

What it's like to specialize in geriatrics: Shadowing Dr. Lammers

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As a medical student, do you ever wonder what it's like to specialize in geriatrics? Meet Eugene Lammers, MD, a geriatrician and featured physician in the *AMA Wire*® “Shadow Me” Specialty Series , which offers advice directly from physicians about life in their specialties. Check out his insights to help determine whether a career in geriatrics might be a good fit for you.

“Shadowing” Dr. Lammers

Specialty: Geriatric medicine

Practice setting: I am the medical director and primary care physician for a PACE (Program of All-inclusive Care for the Elderly) program

Employment type: Employed by a nonprofit corporation

Years in practice: 30-plus



A typical day in my practice: I wake up early, check for any overnight calls or admissions, stop by the hospital or nursing home on the way to work, and then have a meeting of the interdisciplinary team at 8:25 a.m. Two nurse practitioners and I see both scheduled and walk-in appointments every day, Monday through Friday. As the medical director, I also have responsibilities for quality and utilization. I work full-time, five days a week. I have coverage for nights and weekends, and I stopped taking call about a year ago. I often have a medical student on a fourth-year elective with me, which is a lot of fun.

The most challenging aspect of caring for older patients: My geriatric patients are likely to have multiple chronic conditions, each contributing, along with normal aging, to their overall function, or lack thereof. And, while the over-65 generation has lots of wealth, there remains lots of poverty as well. Poor older adults are particularly at risk for social isolation, medication and physician-access issues and poor nutrition, all of which contribute to their decline.

The most rewarding: Taking a medically complex patient and implementing a plan of care that really improves his or her life is a fantastic feeling. This involves both traditional “medical” issues, like stopping unnecessary or harmful medications or coordinating care with the right specialists, and nonmedical things like getting patients connected to social services and other support in their area.

Three adjectives to describe the typical geriatrician: Caring. Compassionate. Devoted.

How my lifestyle matches or differs from what I had envisioned in medical school: I went into a geriatrics fellowship after falling in love with caring for older adults as a practicing internist. So, I knew

what I was getting into. Geriatrics has provided me with a career that has been interesting, varied and manageable. I mostly have worked a Monday-through-Friday schedule with limited weekends and without working nights. Not everyone is so fortunate.

Skills every physician in training should have for geriatrics but won't be tested for on the board exam: Remember that medications are dangerous, so use them as judiciously as you can. Remember that hospitals are dangerous places for older adults, so keep your patient away if you can. Remember that age is only a number; some 65-year-olds are more like 90 on the inside, and some 90-year-olds are like 65 on the inside.

One question every physician in training should ask themselves before pursuing this specialty: Can you thrive on working with complexity? If you are more interested in treating one problem at a time, then geriatrics may not be right.

Three books every medical student interested in geriatrics should read: *Being Mortal: Medicine and What Matters in the End*, by Atul Gawande, MD, MPH *Geriatrics at Your Fingertips*, edited by the American Geriatrics Society *Medicare Matters: What Geriatric Medicine Can Teach American Health Care*, by Christine K. Cassel, MD

The online resource students interested in my specialty should follow: UpToDate is my favorite "medical" resource, but students should also get an e-membership from the American Geriatrics Society. It's free!

One quick insight I'd give students who are considering geriatrics: Work hard and learn all you can in every area you can. Geriatric patients are extremely rewarding but can be extremely complicated. Have fun in what you do!

If I had a mantra or song to describe my life in this specialty, it would be: I suppose it is more of a saying than a mantra, but I always tell the students who rotate with me, "Geriatrics is for smart people." While all doctors are smart, not everyone is cut out for the detective work, the multiple complex issues in play at any given time, and the uncertainty in dealing with a fragile population.

Why it's important for physicians in training to choose specialties that relate to geriatrics: The cost of caring for older adults is exploding as the population ages. We need physicians to both care for the aging population and teach others to do so as well. Without physicians and other health care professionals with advanced training in geriatrics, we will fall behind as the Baby Boomers age into the older adult population.

More about your specialty options

Read more profiles in *AMA Wire's* "Shadow Me" Specialty Series to learn additional insights

from physicians in such specialties as infectious disease, adolescent medicine, physical medicine and rehabilitation, radiology and orthopedic surgery, among others.

| Check out the AMA's *Choosing a Medical Specialty* resource guide (member log in required).

| Be sure to avoid these 5 common mistakes students make when choosing a specialty.