

Where Seniors Help Make Better Doctors

By Jan Collins

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PARADE

“We want doctors to discuss our ailments as though we are intelligent people,” says Faye Trueblood, a feisty 99-year-old who belongs to a book club and attends exercise classes at her upscale retirement home.

Trueblood is one of the 143 volunteers, 65 or older, who now are helping students at the University of South Carolina School of Medicine in Columbia become better doctors.

She is part of an innovative program launched in 2000 that pairs senior mentors with medical students for their entire four years of medical school. It gives these budding doctors hands-on experience with older patients—experience that will become increasingly critical: Seniors will constitute 20 percent of the U.S. population by 2030.

“Students must understand the issues that older people face,” says Dr. Paul Eleazer, director of the school’s division of geriatrics. “They need to see it from the older person’s perspective.”

Battling Stereotypes

Seniors often have to fight the stereotypes of aging. “We’re not all ready for Viagra yet,” Fred Meding, 73, says with a laugh. Meding and his wife, Lorraine, 71, who will celebrate their 50th wedding anniversary this year, are also mentors in the South Carolina program.

“This program provides what we don’t usually give in medical school,” says Dr. Ellen Roberts, its director. “That’s the entire picture of aging—biological, psychological, social and spiritual.”

The South Carolina students carry out a series of assignments each year during home visits with their mentors. The future doctors take medical histories, discuss lifestyle changes, do blood-pressure checks, evaluate nutrition habits and check for possible prescription drug interactions. They also receive some candid advice from their patients.

“Don’t call us by our first names unless you have permission,” Mary “Teene” DuVal, 88, advises the medical students she mentors. A retired educator, DuVal also cautions them not to underestimate the capabilities of older people.

Faye Trueblood stresses the importance of sharing information. “Just because I’m an older lady, don’t I have any business knowing what’s going on?” she asks.

Over the four-year process, the seniors and students often become good friends, with the elderly patients sometimes becoming surrogate grandparents to the young physicians-in-training.

Learning From Each Other

“Many of us had the idea that treating the elderly would be unfulfilling,” says Liz Lambert, a 39-year-old medical student and mother of two. That was wrong, Lambert learned. “Older patients are very open to good communication. Doctors can learn a lot—if they listen.”

Greg Givens, 27, and Austin Blevins, 31, say they have learned to respect their mentors’ value systems as well as their need for a stable social structure. Ken Fox, 33, believes he is now better attuned to the medical

conditions unique to elderly patients. “With the large number of Baby Boomers out there,” he says, “it’s important for us to understand.”

The senior volunteers have learned a great deal too. Fred and Lorraine Meding are both eating healthier, they say, with more fruits and vegetables in their diets. Faye Trueblood now understands that “a good, optimistic attitude has a lot to do with your good health.” And Mary DuVal has learned that she needs to get more exercise. “If you don’t use it, you lose it,” she declares.

In fact, Ms. DuVal has learned so much that she doesn’t plan to withdraw from the program next year, after “her” medical student graduates. “I’m going to volunteer again,” she says.

This spring, when the first students to participate in the program are awarded their medical degrees, their senior mentors will be honored guests at the ceremony. “It’s a good feeling,” says Lorraine Meding, “to be able to participate in the medical world of the future.”

Seniors: Help The Doctor Help You

Here are some tips for an office visit:

- Bring your prescription bottles with you, particularly on your first visit to a doctor. “I also ask my patients to tell me what they’ve bought at the health-food store, what home remedies they’re taking,” says Dr. Donna D. Ray, a geriatrician.
- Tell your physician what dosages you take, when you take them and whether you can really afford them. “If you can’t afford the medicine, the doctor might be able to give you samples or make other arrangements,” says Sandra Crow, a clinical nurse specialist in gerontology.
- Don’t ignore chronic problems. Are you stiff every morning because of arthritis? “We may not be able to cure the disease, but we can make life better,” says Dr. Ray. “With arthritis pain in the morning, we might switch the patients to a longer-acting dose or suggest stretching exercises.”