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Meet Harriet Smith

Harriet Smith* is 82, lives alone on a meager fixed income, and copes with diabetes, depression, osteoporosis, osteoarthritis, heart failure, and hypertension. She's had a CVA with mild expressive aphasia and a "mild" heart attack. With the help of neighbors, she manages to see me regularly, but seems baffled by all attempts to manage her multiple medications.

Ms. Smith is beginning to typify my practice.

She had Meals On Wheels, but says the food was lousy. Home health and personal care aides lasted only a couple of visits. Her daughter-in-law takes an active interest in her care, but lives over an hour away. Ms. Smith refuses to go to an assisted living facility. "People die there," she wryly remarks.

She teases me about my frustrations with the electronic health record; I ask when she's coming to weed my garden. Her attitude remains largely positive despite the frustrations from her aphasia, an ever-changing array of specialists and medications, and seemingly endless medical bills.

Ms. Smith is the product of dysfunctional health and social welfare systems. I spend twice the allotted appointment time with her, and still do little justice to her medical (let alone mental health and social) needs. I dread the day when I learn that Ms. Smith has had another stroke, a debilitating fall, or a devastating MI.

The Institute of Medicine's report, "Retooling for an Aging America: Building the Health Care Workforce" (www.iom.edu/CMS/3809/40113/53452.aspx) is a sobering reminder that the services patients like Harriet Smith need are in dangerously short supply. Home health aides earn scarcely more than cafeteria attendants, and more than 80% leave their jobs in the first year. Only 4% of social workers specialize in geriatrics. There are only 7100 geriatricians nationally, and the number is declining. Geriatricians earn half of what oncologists do.

We talk about the need to redesign family medicine and develop a new model of care, and I shake my head in remorse when I consider the challenges our elders face: a Byzantine bureaucracy of federal programs, inadequate support to stay at home, and specialists who are ill prepared to care for the growing number of aging patients. When the Boomers hit old age, will anyone be there to care for us?

My scheduled time with Ms. Smith is well past, and I send her off with a cheery, "See you next visit."

"God willing," she replies.

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* To protect the patient's identity, her name has been changed and her history slightly modified.