Medicine of the Person
64th International Meeting
25th- 28th July 2012
F – SANCEY-LE-LONG

Conference 4

Thierry COLLAUD (CH)
28/07/2012
Translation: Kathy WEBB-PEPLOE

Technology and the older person:

where do we stop ?

Introduction

The program introduces me as general practitioner and professor of moral theology. Since these are two states of life difficult to reconcile with the other, it must be said that, I *used to be* a general practitioner and that currently, thanks to what can be described as a happy chance or a nudge of fate, I am, since February 1st, professor of moral theology.

Sucked in by my new job, and given that I only had 10 years to go in my new career, as was kindly pointed out to me by our local newspaper reporter, I distanced myself from my medical practice with a rapidity which surprised even myself. I only saw my last patient on 1st February of this year but would be hard put to say who it was. Certainly an elderly person since for the last two years I was only working very part time in a retirement home.

Thinking about it, I have few memories of patients as objects of care, in other words as recipients of technological procedures. I remember few grand gestures, treatments that have worked well, etc. What remains however are a multitude of perspectives on lives that were progressing, settling more or less easily into the evening of their lives, and their end.

I also remember that among the most beautiful lives, among these beautiful intense moments of humanity, there were a good number, though not that many, which would have not taken place if, sometime previously, surgeons had not operated, radiotherapists had not irradiated, cardiologists had not dilated narrowed coronary arteries, etc.

Several times in my work with the very elderly, I spontaneously had the temptation to favour the relationship over the technology. "Dialysis, a coronary angioplasty, a prosthetic knee, surely you are not thinking of doing that at his age!" In retrospect I think that this either/or separation is false and dangerous. Fortunately I was saved by working in an interdisciplinary team. There are situations where technology comes to serve the relationship, allowing the person to live his life better and in a more beautiful way.

> The prosthetic knee in this sense is extremely interesting. Considered a few years ago as a high-tech intervention for a few special cases, it has become democratized. It is certainly very technical,

but we don't hesitate to propose it to patients who are 80 years and more. When all goes well, which is most often the case, the patient is transformed: less pain, preservation of the ability to walk, continuing independence, etc.

But other times technical intervention crushes the remnants of humanity in a person's existence and makes the patient pass from the status of a living subject to an object of care kept alive by the technical intervention.

We need to be careful therefore, when we judge technology purely on its own merits, we need to start with this ambiguity of technology as a tool that we can use for good or for evil.

Even a gun, which appears to be marked with the seal of a strong moral negativity, can be used to shoot a neighbour because they made a noise in the middle of the night, but also to shoot out a lock and get into a flat which is burning and where children are trapped.

What we constantly need to consider, are not the tools that we have available, as evil as they could be, but two things:

- On the one hand the use that we make of them, and especially our underlying intentions.
- On the other hand our ability to distance ourselves from them. That is to say to consider them still as means and never purely as an end.

1. Technology and the use we make of it

To illustrate this, a small anecdote that those from Neuchâtel may already have read and will have to forgive me for telling again:

This spring, I had just read a survey revealing that many people had become "nomophobes", in other words they had a phobia of being "no-mobile", of being separated from their mobile phone. According to this survey, 25% of the population could not spend more than 24 hours without these small boxes which speak and which do so many other things (except making coffee!). A few days later, at Fribourg station, I met a charming lady, no longer in the first flush of youth, one of my acquaintances. Once we were on the train, she told me, with great elegance: "I imagine that you have work to do, and as it is really annoying to feel you have to make conversation, I'm going to keep quiet. I have plenty to keep me occupied." Rummaging through her bag, she got out, not a pair of headphones, but an illustrated magazine that she began to leaf through. On the seat next to us sat a father and his young daughter. Little by little, my friend who was old enough to be the grandmother of the child started gently to get to know her and to establish a relationship with her. At the end of the journey, taking a sheet of paper from an advertising brochure enclosed with her magazine she made a fan which she offered to the little girl. What a wonderful lesson from this lady not hooked up to a machine, in whom age was the source of wisdom and kindness.

It is very tempting, starting with this story and the statistics which get quoted to urge everyone to unplug and throw in the bin these instruments of unhappiness which spoil our lives and stop us from seeing the smiles of small children. If we do this we would be opposing real life against life with technology in that binary manner I discussed earlier. But smartphones aren't the issue; they are neutral objects in the world. They are in themselves neither good nor bad, but they can be used more or less wisely. The problem lies with us and not with them. The question is whether they are tools like so many others or have they become extensions of ourselves? Do we use them as you would a knife and a fork,

which few people spend more than 24 hours without, or, and this is the crucial point, have we made them so much part of ourselves that we don't feel well, that we feel anguished, that we feel something is missing if they are not there ?

St. Augustine, a wise old man who didn't have a mobile phone, said that we must *make use of* things and not *derive pleasure from them*. *Enjoyment* of a smartphone or any other technology is an end in itself, in other words a component of my well-being, or my sadness if I am deprived of it. *To make use of it* is to treat it as one tool among others. A wise man from even longer ago, Ecclesiastes said that there is a time for everything, a time to send text messages, but also a time to stop sending texts and to play with little children. We have become used to being "on-line", and it is not necessarily such a bad thing if we know how to spend some time "off-line".

The problem is not knowing whether I can do without my mobile phone for 24 hours, it is knowing how much time I devote to it during the day and if I have a relationship with it of use or enjoyment. The question which should have been asked in the aforementioned survey is not: "Are you able to be without your phone for 24 hours?", but this: "Are you are able to leave your smartphone in your bag and not think about it anymore when you encounter the gaze of a child?"

Thus we can see the meanings which may be given to the question of the use of available technology. To what extent are we able or not to keep this technology in its proper place which is merely to be used. Are we actually giving it its proper place, i.e. that of a tool helping us to fulfill our role as human beings in the world.

To pick up again the words of St Augustine this role is to move towards the ultimate goal which is the enjoyment of God and of each other in God. This means that our happiness, in the way meant by Aristotle, i.e. fulfillment through actions, results in the openness to and in the contemplation of an infinite transcendence inseparable from similar relationships with others. Using technology well can but help us to do this.

The danger of technical positivism

If there is a problem to resolve in a difficult existential situation, it must always answer the question: how to help us live a full life? What I call the danger of technical positivism, is when someone thinks they have understood what is preventing the living of a fulfilled life and that they think they have the means to put it right.

Is pain the problem of suffering ?

Take as an example the case of suffering. It is frequently associated with pain, to the point that the two things become confused the one with the other. But this confusion is reductionist. It reduces the state of *feeling bad (être mal)* i.e. an existential state to the state of being in pain (*avoir mal)*, i.e. a pathophysiological condition. This confusion takes on all its negative meaning when we think we understand the mechanisms of pain. It is localized, there is a particular place that hurts, there is an unpleasant emotional feeling coming from somewhere in the body. We visualize then this pain travelling back from the periphery to the centre. We visualize to ourselves these ascending pathways, these relays, these neurotransmitters, which carry the pain. The pain is turned into a thing, like a stream entering the brain and which invades it, like a liquid, which backs up a pipeline and overflows into a bowl.

These representations, which are only at the level of a model, give us the impression of something solid on which we should be able to act, that we should and that we will eventually control. And that is where the danger is focused, because we tend to confuse the model with reality. Any model always has a tendency to slide towards reality, that is to say it tends to claim be describing things as they really are. Concerning pain, we move from a model that allows us to understand certain aspects of the sensation of pain and to intervene on them to the idea that we understand completely the sensation of pain. But already, at the level of pain, which appears simple, something eludes us. The reality is much more complex than imagined by Descartes. It is not only at the level of an objective sensation of a peripheral stimulus. The arrival of a painful stimulus sets in motion emotional and cognitive reactions. The international association for the study of pain defines it as "an unpleasant *sensory and emotional experience*, associated with real or probable tissue damage, or described by reference to such damage." When one becomes aware of this, one could well imagine that when the nociceptive stimulus is removed, when the pain has gone, it is possible that something of that psychological trauma which the pain provoked or in which it participated will remain. Whence the trap of technical positivism which thinks that when the pain has gone the problem is solved.

So, what happens then when the pain has disappeared? I don't hurt any more, but I know that something used to hurt. I wonder why, I wonder if it is going to come back, what the pain meant, I get anxious, I resist it, etc. The cognitive and the emotional continue to be affected by pain, even if it supposedly has disappeared. Therefore, if one removes the pain... something remains which is not pain, but it is still painful. If one adopts a purely technical approach, one doesn't see this, this remnant.

Is the problem of a torn painting the tear ?

Take another example: in a torn painting, where is the problem? It could be said that it is in the tear itself, but is it not rather in our inability to consider again the painting in its entirety, obsessed as we are by the tear. The purpose of a restorer to remove or hide the tear well, but that is really a secondary goal. Its primary goal is to allow us to look again at the canvas in its entirety. It allows the artwork to continue to live.

The caregiver does the same. He mitigates the tearing, he restores some continuity, he stabilizes what is too dazed or heckled. By his simple or highly technical intervention, he ensures that the tear is no longer taking pride of place. It is still there, but it diminishes, becomes less visible. You can again see the entire exhibit and not have your eye drawn to the fault. You can see the whole of life and its possibilities, without being obsessed by age, disability, disease, suffering etc.

A good restorer must have great humility. His art is to be ultimately invisible to allow the work to find its full presence. The caregiver will also restore to another the ability to express themselves as a living

being. If the technical intervention is not subservient to this goal, it becomes a problem because it becomes an end in itself.

To summarize: the use of technology in all ages of life, but perhaps especially in advanced age, is not to repair a functional deficit, but to allow the person to make the most of their life, to live out his years as said the Prophet Isaiah (Isaiah 65,20). As in the restoration of works of art, it is purpose is not to enable us to see a hole that has been beautifully repaired, but to divert our gaze from the hole to see the whole picture anew.

2. How to decide?

Inevitably technology raises the question: "I can do it... should I do it?" How then decide to use or not all the available technology?

Take the example of Mr. Jules, 83, at the end of his life having developed cancer. All of a sudden he develops severe pain at the level of the right hip probably due to metastasis. The oncologist suggests the possibility of very focused, brief irradiation with the purpose of palliation. The team looking after him is outraged by the idea that one could even suggest transporting the patient to the nearby town for what seems to them to be needlessly prolonged therapy. I had to take a lot of time to explain that the oncologist was only explaining what was possible, but that what would ultimately happen would depend on a complex decision-making process involving the patient, his family and the health care team.

(a) Hippocrates, an elderly gentleman who still has some interesting things to say

Teaching medical ethics to first year students, I begin my course with the Hippocratic Oath, not as a museum piece, but a wise writing which still has quite a few things to teach us nowadays.

Two things stand out: the first is the concept of the benefit to the patient as a criterion for applying medical technology: "I will treat patients for their benefit," said the oath. One can consider “benefit” in the sense that I described it above as the capacity to live one’s life in all its richness of one’s humanity. The text said that the use of knowledge (the treatment plan) is subordinated to "benefit" for the patient. Hippocrates did not say "I will use the best treatment", but "I will use the treatment in order to...”

The second element which seems to me important is the insistence of Hippocrates on the capacity that the doctor should have to limit him/herself: for example, he will leave certain interventions to others (the removal of bladder stones) and he restrains himself from using his technical skills when they are anti-life.

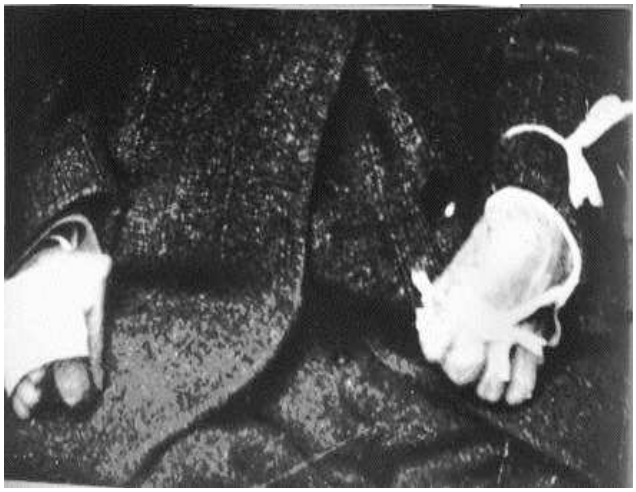
We have here the heart of this venerable text: seek to benefit the sick person we are treating while still retaining the ability to limit ourselves, i.e. to employ our technical capabilities with discernment. The oath also says elsewhere: "according to my power ***and*** my judgment". The power (discerning what is possible or impossible) is important, but it should not without judgment, that is without the ability to *decide* what is appropriate or inappropriate, fair or unfair, etc.. Then when I am told that the Hippocratic Oath is outdated, I answer that if a doctor has understood these elements, he already has some of the tools which are not completely useless to be a good care-giver.

(b) *Up to date* criteria for making a decision

In general, those who are skeptical about the usefulness of the Hippocratic Oath offer decision-making criteria that they believe are more adapted to our modern times. In particular they regularly use two decision-making criteria which in my opinion are much more problematic than the notion of benefit or usefulness to the patient as I defined it. These are age and quality of life.

Is age a relevant criterion for the use of technical interventions in medicine?

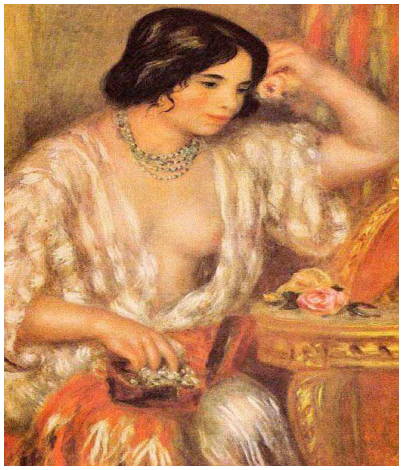
You see on the screen a picture of an old man, probably very old, judging by his features. If you look closely, you see that this gentleman has his hands all distorted by a nasty arthritis, and on the other hand, for the same reason, he can no longer get around on his own. If we had available sophisticated joint repair surgery, should we use it in this person?



Is it not tempting to say that, at his age it would be very unreasonable, that his life is probably all behind him anyway and that he must make the most of the opportunity to sunbathe in the garden of his care-home without expecting too much more? But if you had put this old man who was at the end of his life and had been declared worthless in the workshop of the retirement home you would have had a few surprises.

We are talking about the painter Auguste Renoir and this is what he was doing at the time when these photos were taken. I am not saying that he should have been operated on, but you can see that this changes the way in which we pose the question. Some have even said that the unsteady way he held his paint brush and the resulting slight fuzziness gave his last works an extra beauty.

Mrs Renoir and Bob (1910)



Gabrielle with jewels (1910)

The washers (1912)

What I wanted to show it is that age and physical appearance are not relevant criteria when asking if a technology should be used in a patient. The Hippocratic criterion of utility or benefit to the patient is much more relevant. In our case, any intervention would have been indicated to accompany Renoir in his later years and enable him to continue to paint if that had been what he wanted.

Another important element in this example is that we need to take into account the fact that a person, any person, enriches the world, wherever they are in the journey of life. What is true for everyone is particularly highlighted here in the case of the painter. For 7 years, until his death, he continued to produce works that have made the world different from what it was before. According to all available evidence he enriched world culture during this time. But Renoir is only an exaggerated example of what is valid for any older person: because of each one the world is no longer completely the same, they have left a trace, they have written a story.

Another problematic decision criterion: quality of life

Life that is always unpredictable

If I go back to the story of Mr. Jules cited earlier, we could easily say that the treatment is not indicated, "given his poor quality of life". This argument is problematic on two levels : on the one hand because we are making an external judgment on a life of which we have only limited knowledge whereas only the person concerned can really talk about it, illuminated by their personal history and what they perceive to be the dynamics of their existence. On the other hand because that judgment forms a criterion when deciding whether or not to use a treatment option and assumes that "poor quality of life" will persist right until the end.

Recently, on the subject of a debate on assisted suicide in Switzerland, the Bishop of Fribourg denounced the authorization of this practice as an "acceptance of despair", I would even say an *institutionalization of despair* to the extent that the law of the canton of Vaud on which there was a vote which was passed, transforms a freedom (the freedom to resort to suicide and to obtain help to do so) into a law (care facilities are *obliged to* open their doors to these deadly practices). It is typically in a situation where a "poor quality of life" is found and where it is assumed that there will be no further sufficiently positive events in this life to justify continuing it (which is one of the definitions of despair).

This reasoning ignores the fundamental unpredictability of life, however diminished it appears to the outside observer. When we refer to our life, we generally mean by it a set of events linked by an internal

coherence. These events took place in a particular period of time (from birth to the present moment) and from them one can predict how things will continue in the future for at least a certain time. There is a life that has been lived, accessible by memory, and the life yet to come, accessible by imagination or hope.

The life lived is *known*, it is certain, subject to the reliability of my memory and that of those who surround me. The life to come is *expected*, but not certain. Indeed, looking back, I can say that in my life, what happened was not always what had been expected. In my life there has been the *less-than-expected*, that is, things that had been planned which did not happen. But there was also in this life the *more-than-expected,* that is to say things arrived that had not been foreseen (an intense encounter, an emotional reaction to a mountain landscape, a moment of grace in a church). In this life that I have lived there have been the unforeseen, the other, the unexpected, and the surprising. And this is very important, because it is precisely because of this that life is really human. That which happens exactly as expected is a computer program or the operation of an automaton. To be human is more than that, it is precisely the capacity to be free, that is to say to produce new things, to surprise and at the same time receive new ideas from others who are free and be surprised by them.

That is why if it is possible to predict the future course of human existence, in other words as some would say, to assess a person's quality of life, one can, at the same time, predict, that things will never pan out exactly in the way we thought they would. There will be that which is predicted which will not happen but, above all, there will be the unexpected, the surprising. These remains possible in all lives whatever their "quality". It is precisely this possibility of the unexpected which is the engine of hope and it is its denial which leads to despair.

Time has a variable intensity

Another dimension that the introduction of the concept of quality of life as a decision-making criterion tends to hide is the way intensity of time varies. Decision-makers in order to be able to decide need statistics that integrate quality of life, and also its duration. In effect one could say that a difficult treatment is justified, if it allows the person to continue to live a good life for a sufficiently long time. In the decision-making process, one will take into consideration the QALY's (quality adjusted life years) that is to say the estimated quality of life (without taking into account the ambiguity we have just mentioned) and probable life expectancy. What is unknown in doing so is what we could call the differences in intensity of lived time. Policymakers believe that to live for two years with a stable cancer and relatively few symptoms is worth more than living three week in the terminal phase of a cancer which is spreading like wild-fire and still in pain in spite of palliative treatment. Mir Jules was in this situation, yet his metastasis was irradiated with a sophisticated technique combining radiation therapy and imaging to allow optimal focusing on the right hip. The low dose given to the intestines, bladder and rectum limited bothersome side effects for the patient. He was then able to attend the event he desperately wanted to be there for, that is the marriage of his only granddaughter. It was a day of extraordinary intensity, because everyone knew that it was also a day of farewell. Mir Jules made the most of it, but his family also remembers it as a luminous day.

The reasoning using the QALY's says that an expense is all the more justified if it adds quality years (or months) to life. If the reasoning seems logical, it falls into the utilitarian trap of a quantifiable result : the positive result that is produced is all the more justified because it lasts a long time. But all the times of our lives are not identical: a day or a few hours can have infinite value, such as that wedding day. It should also never be forgotten that a portion of time (the time of care) makes sense only as an episode in the history of a person. The time at the end of life is only time added as a final link in the chain of life. What happens then affects the meaning given to the whole of the person's previous existence, in a

similar way to the last scene of a theatre production which makes sense of the whole play. To die badly is to darken the image of the whole of life and the trace that it will leave in those who remain.

If then in advanced age or approaching the end of life, one prioritises provision of comfort and relational care, neither age nor a supposedly shortened or poor quality life should make one reject a technical intervention which will bring comfort of short duration and will enable the patient to better live a significant moment in his story and that of his relatives.

Conclusion

In conclusion, if one needed to give decision-making criteria for the use of technology in the treatment of older people, I suggest a return to the Hippocratic criteria: first, use the technique for the benefit of the patient, i.e. to enable them to keep the capacity to live their life in all its fullness, a fullness which includes a death whose arrival is respected and whose timing is accepted. This means working not based on the questionable criterion of "quality of life", but on external or psychosomatic *conditions* that influence the person in his *ability to live life to the full*. Secondly, the doctor needs to know how to read where the patient is at, that is to say, as says Ecclesiastes, when is the time to use technology and when is the time that one must not use it. This is perhaps the most difficult thing, because these times don't succeed each other in a linear manner, they cannot be determined by chronological age or position on a descending curve of quality of life. These times intersect and can only be understood in a real person to person dialogue when the time-line of the caregiver resonates, always only partially, with that of the sick person. It is then possible for the technician to seize the *kairos*, that is the right or appropriate time, *kairos*, which in its original meaning is a Greek medical term meaning, "the right time to intervene on the patient, neither too early nor too late."

And finally, another note from the philosopher Heidegger [1]. He tells us that the only way to live in the world is to live it "as a poet" (*dichterisch).* There are too many times when we live "without poetry", and this, he maintains, results in "a strange excess, even a fury of measuring and calculation". Technology is necessary and often results in good, but it has a dangerous side. This is the time when we become obsessed by it to the point of being prevented from living in the world as a poet. That is to say, as says the philosopher, when it stops us from being linked to and in harmony with higher things, with a Divinity, which remains a mystery for him. But that is where we find our true guide which opens up a completely other dimension in a life-enhancing way far more than any number of technical measurements.

[1] Martin Heidegger...L'homme habite en poète… in Essais et conférences. 1980, Gallimard - Paris. pp. XV, 349.