

## ***“I’m glad I’m not young anymore”.***

By Dr Roger K.A. Allen FRACP PhD.

### **Abstract**

**The author, a physician in late middle age reflects on his own medical career, the aging of those who have taught him and also of those whom he has taught. He describes the sense of *ennui* and *déjà vu*. The things that seemed important as a younger doctor seem less important. He has adopted a different paradigm and has come to see that both playfulness and integrity are essential ingredients for health. As a sailor he more keenly appreciates the struggles our patients and colleagues have with illness and draws an analogy between sailing and life.**

### **Key words:**

**Aging physician, *ennui*, *déjà vu*, sailing, playfulness, integrity, life, illness.**

As a young boy before television came to town, I remember my father whistling in tune with Maurice Chevalier, singing with a deliciously cheeky French accent, “I’m glad I’m not young anymore” from the popular musical at that time, *Gigi*. We had a converted wind up gramophone with an electric turntable and the motif of a small dog listening intently to his master’s voice coming from the gramophone. My father who was a country general practitioner in Ballina, NSW, died in 2003 aged 83 like his father, leaving my mother, sister and me as next in turn. I am now in my 55<sup>th</sup> year and have reached a time in life between the inexperience, drive and self-doubt of youth and forgetful senescence. It is an interesting period as a physician and as I am self-employed and essentially independent of many noxious gags on one’s freedom of expression, I have a certain liberty hitherto unknown to me. Indeed when out to dinner with a radiologist and his partner recently he asked my why I had not written any more reflective medical articles recently. My answer was “sailing”.

I am glad I’m not young anymore. For the physician, as for many other professions, late middle age can bring riches not imagined by the younger. Firstly when I go to medical dinner meetings or the occasional conference, I now use this time not only to learn from the sermon, but also to observe the congregation. Professors that I used to fear, hate or revere (or all three) now look pale, gray shadows of their former selves. Some have died or are dying, some have been awarded OA’s and other ephemera for their contribution to the medical fish tank, be it political, administrative, or discovery (rare). Some have had strokes, developed cancer, retired or gone into oblivion real or imagined.

My peers by now have either differentiated into those who have pursued and - got their “long-sought after chair” (or part thereof)- those without a chair in full-time public “jobs” or - those who have sought a different reality in the difficult and ever-changing world of private practice and can afford lots of chairs as well as a boat. As for the academics, I rarely change my clinical practice on the basis of their rich treasure-trove of discoveries as the longer I practise medicine the more I see that the pay dirt of innovation and research is lean. The main benefits for those who take the life-long vow of celibacy for the god of research is for themselves and not their partners, families or colleagues...probably not even their patients. Many in professorial jobs regard outpatient clinics as a weekly penance or some way of gathering “clinical data” like fishermen going out in trawlers each night on the high tide after holds full of bay prawns. I speak

as one who has done a Ph.D and worked for some considerable time in professorial departments. It is a world of enrichment from contacts with an intellectual community, visits to far away places, new hotels, business class lounges in which you fine-tune that abstract to be presented in Copenhagen on Thursday etc...It is all about getting an international name as an expert in 2,4,6,8 polywaffletransferase while your teenage daughter goes feral and your spouse starts to order more than milk from the milkman.

I have recently moved from an inner-city private hospital where I owned very stylish rooms and laboured endlessly for ten years to leasing rooms at another big city private hospital. I have sometimes been asked why I moved and sold my rooms to take on a lease. My answer is “light”. I now regard a happy, sunny ambience at work as essential not only for myself but also for my patients and my faithful staff. I have the power to make a choice. The new rooms have big windows that go from ceiling to floor and face south east so that sun fills my room most of the day (with seasonal variations). It is one hundred yards from the river and I now love driving home along the river and think of Rattie and Mole and “messaging about with boats”. I purposely choose a route that later winds along the Hamilton Reach as well to see what is moored or to check on the state of the tide. The other rooms didn’t have “light” let alone “river”. The older and highly regarded physician next door to my rooms has his name most eloquently on the glass pane next to his door...*sans* title, *sans* degrees, *sans* anything but his Christian name and surname...no FRACP’s, DFC and Bar (although he has an Order of Australia). Oh if only some of my neurotic peers who have devoted their lives to the acquisition of a chair could find such inner peace. Solo private practice is an inherently solitary existence with loneliness and professional isolation a potential drawback if you don’t make adjustments for this. It is therefore necessary to seek out some interaction with colleagues. It also has lots of wonderful advantages.

My former registrars now have matured into consultants, research fellows, associate professors. Those I taught as medical students are all well on their way up the academic and professional ladder...some even as well-known professors. I see their names and faces as experts in glossy GP journals teaching the current mantra of how to treat everything from hyperlipidaemia to asthma. I looked around the room at a recent dinner evening for our local society to see these younger colleagues looking more drawn, the men with receding hair-lines, and the bloom of youthful faces being etched with the “age-lines” of experience, reproduction, long hours and gravity.

Age brings with it a certain sense of *ennui* and *déjà vu*. The more I see, the more I become bored and sometimes somewhat cynical about unshakeable medical facts, dogma, mantra and expert opinion. Tried and true methods, approaches, treatments and ways of looking at things over the years have become my friends I can trust. After 17 years of being told by the asthma world how to treat an impending exacerbation of asthma by doubling the doses of “bla-de-bla”, our thoracic world nearly imploded recently when a paper told us that the regimen was incorrect and that the world really goes around the sun...and recollections of “plus ça change, plus ça la même chose”. No one had ever validated the old mantra, which was “sold” to the public at great expense, and regurgitated for nearly two decades by eminent professors at meetings from Melbourne to Majorca. Medical facts are like politicians... this year’s premier...next year’s feather duster. Indeed the longer I practise medicine, the more I observe that things we were taught as medical students or registrars as absolute “no no’s” are now this years “state of the art” treatment. The use of beta-blockers in heart failure springs to mind.

Through my own walk of life I have lived long enough now to have had a wide range of experiences including the sunny slopes of love and passion, the rocky headlands of illness lit by the sunrises of a caring physician, the dark vale of divorce, the jungle of childrearing, the waterless plain of military service in a hostile land, the shadow land of depression, the balmy isle of a fulfilling and companionable second marriage...and boats...messin' about in boats.

I have rediscovered sailing having done this as a medical student for many years in the unpredictable washing machine we call Moreton Bay, the second roughest in Australia after Port Phillip Bay (but who would want to sail there?). May I commend to every physician, sailing or if hydrophobic, a sailing equivalent. It may be bush walking, the regular tending of a peaceful garden or a retreat in the mountains. I have recently bought a 26 feet-long Colin Archer double-ender wooden cutter made in Bundaberg 30 years ago, that has sailed to Adelaide and back and that was designed for serious blue-water sailing. Still bearing its original name, the "Wee Barkie", it is carvel planked of dense crow's ash and strong spotted gum frames with gimballed kerosene lamps and brass portholes. Ironically it cost less than a second hand car as wood has been replaced by fiberglass, as speed, space, carpet and gadgets, rather than seaworthiness, are what attract most people.

Gaston Bachelard, philosopher and poet (1884-1962) when asked to name the chief benefit of the house replied, "I should say the house shelters daydreaming, the house protects the dreamer, the house allows one to dream in peace". I would say the same could be said about a sailing boat. I have discovered we maintain an even keel by having time to dream and reflect. We need time to be actively playful. As we age, many forget this. Others rediscover childhood joys. Sailing is a spiritual business with an optional component thrown in of science in all its practical applications from meteorology to vectors.

A wooden sailing boat has a personality and traits like a favourite dog. The sea is treated with great respect and fellow sailors belong to an unwritten brotherhood. I find these secret bonds of sailors unusual in this cynical age of fleeting friendships and "what's in it for me?" - I think it has been largely lost in the medical profession. Sailing is both a paradigm and a metaphor of life itself with its ups and downs, capsizes, both gentle and terrifying winds, the need for an eye for detail, resourcefulness and self-sufficiency and also interdependence on fellow sailors. Most of all it teaches one to be truthful and courageous. The sea is such an adversary that it demands absolute honesty. There is no room for deceit. It will catch you napping. Bluster and pomposity mean nothing in a gale. Letters after your name mean nothing to a fellow sailor who can see that your seamanship is transparently deficient in a tight spot. We have named our Mirror dinghy "Veritas" for this reason. The sea is the ultimate leveller. Nothing for me can match sailing home with the sun in the west, an ebb tide, a following wind and a recording of Bach's cantata playing down below.

I am glad I'm not young anymore. When I wonder how long I will live I fall back on the existentialism of sailing where I am forced to concentrate on and enjoy the moment. There is the final run in with sun setting, clouds tinged with pinky-red, the foreground darkening, the beacons lining up as if walking across the channel, the crossing of the ebbing bar. This final mooring is repeated each time I sail, like the liturgy of a mass... a rehearsal for our inescapable finale where, for some, the Pilot beckons. For sailors, the destination is unimportant. It is the playfulness and exhilaration of the unique interaction of sailor, boat, sea and wind that matter. This now extends into the practice of my medicine. The sailors are my patients and my patients are my sailors. I

observe and respect their skill at this difficult art of life, their courage when all their sails are reefed in and they run before a gale and even founder. At night when I can't sleep I imagine I am lying on a bunk on my boat, being rocked and nursed as in the womb and forget the trammels of life. I'm glad I'm not young anymore.