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Standing on the Shoulders of Mark H. Beers: More Than a Giant in Geriatric Medicine

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I met Dr. Mark H. Beers at a 2000 conference at the University of Baltimore—he was the keynote speaker, and I was a scholar in training. His speech was eloquent, and the message was simple: ensuring proper medication use in older patients must be a health care priority. At the end of the conference, I approached the man whose work had inspired my first research endeavor and nervously told him that I was using the “Beers criteria”^{1,2} in my dissertation to examine potentially inappropriate medication use among elderly nursing home residents. After imparting some words of advice, he added, “Thank you very much for considering my work. I hope you find something interesting in your studies,” and wished me luck. Here was the man renowned for his groundbreaking contribution to geriatric medicine, whose seminal work had influenced the Centers for Medicare & Medicaid Services to adopt a modified version of his criteria as a national quality indicator of medication use in nursing homes, who had provided editorial leadership on several authoritative medical reference books, including *The Merck Manual of Geriatrics*³ and its lay version, *The Merck Manual of Health & Aging*.⁴ Yet here he was, graciously thanking me for basing my dissertation work on his criteria. As I walked away from our first and only meeting, I knew that the honor was all mine.

Although we never met again, my career has been profoundly affected by Mark's work. After that meeting, I kept abreast of his ongoing research and noted the burgeoning of empiric studies from all over the world that applied variations of the Beers criteria, now in their third update.⁵ Having myself published 4 papers inspired by the Beers criteria^{6–9} and currently working on a fifth, I have come to appreciate the significance of his work in informing health care research and transforming clinical practice. Without his pioneering work, I do not believe my research interests would have focused on the safety of prescription medication use in older adults.

On March 10, 2009, *The New York Times* reported that Mark Beers had died on February 28 in Miami Beach, Florida, due to complications of diabetes.¹⁰ He was 54 years old. The obituary that appeared in *The Miami Herald* carried the poignant statement that Mark “spent his career easing the health burdens of old people... His own lifelong health burden—diabetes—led to his death...years before he would have attained ‘senior’ status.”¹¹ After the initial emotional reaction, I felt a strong desire to better understand who Mark was as a person so that I could more fully appreciate his contribution as a scientist. I decided to telephone and interview 2 important people in his life—his life partner and husband, Dr. Stephen K. Urice, an associate professor of law at the University of Miami, and one of his closest mentors, Dr. Richard Besdine, Director of the Division of Geriatrics at the Warren Alpert Medical School of Brown University.

According to Stephen, Mark's first and greatest passion was opera. “Even when he had no money in college,” Stephen recalled, “Mark would take a bus with a friend to New York and get standing-room tickets for the Saturday matinee and evening performances, then catch a late night bus back up to Boston.” Mark respected the vocal and dramatic intensity of opera. Even

while working at Merck & Co., Inc., and teaching at the University of Pennsylvania and Drexel University, Mark found time to write opera reviews for *Philadelphia Weekly*.

Mark also loved dance. “He danced throughout college,” recounted Stephen. “Between college and medical school, he was doing research at the Mass General Hospital during the day but at night, he was taking classical ballet classes.” Mark continued to take ballet classes, even after he became a doctor and after he lost his left leg below the knee in 1996. “He stopped dancing only when he lost his other leg, two years later,” said Stephen. Besides ballet, Mark was an avid outdoorsman who loved hiking, rowing, skiing, and hand-cycling. It was a testament to Mark’s innate optimism, emotional peace, and tenacity that he did not let diabetes, the disease he had managed since he was 9 years old, rob him of his passion to live life to its fullest.

Perhaps it was this tenacity that motivated Mark to examine pharmacoepidemiology among older adults as a social-justice issue and to act as a tireless advocate for responsible prescribing of medications in this highly vulnerable and often neglected population. Richard recalled Mark’s deep concern for the welfare of older adults: “Since his medical training at the University of Vermont, he was troubled and angered seeing the reckless abandon with which physicians often prescribed powerful psychoactive medications to older patients, such as sedatives and antipsychotics, often without evidence of benefit.” Mark urged clinicians to “think three times before using any medications with primary or secondary psychoactive effects and other medications with potential adverse effects in older patients.”

Toward that goal, Mark and his colleagues developed their list of medications that should rarely, if ever, be used in older patients. As Richard noted, “Mark never used the term ‘Beers criteria’ to refer to the list unless it was conversationally convenient. Calling the list ‘criteria’ would imply that clinicians should mindlessly follow the list.” Nonetheless, when the list was published, it encountered challenges from researchers and resistance from clinicians. Mark was not discouraged by the naysayers and persisted in his efforts. Furthermore, he advocated educating and involving multidisciplinary teams of providers—geriatric social workers, nurses, pharmacists, and physicians—a relatively innovative approach at the time, to create change and improve prescribing practices for older patients. Over time, his persistence paid off. As Stephen recalled, “He recently told me that he saw an announcement that a drug was blacklisted for use in the elderly. This drug was in the first version of the criteria, and Mark remembered going to a national meeting soon after he published the first version of the list and being attacked for including that medication.”

Undoubtedly, the sustaining joy in Mark’s life was his relationship with Stephen. “We didn’t have anything when we first met in school. So we built our lives together and supported each other’s careers throughout,” said Stephen. In 2008, they married in a small private ceremony in Montreal. Stephen explained that they sought the Canadian marriage not for recognition, but for equal protection under the law: “We did not want to make getting married a big deal. We had been together for 33 years and were happy. But we wanted legal protection for our relationship, especially when Mark’s health declined. We had had a civil union in Vermont and then got married in Montreal. Our commitment to each other was no less before and no more after our marriage.” The desire for equality also motivated Mark to help change Merck’s policy to extend health benefits to same-sex domestic partners in 2003.

In closing, I would like to share Stephen’s metaphor for Mark’s life: “Think of a duck floating on the water going across a pond. It looks like the duck is just effortlessly floating and swiftly moving along. What you don’t see is that underneath the water, the duck is diligently paddling to its destination. Mark was very much like that—very stable and elegant on the surface but underneath he was a hard-working, complex individual with lots of different interests that kept him going.”

In addition to Stephen, Mark is survived by his mother, Linda Beers, a retired nurse, and his sister Jacqueline and her family. Several years ago, Mark and Stephen established a scholarship fund at the University of Vermont College of Medicine, the only medical school that had accepted Mark despite his diabetes. The fund supports students whose interest in medicine derives in part from having or having overcome a serious medical condition. Memorial donations to the scholarship fund can be sent to the Beers Scholarship Fund, University of Vermont College of Medicine, 89 Beaumont Avenue, Burlington, VT 05405.

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