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Generation to Generation: The Heart of Family Medicine

Family Medicine is defined by the American Board of Family Medicine as “the medical specialty which provides continuing, comprehensive health care for the individual and family. It is a specialty in breadth that integrates the biological, clinical, and behavioral sciences. The scope of family medicine encompasses all ages, both sexes, each organ system and every disease entity.”¹ Two of the specialty’s core principles that make the seemingly daunting task of practicing family medicine possible are that family physicians learn to utilize similar clinical reasoning for all their patients regardless of age, and that they care for patients in the context of their families.²

We combine the use of poetry, music, and cinema in a multimedia presentation to teach these concepts to our family medicine residents. The presentation occurs at the end of June, just before the start of a new academic year, enabling incoming residents to participate along with current first, second, and third year residents. In preparation for this presentation, residents are asked to respond to a number of questions in writing that include the following: Did the ability to care for patients of all different ages influence your decision to become a family physician? What are the similarities/differences in caring for children and elderly patients? Does taking care of children/elderly patients help you care for children or elderly patients better? What are the benefits/drawbacks of caring for a whole family?

We begin the presentation by introducing the residents to the work of the multi-talented poet, singer, songwriter, and cartoonist, Shel Silverstein. For the complete list of the various media and their themes used in this presentation, see Table 1. Mr. Silverstein’s poem, “The Little Boy and the Old Man,” from *A Light in the Attic*,³ forms the basis of our discussion about the physical, psychological, and social similarities and differences between the little boy and the old man, with an emphasis on the implications these have for family physicians in caring for both of them:

Said the little boy, "Sometimes I drop my spoon."
Said the old man, "I do that, too."
The little boy whispered, "I wet my pants."
"I do that too," laughed the little old man.
Said the little boy, "I often cry."
The old man nodded, "So do I."
"But worst of all," said the boy, "it seems
Grown-ups don't pay attention to me."
And he felt the warmth of a wrinkled old hand.
"I know what you mean," said the little old man.

We start the discussion of the poem by highlighting the similarities between the little boy and the old man. Both struggle with their coordination, remaining continent, and controlling their emotions. They also know what it is like to have grown-ups ignore them. We point out that ageism, or discrimination against older people in the workplace, is a well described phenomenon.⁴ Similarly, juvenile ageism exists when children are told to be seen and not heard, are excluded from adult only communities, and receive

underfunded education and other needed services.⁵ Unfortunately, both populations are also vulnerable to physical abuse and neglect.^{6,7}

While Silverstein's poem emphasizes many of the things the little boy and old man have in common, there are obvious differences between them. The little boy is growing and developing with his whole life ahead of him, while the old man, after acquiring years of experience, is entering a period of degeneration and decline. One is struggling to first establish his identity and gain independence as he grows from childhood into adolescence followed by young adulthood, while the other fights to maintain the identity and independence he built over a lifetime in the face of aging.

Beyond these psychological issues, the little boy and the old man share many interesting physical similarities that we discuss with the residents. Both the very young and the very old are susceptible to overwhelming infections. This is true for the very young because their immune system is immature, while the very old are less able to produce antibodies which are important for fighting infections. Many lab values are age specific, including those that define anemia as well as various hormone levels, etc. One resident observed that, "Extra care needs to be taken when prescribing medications for both age groups since drugs that are prescribed to help them can do harm if the doses are not calculated correctly." This is due to the immaturity or declining function of their livers and kidneys, as well as other physiological changes that occur with aging. Another resident commented on how these physiological changes can also cause children and geriatric patients to have unusual presentations of common illnesses: "They are both vulnerable to diseases, and extra care needs to be taken in making a diagnosis since these age groups can have atypical presentations for multiple diseases such as urinary tract infections or pneumonia." Both populations are also prone to falling and having other types of accidents.⁸

We continue by discussing some of the differences between the very young and old. Residents point out that children tend to present with more acute, self-limiting illnesses than adults, and usually lack the comorbidity of multiple chronic diseases that are so common in the elderly. For example, physicians caring for children are justified in looking for one disease to explain a child's presenting symptoms while in the elderly, it is reasonable to consider multiple overlapping causes for a patient's illness. The very young also have a much higher prevalence of congenital diseases.⁸

Among the many physical and psychological differences and similarities that exist between the little boy and the old man is one common social theme: they both depend on others for their care and well-being. This care usually occurs in the context of their families as they progress through the family life cycle. To introduce the family life cycle, we play a depiction of the song, "He was Walking Her Home," by Mark Schultz on YouTube.⁹ This song follows the life of a couple from their first date through the birth of their son, and, finally, after 60 years of marriage, to the wife's death in a nursing home. After listening to this touching song, we describe the stages of the family life cycle portrayed in the song beginning with: 1) leaving home: single young adults; 2) the joining of families through marriage: the new couple; 3) families with young children; 4) families with adolescents; 5) launching children and moving on; and 6) families in later life. Next we focus on the key principles and developmental tasks of the life cycle stages for Silverstein's little boy and old man, i.e. families with young children and families in later life.¹⁰ We show how the little boy and old man are each struggling to be accepted

in, and adjust to, their respective stages of the family life cycle, and how Schultz's song beautifully captures the potential love and caring that can occur throughout the family life cycle.

We point out that this description of the family life cycle is conceptually useful, but has its limitations, because it describes only one of various kinds of families in today's society. Many marriages in the United States end in divorce creating a different family life cycle that often includes remarriage and the challenge of blending together children from previous marriages. There are also single parent families, same sex unions, and families with adopted children. Additionally, family expectations regarding single young adults leaving home, when to get married, the accepted time to have children, and who should care for the elderly can vary greatly from one culture to another.¹⁰

Using the movie, *Up*, the 2009 Academy Award winning film from Disney and Pixar, we show the family life cycle of a couple without children, Carl and Ellie Fredricksen, and how, as an old man, Carl develops a loving relationship with a little boy after the death of his wife. We follow Carl and Ellie from the time they meet as children through their courtship and wedding to finding out they cannot have children, and then growing old together until Ellie dies. Carl and Ellie remind us of the song, "He Was Walking Her Home"; however, theirs is the family life cycle of a couple who does not have children. Soon after Ellie's death Carl, the equivalent of Silverstein's old man, meets Russell, the poem's and movie's little boy, who is a young Wilderness Explorer. Russell begs Carl to allow him to help him do just about anything to earn his final merit badge, "Assisting the Elderly." Despite all of Russell's pleading, Carl refuses his help and tries to get rid of him. After Carl converts his house into a floating ship by attaching thousands of helium balloons in order to float it to Paradise Falls and fulfill Ellie's lifelong dream, he discovers that Russell has stowed away with him.

We follow their trials and tribulations while watching Carl gradually open up his heart to Russell as he learns that Russell's parents are divorced and his father is relatively absent. The final scenes of the movie show Carl filling in for Russell's absent father at a Wilderness Explorer's ceremony where Russell receives his final merit badge for "Assisting the Elderly." Instead of pinning the "Assisting the Elderly" badge on Russell, Carl gives him "The Ellie Badge," the precious grape soda cap pin that Ellie gave Carl when they first met. The movie concludes with Carl and Russell enjoying ice cream together outside Russell's favorite shop just like he used to do with his father, while Carl's house is shown resting on the cliff beside Paradise Falls in fulfillment of Ellie's dream.

We point out to the residents that, in the end, with Ellie's permission through a final note she wrote to Carl, and with Russell's help, Carl's spirit of adventure is restored. In the process, Russell gains the father figure he lost, and Carl finds the child he had once hoped for with Ellie. We also see that family relationships can extend beyond biological connections. Just like the little boy in Shel Silverstein's poem who feels the warmth of the old man's wrinkled hand, Russell feels Carl's warmth as he pins Ellie's badge on his chest.

For the final portion of the seminar, we focus on the unique ability of family physicians to care simultaneously for both Carl and Russell. We explain that family physicians can do this, because the rapid physical and psychosocial changes experienced by Carl and Russell require that similar clinical reasoning be applied while caring for

both of them. As family physician faculty, we do not teach two separate branches of medicine divided into pediatrics and geriatrics. On the contrary, we teach and expect the residents to learn one unified approach to patient care that takes into account how the presentation and care of illness varies with the patient's age.^{2, 8}

Family physicians become experts in the family life cycle, and particularly in helping families through transitions from one stage of the family life cycle to the next. Furthermore, family physicians learn the art of caring for little boys like Russell and old men like Carl when they cannot speak for themselves, including helping those who speak and care for them. Family physicians also learn how to cope with, and navigate through, the complex ethical issues involved in caring for the vulnerable young and old.^{2, 8} Said one resident, "A significant component of taking care of children is reassuring their parents and being sensitive to their concerns for their children. I find relationships and communication are important parts of caring for the very young and elderly. As the elderly's medical problems become more complicated, it is essential to engage their family in discussing both medical and non-medical issues, especially in making end of life decisions." A number of residents commented on how caring for both children and adults from the same family helps them understand the family's dynamics and provide better care for the entire family, "You are able to appreciate the impact of disease on the patient and his or her family, and can tap into the family for support in the management of the patient."

As many of the residents' observations show, caring for multiple generations simultaneously enriches the care of each generation. It also enriches the personal and professional lives of family physicians, enabling them to learn from, and share the wisdom of each generation as they care for patients throughout the continuum of life. Virtually all of the residents talked about how caring for families helped them better appreciate their own families, providing them with insight and a greater understanding of their own family dynamics.

We conclude the presentation with an animated poem by Shel Silverstein from *A Light in the Attic*, titled "Eight Balloons," that captures the adventurous and free nature of balloons.^{3, 11} Afterward, we give each of the residents his/her own helium filled balloon with encouragement to be inspired by Shel Silverstein, as well as Carl and Russell, to grab on to their balloons, embrace the adventure of being family physicians and the unique approach it entails, and let their spirits of adventure help them float and fly as high and as far as they can go in both their personal and professional lives.

After the presentation, residents were asked to evaluate the effectiveness of the media used during the presentation. All 18 participating residents completed evaluations. Their responses are shown in Table 2. Seventeen (94.4%) of the residents strongly agreed or agreed that Shel Silverstein's poem, "The Little Boy and the Old Man," enhanced their understanding of the similarities and differences between caring for children and elderly patients. Sixteen (88.9%) residents either strongly agreed or agreed that "He Was Walking Her Home," by Mark Schultz, enhanced their understanding of the family life cycle and its relationship to the practice of Family Medicine. Sixteen (88.9%) residents either strongly agreed or agreed that *Up* enhanced their appreciation of the benefits of simultaneously caring for multiple generations. It is significant to note that none of the residents disagreed or strongly disagreed that the media was useful in helping

them understand the presentation, and only one or two residents were neutral about the media.

One of the neutral residents found both the song, “He Was Walking Her Home,” and the scenes from *Up* involving Ellie’s death depressing. These feelings influenced the resident’s final impression of the presentation. This highlights how difficult it is to predict how different people will react to the use of literature and the arts in view of the inherently individual nature of these reactions. As a result, it is important to be as sensitive as possible to one’s audience in first choosing to use the humanities to teach, and then in selecting the art and literature to use. While it is not surprising that the residents’ evaluations for this presentation displayed a range of reactions to the poetry, music, and movie that were used, overall, their evaluations indicate that the use of multiple arts and media in this presentation enhanced the residents’ educational experience.

There are a number of limitations affecting the evaluation of this presentation. First, it has been given to a relatively small number of residents at one community based family medicine residency. Second, there is no long-term follow up. because only a relatively short period of time has elapsed since the presentation was given. Third, it would be very difficult to factor out the lasting effects of this specific curriculum from the many other ways residents are exposed to these concepts throughout their residency training. Despite these limitations, the residents’ evaluations do indicate that the multiple media used during this presentation helped to create a valuable learning experience.

In conclusion, one cannot underestimate the benefits of presenting curriculum with the help of multiple arts and media to create a multisensory learning experience that can enhance the learner’s memory of the material presented.¹² Future research based on this presentation could involve expanding the number of family medicine residents exposed to the curriculum. It would also be interesting to adapt the age-based curriculum to other medical specialties to see how their residents react to the use of the poems, music, and movie used in this presentation.

Table 1: Humanities Tools and Their Themes

Poems	Themes
“Backwards Bill” ^(a)	Viewing things from various perspectives
“The Little Boy and the Old Man” ^(a)	Physical, psychological, and social similarities/differences between children and the elderly, and their implications for caring for multiple generations
“Eight Balloons” ^(a)	Embracing family physicians' unique approach to medicine
Music	
“A Boy Named Sue” ^(b)	Family relationships
“He Was Walking Her Home” ^(c)	Family life cycle: stages, key principles, and developmental tasks
Movie	
<i>Up</i> ^(d)	Types of families and their relationships
	One unified approach to patient care that takes age into account
	Advocacy and caring for the vulnerable

(a) Silverstein, S. (2009). *A Light in the Attic Special Edition* (pp. 40, 58, 95). New York, NY, Harper Collins.

(b) Silverstein, S. “A Boy Named Sue.” Retrieved from www.YouTube.com/watch?v=-1BJfDvSITY

(c) Schultz, M. *He Was Walking Her Home*. Retrieved from www.YouTube.com/watch?v= ODSx0UfAcA

(d) Disney Pixar. (2009).

Table 2: Residents' Evaluation of the Media
(N = 18)*

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The use of Shel Silverstein's poem, "The Little Boy and the Old Man," enhanced my understanding of the similarities and differences between caring for children and elderly patients.	7 (38.9%)	10 (55.6%)	1 (5.6%)	0	0
The song, "He Was Walking Her Home," by Mark Schultz enhanced my understanding of the family life cycle and its relationship to the practice of Family Medicine.	7 (38.9%)	9 (50.0%)	2 (11.1%)	0	0
The use of the movie, <i>Up</i> , enhanced my appreciation of the benefits of caring for multiple generations simultaneously.	8 (44.4%)	8 (44.4%)	2 (11.1%)	0	0

*Total percentages may only approximate 100% due to rounding.

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