Reflection

Frailty and old age

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A major problem confronting American society is our aging population with its attendant issues of frailty and physical and mental decline. Our secular zeitgeist downplays most references to our ultimate, final, and unavoidable mortality. Yet many of us, as we approach our final end, begin to slow down, lose strength, have diminished mental acuity, and experience frailty. “Life is nasty, brutish, and short” (Hobbes, Part III). This is the famous quotation of Thomas Hobbes, the seventeenth-century, English philosopher. Being, by nature, optimistic, we tend to ignore Hobbes’s observation on the nature of life, and this is easy to do when we are relatively young. Eventually we will become ill or frail and will observe others as they become sick and approach death.

Frailty and old age will confront us all, unless we die at a young age without becoming ill. This brief essay is an inquiry into human life and the troubling aspects of old age including frailty and finally death. Death, although inevitable, need not be a time of despair, but if we appreciate the God-given purpose of our life, a time of hope.

Humans are possessed of many organ systems all of which usually function harmoniously. When any one malfunctions the others can often take up the slack until

the diseased one recovers. As we age other systems malfunction before the previously impaired ones can heal. The gradual cumulative breakdown leads to frailty. Frailty is the name commonly given to the condition of becoming weak and delicate. Frailty afflicts elderly patients in decline as they advance in age. The elderly can broadly be defined as individuals sixty-five years or older (Miller 2003, 3–15). The outset of frailty may occur earlier or be delayed until later, say to seventy years, or even hundred, depending on the medical condition of the individual. Oftentimes, frailty may be the result of one or more other systemic or acquired conditions such as diabetes, cardiac failure, or injuries such as war-related disabilities.

Frailty will confront almost everyone. Despite media and literature reports, some even from medical sources, announcing approaching scientific breakthroughs that will prevent or reverse aging and suggesting a limitless future, aging is inevitable. Replacement therapies (islet cell transplants, titanium joint replacement, and even heart transplants) are examples of breakthroughs. Cardiac extenders, pacemakers, and ventricular assist devices are even more contemporary examples, but they all also have half-lives and eventually will no longer function and cannot prevent other biologic

systems (brain, lungs, kidneys, and eyes) from simultaneously wearing out.

Humans will be born, develop, mature, and age. These processes will not be of the same temporal length for everyone. But again, for most, they will encompass a developing frailty, which will include, “a decline in functioning, institutionalization, and mortality” (Fried and Watson 2003, 1487).

Frailty in old age includes symptoms of weight loss, weakness, fatigue, and loss of muscle mass (sarcopenia). Often there are decreases in food intake, gait abnormalities, and osteopenia. Causes of death in the United States include (in descending order) heart disease, cancer, cardiovascular accidents (strokes), pulmonary disease, influenza, diabetes, and Alzheimer’s disease (Minimus and Smith 2001). In addition, individuals sixty-five years and older often have debilitating morbidity including arthritis, hypertension, heart disease, hearing loss, and diabetes (Adams et al. 1999).

The following case report is but one example of this process.

CASE REPORT

A seventy-nine-year-old, male classmate of mine represents a not-atypical example of frailty and inevitable death. Past history included an extensive bladder cancer which was treated with surgery and chemotherapy two years before this admission and was apparently cured. Two weeks before the present episode, the patient developed intractable vomiting. Work up and laparotomy revealed extensive abdominal involvement with recurrence of bladder cancer including the great vessels. Chemotherapy was contemplated, but in the interim the patient aspirated, for which a tracheostomy was performed, but because his condition continued to deteriorate

further aggressive therapy was deemed futile. A Do Not Resuscitate order was implemented, and the patient subsequently died with his family present after he had received the anointing of the sick.

As illustrated by this case, life is transient, and there are several factors we will be forced to confront, gradually, unexpectedly, or even suddenly. We read in the newspaper about sudden and tragic deaths. Our relatives or friends die, and then we become reflective, albeit temporarily, that our own existence could, perhaps unexpectedly, end. What are the fruit of these musings? How do we view our inevitable end?

The first response to our awareness of the symptoms of frailty and the possibility of death is often denial masked by concern for our numerous immediate cares and worries. We usually cope with the anxieties precipitated by frailty and attempt to handle our concerns reasonably well, perhaps even with the use of medication, but eventually age will catch up with us. What then? Most, hopefully, will have family support, or sufficient retirement funds. Ideally the immediate family should be responsible for our elderly, not the government. However, traditional family bonds have been weakened because of societal and government attempts to redefine and even supplant the family.

But what if our ultimate fear is realized? What if we lose mental control through stroke, Alzheimer’s, or dementia; and we lose the support of any surviving family? We have all seen the day room of chronic nursing faculties with row after row of restrained senile residents. This is certainly a troubling sight.

Confronting frailty and our inevitable death is not an easy matter. Many simply ignore the question. If there is a purpose in life—and most believe there is—there must be an afterlife. This seems to be the consensus of most prehistoric humans as

well as most religions: polytheistic (Hindu, Native American) as well as monotheistic (Jewish, Muslim, and Christian) faiths. For them frailty is not an end but only part of a journey.

The Church acknowledges this, and one of its sacraments, the “anointing of the sick,” can be administered to those who are elderly even if there is no imminent threat to their life. Sickness and death are aspects of God’s plans for us and should be accepted. The *Catechism of the Catholic Church* appropriately declares that frailty and illness have their “foundation in the economy of salvation,” as reflected in Christ’s suffering and death (Catechism of the Catholic Church 1994, n. 1509).

A fundamental aspect of our approach to death, but even more broadly, to our outlook on our entire lives has to be our understanding that there is purpose in life. We may interpret our purpose as related to our God, our family, our profession, or even our avocation. This purpose is shaped by our given culture and our spiritual heritage. Hopefully for most our ultimate purpose is directed toward the good of ourselves, our families, and those with whom we come into contact. This is no small matter in those who experience frailty and approach death. A strong sense of purpose can help to stave off despair and make the person a blessing to others even in the dying process. It is not uncommon for families to surround their frail or terminally ill members with love and compassion. The result is a bond of love that will remain even after the loved one has passed, and a growth in the self-giving love and charity of those who have helped provide the care.

We will have led a good life if we have adhered to the golden rule, broadly speaking, to “do unto others as you would have them do unto you.” Realizing this, death, which is inevitable, will be less dreaded and anxiety provoking. Terms such as penance and forgiveness, not often discussed in our culture, reflect a state of grace of the individual soul, which is the ultimate consolation. For the Christian, there is life after death and an eternity in heaven for the blessed. This provides a strong motivation to continue to grow spiritually even as we become frail and approach death.

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