improved, and she was able to find a modicum of enjoyment despite her increasingly restricted social role and activities.

These days it is not particularly unusual for me to treat people with myasthenia well into their 80s or 90s. Unlike early in my career when the vast majority of such patients were younger and had few coexisting illnesses, our aging population and better therapies have resulted in many new and unexpected challenges in providing care for elderly patients. At the time Eleanor was born, only 5% of the population lived beyond the age of 65. Her life expectancy then was 48 years. Today there are 19 million people in the United States older than 75 and a woman’s life expectancy is 79.

In the more than 2 decades I treated Eleanor, she underwent several major surgeries, and suffered adverse drug effects, congestive heart failure, infection, and a host of maladies common in the aged: increasing confusion, frailty, and susceptibility to falls and fractures. The recommendations I offered and the time I spent with her during her checkups and hospitalizations increasingly focused on the quality of her life, her caregiver needs, her mood, and all potential complications that invariably develop in a frail very elderly woman receiving multiple medications.

Although Eleanor improved dramatically with immunosuppressive medications, it was not an easy decision to recommend that an elderly woman with diabetes, osteoporosis, and thyroid disease undergo thoracic surgery at age 75. Despite modern anesthesia and postoperative care, Eleanor had a stormy course complicated by pneumonia, increased weakness, and respiratory insufficiency that required mechanical ventilation. Fortunately, the thymoma was benign, her infection responded to antibiotics, and her myasthenia improved dramatically after plasmapheresis.

Over the next 2 decades, there would be other crises—some medical, others emotional. Immunosuppression made her more susceptible to recurring

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infections and she was hospitalized several times to treat pneumonia. Steroids made control of her diabetes challenging and damaged her hips so that she required bilateral prosthetic replacements. She once spent 4 weeks in an intensive care unit, and I feared that she would not survive. In large part due to her determination, but also because of more effective therapy, Eleanor recovered and went home.

Eleanor was very upbeat during that last visit. Neither of us anticipated that she would die peacefully in her sleep a few months shy of her 100th birthday. In our last few visits, I made no medical changes and encouraged Eleanor to reminisce about her life. Consider what Eleanor and her ancestors experienced living on Colorado's eastern plains, a one-time favorite hunting ground of Cheyenne, Sioux, Pawnee, and Arapahoe Indians: no running water or electricity; no cars, computers, or cell phones! With the discovery of gold in California and Colorado, pioneers traveled along trails that led across the plains. In the 1860s, first the Pony Express, then the Western Union telegraph, and finally the first transcontinental railroad all went across Sedgwick County. The American West changed dramatically—bison herds disappeared, barbed wire fences were built dividing the land for farmers and ranchers, and the Indian tribes were confined to reservations. People migrated to cities where greater opportunity lay.

The last time I saw Eleanor she was no longer walking. Her myasthenia was in remission with the help of immunosuppressive medications, but her legs were badly swollen, she couldn't hear well, and her memory was fading. I remember the twinkle in her eye as she reminded me: "You promised to take me dancing when I turn 100. I'm 99 and counting! Am I your oldest patient with myasthenia?"

The seemingly rapid changes in medical practice are not that inconsistent with the many advances we benefit from daily in our highly technological society. We knew a whole lot less about myasthenia gravis in 1909, but by the time Eleanor was diagnosed

with the condition 7 decades later, there was much to offer her medically. Anticholinesterase medications were first employed when Eleanor was 25 and the first successful thymectomy was performed when she was 30. More effective immunosuppressive therapy became available a decade before she developed typical symptoms of myasthenia.

What have I learned from the many changes that occurred during Eleanor's life? I have no doubt that there will be new pioneers in medicine who will blaze the trail for doctors including those who will treat my son's children and grandchildren. But like Buffalo Bill and the many other frontiersmen who opened up new vistas, discoveries can have unintended consequences. It takes time to integrate these changes judiciously and effectively. New technologies provide physicians useful tools but require prudent use. In the case of Eleanor, who lived a very long time and was quite debilitated, I eventually learned not to tamper too much—even the slightest alteration in her medications might upset an already precarious balance. After 20 years helping to manage her myasthenia, my final approach was to be her cheerleader and avoid causing her further harm—*primum non nocere*.

No matter what medical innovations occur in the next hundred years, patients always will need an understanding and caring physician to weigh the consequences of the newer therapies, particularly when given to elderly people with multiple medical conditions. The human body is a fallible machine that wears down over time, no matter how effective treatments are in forestalling illness. It is highly unlikely that life expectancy will continue to increase at the rate we have witnessed over the last century. As we approach the upper limit of life, doctors will need wisdom and experience to maintain the quality as well as the quantity of their patients' lives. But at this moment, my musings must cease. My son is getting married.

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