



For Whom the Bell Tolls

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FROM THE EDITOR



For Whom the Bell Tolls

by Lee E. Mortenson, D.P.A.

A number of findings are coming out of the recent ACCC national Barriers to Care survey. While the results contain some important news items, one of the secondary findings struck me the other day: The average age of the respondents is forty-seven.

For the most part, oncology is a Boomer specialty. Some hematologists involved in cancer treatment certainly have been around longer, but for the most part medical oncologists trained in the early 1970s are ready to cross the threshold to official elderhood right at the millennium, along with the majority of Boomers. Although the definition of elder varies by society, even in our culture the ripe old age of fifty means that one has accumulated some mileage and perhaps some wisdom.

For the past four decades, we have not heard much about elders, except that their age is not one that people want to be, look like, or aspire to. This familiar negative refrain is not surprising given that the majority of the product-purchasing cohort are Boomers. Yet, already more ads are featuring mature adults, not just kids from "Friends."

Many of our patients are elders. Oncologists and other members of the oncology team have already had the good fortune to observe the inherent wisdom that comes from just being around for a long time. Unfortunately, honoring our elders is not commonplace. Because we do not honor elder wisdom, we may be missing out on it, or as elders, be unprepared to share it.

What is elder wisdom? It is the kind of wisdom I receive when I talk to Dr. B. J. Kennedy and he recalls the changes that have taken place over the past three decades and the mistakes that have been repeated. It is his philosophical and humane discourse about what needs

to be done now. It is Dr. Dave K. King laughingly helping a medical director out of a corner he has painted himself into. In other words, it is a wisdom that has nothing to do with information and everything to do with meaning.

Of course, not all elders are wise and not all the wise are elders. From my work with elders, however, it is clear that they often have great wisdom they do not provide to younger men and women. Why? Because they have received so many media messages that being an elder is a sign of *less* mental power not *more*. Elders tend to discount their wisdom or run away to warmer climates where their contribution to our culture is lost. We can help unleash their power by merely recognizing their age and the abundance of wisdom they have to share. And, we need to recognize our own elder wisdom as it emerges.

There is a second role we must play, beyond opening the doorway. We must recognize the word of an elder as important wisdom. We must trust that elders know what they need, and that they may have life experience that might be instructive to the rest of the tribe.

Throughout our culture there is much discussion and rhetoric about our roles and obligations to each other. Today there appears to be greater genuine concern about who is included and who is left out...and the consequences of these "accidental" exclusions to the individual and our interdependent way of life. This discussion is healthy, as is the recognition that something important is missing. We know what happens when we stop touching, stop seeing, and stop listening to another human. Thus, as a large cadre of oncology professionals cross the divide to elderhood, we must recognize our personal wisdom, model it for others, and help others recognize their own. ■