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“MATTERS OF FATE HAVE BECOME MATTERS OF CHOICE”

JUSTICE MARIE GARIBALDI, NEW JERSEY 1987

A fatalistic “it is old age...nothing more can be done” attitude has been quite prevalent among doctors when confronted by the conditions encountered in elderly patients. These problems are often complex and they span over a person-space-time dimension of a whole person (not just her parts) interacting with her environment (physical as well as psychosocial) over a period of time (not just a single moment). Because of their complexity, these problems are seldom susceptible to a simple solution, and are often frustrating to those tuned to singular presentations capable of single diagnosis and simple solution.

The growth of knowledge base in Geriatric Medicine now permits choice and the “chosen” elderly patient can improve functionally in most cases. Setting aside the question of whether an elderly person can choose or not, there remains the disturbing question of what is the Choice of the society in general and of the medical profession in particular.

Dr. Tak-Kwan Kong

Consultant Geriatrician

Princess Margaret Hospital

Kowloon, Hong Kong

