I have been reading the book My Mother, Your Mother, by David McCullough. Dr. McCullough is a geriatrician, and he proposes that we adopt the method of "slow medicine" with older adults.

When you consider our current health care delivery system, it is excellent at dealing with trauma and diagnosis, and this works well for younger people, who are generally healthy. But this method may not work so well with older adults, who typically deal with chronic disease management. Insurance certainly promotes trauma and diagnosis, because doctors are reimbursed for procedures, and not for taking the time to talk to patients and develop management programs for chronic diseases.

Dr. McCullough talks about slow medicine as a more social approach to providing health care. He talks about developing teams that include the patient and family at the center, as well as doctors, nurses, social workers and other health care providers. The focus becomes the patient's quality of life, with all team members advocating for and helping the older adult achieve a quality life.

Here is an example of a slow medicine approach:
• Mr. Smith is 85 years old, and has developed a mole on his arm. Most doctors will recommend a biopsy and treatment if the mole turns out to be cancerous. A slow medicine approach, however, would take the position that if the mole is not painful, if it does not look like a cancerous growth, we won't biopsy it. Furthermore, even if it looks cancerous, the slow medicine approach will consider whether possible treatment will truly be beneficial, or if it will cause problems that interfere with Mr. Smith's quality of life. At age 85, Mr. Smith might be fine with leaving it alone and just living his life.

The problem is that too often someone like Mr. Smith will be told he has to have the biopsy, and not really given a clear choice about the biopsy. If the biopsy is negative, then great, Mr. Smith gets to go about his business.

If, however the biopsy is positive, then Mr. Smith and his family have to decide whether to undergo treatment. There are a lot of things to consider in this situation--what exactly is the treatment? How long will treatment last? What are the side effects? Will it prolong life? Will treatment affect quality of life? Unfortunately, the answers to these types of questions are often pretty nebulous, and many doctors are reluctant to talk about treatment in terms of quality of life or length of life.

In this type of situation, a lot of people are reluctant to question what the doctor tells them, and doctors are not always willing to hear that a patient doesn't want treatment. If we always strive to keep the older adult's quality of life at the center of decision-making, and advocate on their behalf with health care providers, a slow medicine approach is possible.