

# Slow Medicine

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Slow medicine is an approach to providing end-of-life care that discourages the use of aggressive and costly procedures to attempt to stop the inevitable decline of advanced age. This concept encourages physicians and family members to take a step back and consider decisions about procedures that may have high risks and limited rewards for the elderly and their loved ones. Dr. Dennis McCullough, a Dartmouth geriatrician, developed a concept for his elderly patients in regard to end of life decisions, and coined the term "slow medicine." Similar to hospice

philosophy, the goal of slow medicine is to keep the patient comfortable rather than trying to cure him/her.

It is important to note that the elderly are the only group in the United States to receive universal health coverage under Medicare, leading to huge federal expenditures that are likely to be unsustainable as boomers age. Under the concept of slow medicine, patients can decline hospitalization, tests, surgery, medication or nutrition. In fact, many patients are aware that intense medical treatments could accelerate their downward trajectory, resulting in greater decline and dependence, also known as "death by intensive care." The chief medical officer at U.C.L.A., Dr. Tom Rosenthal, explains that aggressive treatment for

older adults at acute care hospitals can be "inhumane," and once in place, "it's really hard to pull back from it."

Thus, beginning conversations about treatment decisions before medical emergencies arise is the recommended practice. Most adult children who watch a parent's daily decline support the concept of slow medicine. As described: "It was my father's choice. He could have changed his mind at any time. They slowly weaned him from the meds and he was comfortable the whole time. All he wanted was honor and dignity, and that's what he got." Slow medicine is an approach that should be considered when thinking about end-of-life care for elderly loved ones.

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