



Canadian Geriatrics Society

LOOKING THROUGH THE LENS: REFLECTIONS ON MEDICINE, ETHICS, AND SOCIETY BY DR. MICHAEL GORDON

Book Review

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This book is a must read for any Canadian geriatrician and for anyone interested in the development of health care for the elderly in Canada, as well as unique features of that care. It has vivid anecdotes of the author's early life and travels and is an anthology of historical reminiscences, clinical experiences, and reflections on medical ethical issues, particularly those affecting the health care of older adults with which the author is so familiar. Dr. Gordon is a well-known Canadian physician recognised globally for his expertise and eloquence and who, in addition to his medical skills, can write in an easy style understandable by all. Patients and families will also learn by reading the book.

He describes a journey that takes him from Michigan to a two-bedroomed apartment in Brooklyn, where he spent much of his childhood. The description is accompanied by his photographs, reflecting his early interest in using a camera. Like many geriatricians, he had a wise grandmother who shared her stories of her life in a Lithuanian village and of her early life in the United States.

His father took him and his sister to the local public library every Saturday morning. For years he was determined to study engineering, although he was also interested in English literature and writing. His parents were forward-thinkers for the mid-twentieth century and encouraged their son, who had completed high school in record time, to spend six months in Europe. On his European travels, he met some Danish medical students who inspired him to study medicine rather than engineering. This decision was confirmed by reading A.J. Cronin's *The Citadel* (Cronin was a Glasgow medical graduate who worked in the Welsh mining districts before the days of the British National Health Service and who described his experiences in that book).

Michael's parents encouraged him to study medicine in Europe. He chose to study in Dundee, Scotland, at St. Andrews University, where he had a traditional Scottish medical school upbringing which included lots of study, lectures, excellent teachers, and fish and chips fresh from the North Sea. He completed his internships in Aberdeen, describing well the misogynous and hierarchical learning provided to young doctors in that epoch in Scotland.

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After completing his medical studies in Scotland, he went for further studies in Israel, travelling overland in a small car through Europe to Tel Aviv Israel, where he studied obstetrics and gynecology, but where he also had a stint in the Israeli Air Force and in a hospital on the Arab Israeli border at a time of political unrest. He writes very movingly of his feelings working in that troubled area of the world. While he was in Israel, he had his first experience of Geriatric Medicine.

"It was during this two-year residency that I became involved for the first time since medical school with geriatrics, as Shaare Zedek (in Jerusalem) had one of the first dedicated geriatric units in Israel. It was a remarkable experience and I witnessed outcomes that I had not seen in our general medical wards, and the idea of a truly multidisciplinary approach was taking shape. I also found much humour and good feeling among the staff and patients on the unit as we endeavored to improve the function and quality of life of older patients who had in many ways been dismissed as 'not likely to improve'."

He eventually came back to the U.S. but decided he was not going to be conscripted into a war in which he did not believe in. He came to Canada, first Montreal and then Toronto, where he began to develop his interest in the specialised care of the elderly, meeting Dr A. Rapoport.

"I went to him (Dr. Abe Rapoport-TWH- Toronto) and after explaining what I wanted to do and how much I loved general internal medicine he asked me, 'Have you thought of geriatrics?' to which I responded, 'I did not know it was a recognized specialty in Canada.' He replied, 'No, it isn't, but there is a great institution called Baycrest'and the rest is history."

In 1981 he went on to become the first physician in Canada to obtain the specialist certification in Geriatric Medicine from the Royal College of Physicians and Surgeons and subsequently spent most of his professional life at the illustrious Baycrest Centre in Toronto.

The second and third parts of the book contain descriptions of interactions with patients, families, his work at Baycrest, and descriptions of his experiences and opinions after many years of practice. He then went back to university to obtain a degree in medical ethics, later focussing on this role as an ethicist in Toronto, both in teaching and practice. He writes about many of the issues that arose in that work. He discusses, as an example, the subject of evidence-based medicine and its relevance to the practice of Geriatric Medicine. The book also has many examples of issues which confront older adults, their families, and those caring for them in today's healthcare field.

His book is full of descriptions of his many interests, opinions, and travels, all of which make good, entertaining reading, and give insight and support to those of us who care for older patients in our everyday practice.

In summary, this is an interesting book, and I would encourage anyone with an interest in the health care of older adults to read it. Dr. Gordon supplies unique insights into what it was like to be a medical student and physician in the latter part of the 20th century and into the 21st century and all the myriad of changes that experience encompassed. He also describes his developing interest in Geriatric Medicine at a time when this speciality was in its infancy. His book provides anecdotes of travel and events that form a unique experience of medicine. It is well worth reading.