

Thoughts about “Waiting My Turn” (May 2015)

online at <http://www.ahpcc.org.uk/wp-content/uploads/milton-crum-2015-waiting-my-turn.pdf>
Milton Crum (October 2015)

Two events triggered this piece: (1) a suggestion by a two decades younger psychologist friend that my saying I wanted to die in “Waiting My Turn” (May 2015) might be a symptom of depression that could be medicated and (2) a comment by the middle-aged daughter of a resident that she would prefer suicide to being in the decrepit condition of many residents in this assisted living facility. These two events resulted in more reading about old age, more analysis of my situation, and writing this piece.

I. Depression or Realism Issue

“Waiting My Turn” was about wanting to die. The first sentence included the fact that [in old age] “the ultimate course is a downward one.”¹ This fact may not be felt by the young-old (65-75), but it begins to hit home at some age. It has become harsh reality to me at age 91.

Longevity Leads to Decrepitude

The ultimate course (a few ailments may be alleviated along the way) is downward into greater decrepitude. Decrepitude means “the condition of being weakened, worn out, impaired, or broken down by old age or illness.” More longevity equals more decrepitude: that’s what my future holds.

So “life extension doesn't always increase our well-being, especially when all that's being extended is decrepitude. There's a reason that Ponce de Leon went searching for the fountain of youth—if it were the fountain of prolonged dementia and arthritis he may not have bothered.”²

My Decrepitude

On my own volition I gave away my car almost three years ago. It was a general feeling of decrepitude about driving ability and about what I could do when I got somewhere. Following are some current specifics.

Gait. My gait resembles a starling’s characteristic waddling gait. My leg muscles are like old rubber bands: they have lost their elasticity and they hurt when walking. Turns in close quarters have to be by many little steps. My calves hurt so badly when I’m lying down that going to sleep is problematic. Walking across my little room is an effort; walking the 100 feet to the dining area is a challenge. Stairs are out of the question; one leg cannot hold my weight. Neither the suggestions of doctors nor OTC pain relievers have helped.

Digestive system. In the mornings after my daily Miralax, there is brief diarrhea followed by frequent flatulation the rest of the day. So going out around other people would entail embarrassment.

Mucus. Chronic mucus hypersecretion (CMH) means coughing and bringing up sputum. It is a common respiratory condition in elderly persons.³ I’ve got it. It’s often so bad at night that I have to get up and spit out the mucus because it’s unswallowable.

Tremor. Essential Tremor (ET) is an uncontrollable shaking in a part of the upper body. It is more

common in the elderly and symptoms worsen with age.⁴ I have ET in my hands so I can hardly sign my name legibly or control the mouse on my computer precisely.

The longer I live, the worse all these conditions will likely become, and other aspects of decrepitude will be added to the list. “The ultimate course is downward.”

I do what I can be as fit as I can; I want to die as healthy and with as little decrepitude as possible. I exercise and stretch my muscles, trying to counter the inevitable old-age muscle loss. I’m careful about what I eat, trying to reduce gas production.

Medical Care

Medical advances have made it possible to “postpone death,” but in many cases this postponement adds “prolonged sickness, dependence, pain, and suffering.”⁵ Because of this fact, I asked to be charted as palliative care. If pain should become acute, palliation will begin.

I take no prescription medicines. Many residents get 6-10 pills at meals. There are many warnings about the over medication of old people in books and articles. The book *Are Your Prescriptions Killing You?* answers the question with a yes in many cases, especially with old people.⁶ Maybe swallowing so many pills amounts to unintentional suicide?

Worse Decrepitude I See

It’s not only that geriatric literature predicts a downward course. Every day I see the worse decrepitude probabilities that I face if I don’t die. For instance, two people who have been in this facility longer than my almost three years.

One, before her breakfast, is often wheeled from her room in a shower chair (something like a wheelchair with a toilet seat in which immobile residents are showered) to be showered, dressed, and placed in her wheel chair for breakfast. Afterward, she is often returned to a chair in her room for oxygen or a nebulizer. She does not walk at all.

Another man stays in bed virtually all the time. He sometimes walks 30 feet to the dining area using a walker, helped by an aide holding his gait belt. At other times, he is in a wheelchair.

At meals I see other kinds of decrepitude. Two residents with only one hand functioning. Others obviously wearing incontinence underwear.

Death Preferable to Decrepitude

I am not alone in preferring death to decrepitude; many old people do. “For elderly individuals, pain and suffering related to death are more of a concern than the fear of death itself.”⁷

An essay, “Suicide in the Elderly,” wonders “when is enough enough?” and asks the rhetorical question “are suicides among . . . the elderly understandable . . . if the people are old enough and sick enough?”⁸

Wanting to Die: Neurosis or Common Sense?

To persons who cannot imagine themselves in my condition, my wanting to die might well seem like neurosis, that is, an “excessive and irrational anxiety or obsession.” But given the reality of my prospects at age 91, wanting to avoid worse decrepitude seems to me common sense, that is, “good sense and sound judgment in practical matters.”

II. Suicide Issue

This section is based on what I previously wrote in the Wikipedia article on “Old Age” at http://en.wikipedia.org/wiki/Old_age with additions.

Old age from an old-age perspective

Early old age is a pleasant time: children are grown, retirement from work, time to pursue interests.⁹ In contrast, perceptions of old age by writers 80+ years old (“old age in the real meaning of the term”) tend to be negative.¹⁰

Georges Minois writes that the first man to talk about his own old age was an Egyptian scribe who lived 4,500 years ago. The scribe lamented to God:¹¹

O Sovereign my Lord! Oldness has come; old age has descended. Feebleness has arrived; dotage is here anew. The heart sleeps wearily every day. The eyes are weak, the ears are deaf, the strength is disappearing because of weariness of the heart and the mouth is silent and cannot speak. The heart is forgetful and cannot recall yesterday. The bone suffers old age. God is become evil. All taste is gone. What old age does to men is evil in every respect.¹²

Minois comments that the scribe’s “cry shows that nothing has changed in the drama of decrepitude between the age of the Pharaoh and the atomic age” and “expresses all the anguish of old people in the past and the present.”¹³

Lillian Rubin, active in her 80s as an author, sociologist, and psychotherapist, opens her book *60 on Up: The Truth about Aging in America* with “getting old sucks. It always has, it always will.” Dr. Rubin contrasts the “real old age” with the “rosy pictures” painted by middle-age writers.¹⁴

Writing at the age of 87, Mary C. Morrison delineates the heroism required by old age: to live through the disintegration of one’s own body or that of someone you love. Morrison concludes, “old age is not for the fainthearted.”¹⁵ In the book *Life Beyond 85 Years*, the 150 interviewees had to cope with physical and mental debilitation and with losses of loved ones. One interviewee described living in old age as “pure hell.”¹⁶

Old age from society’s perspective

Based on his survey of old age in history, Georges Minois concludes that “it is clear that always and everywhere youth has been preferred to old age.” In western thought, “old age is an evil, an infirmity and a dreary time of preparation for death.” Furthermore, death is often preferred over old age’s “decrepitude, because death means deliverance.”¹⁷

“The problem of the ambiguity of old age has . . . been with us since the stage of primitive society; it was both the source of wisdom and of infirmity, experience and decrepitude, of prestige and suffering.”¹⁸

In the Classical period of Greek and Roman cultures, old age was denigrated as a time of “decline and decrepitude.”¹⁹ “Beauty and strength” were esteemed and old age was viewed as a time of “physical incompetence and mental ineptitude.”²⁰

In Greek civilization old age was reckoned as one of the unanswerable “great mysteries” along with evil, pain, and suffering. “Decrepitude, which shrivels heroes, seemed worse than death.”²¹

Old people from society's perspective

Historical periods reveal a mixed picture of the “position and status” of old people, but there has never been a “golden age of aging.”²² Studies have disproved the popular belief that in the past old people were venerated by society and cared for by their families.²³ Veneration for and antagonism toward the aged have coexisted in complex relationships throughout history.²⁴ “Old people were respected or despised, honoured or put to death according to circumstance.”²⁵

Ancient times

In ancient times, the very few people who lived beyond 35 physically and mentally healthy, especially those of social status and wealth, were treated with “respect and awe.” In contrast, those who were frail were seen as a burden and ignored or in extreme cases killed.²⁶ People were defined as “old” because of their inability to perform useful tasks rather than their years.²⁷

Classical period

The gods of early Greek civilization, the Olympians, “did not like old people.” Their youth rebelled against the old, driving them off or killing them.²⁸

Although he was skeptical of the gods, Aristotle concurred in the dislike of old people. In his *Ethics*, he wrote that “old people are miserly; they do not acknowledge disinterested friendship; only seeking for what can satisfy their selfish needs.”²⁹

Medieval and Renaissance periods

The Medieval and Renaissance periods depicted old age and old people as “cruel or weak.”³⁰

The 16th century utopians, Thomas More and Antonio de Guevara, allowed no decrepit old people in their fictional lands.³¹

For Thomas More, on the island of Utopia, when people are so old as to have “out-lived themselves” and are terminally ill, in pain, and a burden to everyone, the priests exhort them about choosing to die. The priests assure them that “they shall be happy after death.” If they choose to die, they end their lives by starvation or by taking opium.³²

The Spanish bishop Antonio de Guevara’s utopian nation “had a custom, not to live longer than fifty years.” At that age, they practiced self-immolation. Rather than condemn the practice, Bishop Guevara called it a “golden world” in which people “have overcome the natural appetite to desire to live.”³³

Modern period

In the Modern period, the “cultural status” of old people has declined in many cultures.³⁴

Research on age-related attitudes consistently finds that negative attitudes exceed positive attitudes toward old people because of their looks and behavior.³⁵ In his study *Aging and Old Age*, Posner discovers “resentment and disdain of older people” in American society.³⁶

Harvard University’s Implicit-association test measures implicit “attitudes and beliefs” about Young vis a vis Old. *Blind Spot: Hidden Biases of Good People*, a book about the test, reports that 80% of Americans have an “automatic preference for the young over old” and that attitude is true worldwide. The young are “consistent in their negative attitude” toward the old.³⁷ *Ageism: Stereotyping and Prejudice against Older Persons* documents that Americans generally have

“little tolerance for older persons and very few reservations about harboring negative attitudes” about them.³⁸

ENDNOTES

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