## Prevention is Better than Cure

In Lebanon there are no more than ten doctors specialized in Geriatric medicine. Dr. Thuraya Arayssi is the only Geriatric specialist at the American University Medical Center (AUB - MC). She is also a specialist in Internal Medicine and Rheumatology. This interview took place in her office at AUB - MC.

Myriam Sfeir: Where did you complete your specialties and why did you choose Geriatrics?

Dr. Thuraya Arayssi: 1 did my Geriatrics specialty at the University of Rochester, Rochester, New York, and I pursued work in Rheumatology at the National Institutes of Health in Washington DC. The field of geriatrics is underserved and very few people know about it. At this point research in this area is still in its infantile stages. I think one can contribute a great deal to one's patients and to the community by conducting studies and research along these lines. As we grow older, the way diseases present themselves change, so we need to study that to be able to give better care to our patients. I believe that every physician needs to develop expertise in geriatrics, for whatever specialty one chooses one is bound to have older people among his/her patients.

MS: How does geriatric medicine differ from other specialties and what are its objectives?

TA: The most important thing to know is that unlike other specialties, geriatrics is not organ oriented. Let me explain that further. When you specialize in cardiology you are a specialist in diseases of the heart. Moreover, if you opt for gastroenterology you are a specialist in the diseases of the gastro intestinal system. In geriatrics there isn't a single organ system that you are involved in, it is more of a holistic approach to a human being and to a patient. Geriatric medicine does not only seek to cure diseases, but to prevent them by striving to educate (instruct) people on how to age successfully. The concept of successful aging is something very important nowadays. Geriatric medicine basically attempts to answer questions related to how we age, how our aging interfaces with the environment and with the community and what we, as physicians can do to promote the health of the aging population.

**MS:** What are the ailments mostly encountered by geriatric physicians?

TA: I believe that it is very important for us to start differentiating between diseases and natural aging. As we age many of the disorders that we suffer from, although they accompany the aging process, are in fact minimally due to old age and more related to environmental exposure and to how well we have managed to care of ourselves. For example we start losing muscle power because we didn't exercise well, we start having lung problems because we smoked.

Many people assume that the health problems they are suffering from are the result of aging. For example, some elderly take it for granted that forgetting things and losing one's memory is not a problem since it is part of the aging process. This is a misconception, for even though losing one's memory or dementia is one of the common problems the older adult may suffer from, not all dementias are irreversible. Therefore, we cannot always presume that if somebody is 70 years old and has started to forget things is part of normal aging.

Other conditions that we deal with are recurrent falling, urinary incontinence, depression and so on. As far as the latter condition goes, it is well known that prevalence of depression is much more common in older adults than in younger ones.

All these ailments are dealt with in collaboration with other medical specialties. For instance cases of dementia are treated in collaboration with the neurologist and the psychiatrist, urinary incontinence in collaboration with the gynecologist and the urologist, depression with the psychiatrist. So this again tells you that this is a holistic approach to the patient where we do not presume that we are specialists in one particular organ.

MS: Do people know about geriatric medicine? Are the patients you treat mostly men or women?

TA: Unfortunately, most people are unaware of the existence of this specialty. Yet, this is not surprising because this is

relatively a new specialty and only recently did it start to gain recognition even in developed countries where a large proportion of the population is over the age of 65. I think people are now starting to seek the help of physicians specialized in diseases of the elderly, who can assist them in directing the care of their elderly parents.

The majority of my patients are female rather than male by virtue of my specialty, since arthritis affects more women than men and since there's a predominance of women in the older population. If I had been a cardiologist I would have had more male than female patients. The majority of my elderly patients come for consultation along with their children and the majority, I believe, are dependent on them.

MS: Are your patients fearful of death and do you broach upon issues related to dying?

TA: My experience in Lebanon is limited since I've only been here for a year or so. Yet from my limited experience I can say that we Lebanese are very reluctant and uncomfortable talking about death and dying issues. It is a taboo subject that is not even discussed among children and their parents, and I think it is not healthy. Children in Lebanon end up doing what they feel, in their better judgment, to be best for their parents which may or may not turn out to be the wishes of their parents.

Unlike Lebanon, in the US it is very normal for patients to talk to their physician about measures to be taken in cases of terminal disease when they are physically or mentally unable to decide for themselves. In fact part of my training dealt with how to address death and the issue of dying with patients and their families. Patients usually fill in a health care proxy which will describe what their wishes are if such and such (x or y) were to happen to them.

When I first came back to Lebanon I tried to apply what I had been taught, but I noticed a lot of disapproval and resistance on the part of my patients and their families. I am sure a lot of people think about death yet they rarely talk about it. Very few of my patients discuss their fear of death and I personally, due to the prevalent values, don't feel very comfortable discussing this subject with the patient though I may do that with the family members.

MS: Are your patients health conscious and do they come for regular checkups?

TA: Not at all. Health awareness in this country is practically non existent. This has to do with our ignorance in health matters. We tend to be oblivious when it comes to health education about preventive medicine. I often try to explain to most of my patients who come to me with minor problems about the importance of preventive medicine. I advise them to have regular checkups for breast cancer, colon cancer, osteoporosis, but most of them look at me in astonishment and with questioning eyes: "Well I feel fine why should I worry about all these things." Even if I try to remind my patients

## HEALTH CARE PROXY

Γ,	hereby	appoint the
following person as my HEALTI health care decisions for me noted below. This Proxy shall unable to make my own health	except for any rest take effect when a	rictions I have
HEALTH CARE AGENT NAME		PHONE
ADDRESS		
ALTERNATE HEALTH CARE AC	JENT NAME	PHONE
ADDRESS		
Optional instructions or limits authority, if any:	ations on the Health	h Care Agent's
Unless I revoke it, this Proxy (Or until the date or condition		

Source: Sample health care proxy taken from Quill, Timothy E. Death and Dignity: Making Choices and Taking Charge

about their flu vaccines they are surprised: "I am well, why are you calling me?"

People will sooner or later realize the importance of preventive medicine given the fact that treating an already existing disease is much more difficult than taking measures to prevent it.

MS: Did your parents object to your becoming a physician given that you are a woman?

TA: Not at all, my parents were very supportive. My parents have helped me, ever since I was a child, to make decisions on my own, and they always supported me in everything I chose to do. They actually taught me to be a free person and made me feel that I have the potential to do anything I want. They helped me a lot in this sense, and they allowed me to grow into a mature person who can take the right decisions and is willing to bear the responsibilities and consequences of those decisions. So the manner I was brought up helped to shape my personality.