Boomers as the Forlorn Hope:
A New Twist on the Old Lie

"*Dulce et decorum est pro patria mori*"; Horace's Latin ode introduced the trope that it is sweet and fitting to die for one's country. By World War One, poet Wilfred Owen was using the phrase with open irony, labeling its use to lure the young into wars as, "the old lie." For the sake of our country's future, our generation, the Boomers, may need to dust off the original idea and examine it in the light of a new set of circumstances and imperatives.

Among the tangle of social problems that may lead to a poorer future for our children and grandchildren, perhaps the single most important one is the overgrowth of the Medicare program, and its effect upon America both in this generation and in the future. Many economists feel that the size of the program is untenable, that it is currently creating a large portion of the deficit-spending in which the government is engaged, and that this deficit spending will lead in time to a much more difficult economic landscape, possibly approaching economic catastrophe. In 2005 Alan Greenspan (while still Teflon) testified to the House Budget Committee, "We have to find a better model, the resources needed for (Medicare) programs, as they are structured today seem increasingly likely to make current fiscal policy unsustainable. Something's got to give." It should be pointed out that since that time, in spite of the admonition, little or nothing has meaningfully "given" in that regard. We continue to spend too much on the old and not enough on the young, and though there are certainly other problems such as Social Security and the untenable legacy of defined benefit retirement plans created since World War II, Medicare is a vastly larger source of inappropriate expenditure and the whole subject of public medical

expenditure by the Boomer generation should be our first focus in any effort to correct the economy over the long term.

Medical ethicist Daniel Callahan raised the basic issue in the 1980's in his book, *Setting Limits*. Former Colorado governor Richard Lamm raised the volume in the 90's, and more recently and urgently David Brooks (2010) of the NY Times opined that "We are living in a time of reverse generativity," in which the government is spending $7 dollars on the elderly for each $1 dollar it spends on children. As recently as August of 2010, testifying before the Senate Budget Committee, MIT professor Simon Johnson was still urgently making essentially the same point. Presumably referring to the now immobile Democratic administration as opposed to the previously immobile Republicans whom Greenspan had represented, he said, "Though there has been no movement in the last two years there is still time. Certainly we must do something about Medicare."

Can we realistically expect to fulfill all the promises we have made to ourselves with a "dependency ratio" in the next decades approaching only three young working people providing the resources for each retiree? This is down from the original 35:1 ratio when Social Security was conceived in the1930's. In 2040 it is projected that there will be more people over the age of eighty in the US than people under five. (Moody, 2010) With a worsening lack of public investment in education, research, and refurbishing the civil infrastructure of water, power, and transportation, we see a world in which we will have simply spent too much on the elderly and not enough on the future of the country.

We have arrived at this ill-skewed usage of the Commonwealth at least partly through commercial exploitation of medical care for the elderly, largely funded by Medicare, now the second largest expenditure in the US budget, behind only Defense. Much of this public

expenditure, which has proven immensely successful for privately capitalized health-care businesses of all stripes, is occasioned by the existence of what might be termed a "default system" in American medicine. While the poor have difficulty getting enough appropriate care, anyone well off enough to be funded by insurance or Medicare becomes a target of economic exploitation for the medical-industrial complex, and often find themselves unable to easily opt out of medical care even when that is what they wish to do.

A gradual extrapolization of medical treatment principles, certainly logical and supportable when applied to the problems of a younger, acutely ill population (such as the system of Advanced Trauma Life Support that underpins our admirable system of response to vehicular and industrial accidents), when allowed to activate the Medicare/Medicaid-funded circular admission/discharge/admission non-system between nursing homes and hospital-based intensive care units, leads to billions of dollars of deficit resource use which, ironically, in a significant percentage of cases is not actually wanted or needed by those at whom it is directed. Geriatrician Joanne Lynn (1999) and her colleagues reported that of their sample population of those over 80 years, a third would chose to avoid the current default care rendered by the medical-industrial complex if acceptable options for simpler home-based care were available. She was also involved in later work with Somogyi-Zalud and colleagues (2002) that found that the use of intensive life-sustaining treatments was prevalent in very old patients who died anyway in the course of their hospitalizations, despite the fact that the majority in their study had expressed a preference for only simple comfort care. This work demonstrates how difficult it is for us to maintain control if what we wish is to forgo therapy, and how powerfully the default of moving inexorably toward treatments holds sway. What is required is strong case-by-case leadership and fiduciary action by primary care physicians to rationalize care, however, they are

negatively incentivized to take the time and risk potential conflict to oppose the default protocol driven flow of specialty-oriented, hospital-based medicine. In any case primary care physicians are a dying breed in terms of their numbers and availability. A related issue is our societal lack of understanding even the simplest information regarding prognoses and treatment options. Lip service is paid to "giving patients their options", but the complexity of proposed therapies and the inability of patients to truly envision the implications of what is being proposed make any truly free-choice, market based activity a sham at best and pure hypocrisy at worst.

All of this simply says that while we spend too much, we don't always even use the resources in ways we desire or need, and we have no will at the political level to change the situation. What then is to be done? It is an important point that if the body politic wishes to have *more* of a thing, political will and cooperation are required in order to organize and carry out the project. But if the populace should simply wish to have *less* of a thing, e.g. the type of care Medicare is currently delivering it is fully within the capability of the citizenry, acting as individuals controlling their own fates, to opt to use *less* of any such resource. If the representatives of the people will not touch the "third rail" to alter these things at the programmatic level, citizens at the grass-roots level can still simply get off the train. Currently there is little professional support or guidance, other than Hospice, for those who would make such an opt-out decision. Hospice is constrained to operate only relatively late in a medical history. Ironically, those who submit to continuation of therapy, often out of blind fear, with little true understanding of its real burden and benefit, are characterized almost universally as having "fought courageously".

What does it mean to be truly courageous in the face of serious illness? What are the sacrifices and advantages that we are likely to experience by simply taking less of what Medicare

offers; significantly less, enough less that it might make a real change in the economic trajectory of the country? Say, perhaps fifty per cent or more, taken right off the top, across the board, without obfuscatory bookkeeping. What would our living and our dying in such a world actually look like? This has been at least outlined by the author under the rubric of "Common Care." (2007)

Let us first make the open assumption that in such world, the average Boomer would die at an earlier age than at present. However, let us further assume that we are not talking of suicide, nor even of forgoing the "low hanging fruit" of relatively simple therapies with relatively high benefit, e.g. even if a person who is philosophically committed to the idea of taking less should experience appendicitis, if a single surgical procedure can avoid an excruciating death and return a person to essentially no worse a condition than before, they might consider such a benefit-to-burden ratio quite rational. On the other hand a third or fourth admission to the hospital for inexorably progressing congestive heart failure or for cancer chemo therapy which might prolong life for only a short time (a recent analysis showed that an advanced therapy for prostate cancer which may cost patient, family, insurer or society on the order of $90,000, results in a gain of 4 months of life) might just as reasonably be treated in a much simpler and purely palliative mode, even it means that one is "letting go."

How do we muster the bravery to do that "letting go" by choice? How do we achieve equanimity and acceptance in the face of what is after all the frightening prospect of our personal ending? In her poignant study of Death and the American Civil War, This Republic of Suffering, historian and current President of Harvard University Drew Gilpin Faust (2008) explores what has long been termed "*ars morendi,*" the art of dying, and presumably of dying well. "Dying was an art, and the tradition of *ars moriendi* had provided rules for the moribund and their

attendants since at least the fifteenth century.: how to give up one's soul "gladlye an willfully"; how to meet the devil's temptations of unbelief, despair, impatience, and worldly attachment; how to pattern one's dying on that of Christ; how to pray." Speaking to a more Humanistic tradition Faust notes that during and after the compacted trauma of the Civil War, "Assumptions about the way to die remained central within the Catholic and Protestant faiths, but they had spread beyond formal religion to become a part of more general systems of belief held across the nation about life's meaning and life's appropriate end." Religionist or Humanist, it should really make little difference as both traditions provide understanding and support for The Good Death.

Potential negatives are certainly a part of the equation and we should look upon them as clearly as we can. The recent discussion of "death panels," while clearly used in some cases to grasp political power through crude fear-mongering, does contain a valid caution. As James Ridgeway (2010) protests in his Mother Jones article "Meet the Real Death Panels," "I'm as public spirited as the next person, and I have a Gen X son. I'd be willing to give up some expensive life-prolonging treatment for him, and maybe even for the good of humanity. But I'm certainly not going to do it so some Well-Point executive can take another vacation, so Pfizer can book $3 billion in annual profits instead of $2 billion or so private hospitals can make another campaign contribution to some gutless politician." One could, however, alternately see the situation as simply removing ourselves (we Boomers) from the customer base of these venal institutions, thus denying them the ability to exploit us further as targets of economic opportunity.

If we are to deconstruct the subject objectively, another valid problem to be faced is that what starts as choice often ends as expectation. There is danger that the option to opt out that some may cherish may be at some overt or covert level thrust upon those who would not

naturally prefer it. Until there is some kind of glowing indicator of the true motives in people's souls we must walk upon the edge of the abyss without sliding into it depending solely upon the strength of our characters to support those who prefer the more "troublesome" and "inconvenient" and "expensive" option of using resources, supporting them to exactly the same extent as those who choose to forego them. These will be the most fragile and vulnerable among us, and though it is in fact not necessarily the best thing for patients for physicians to follow every muddled demand they may make, no matter how unrealistic, again it requires great strength of character for fatigued families and harried physicians to maintain a true balance in advocacy.

Once decisions have been reached it will be certain that some people will die sooner, and at least some may die in greater pain than would otherwise be the case, though good palliative care should obviate that problem to a great extent. Hospice experience of nearly 30 years leaves me, as a practicing physician, with little anxiety on this particular point in terms of my own ending.

Recognizing that we are dealing with a bio-psycho-social system, and that all of this takes place within the larger society and on a canvas which sees many alternative definitions of the good and the bad, the fact that a great part of the customers of the medical-industrial complex might remove themselves may have the unintended effect of the loss of many of the good jobs of those whose livelihoods were heretofore based upon caring for them, from neurosurgeons to nurses aids. Some of this employment may be simply diverted fungibly from highly technical to highly personal care; fewer neurosurgeons, more nurses aids. If however there is not a very large drop in overall medical expenditures, a large part of which now go to make up all these workers salaries, the effort will have been in vain as a politico-economic correction. Thus, the rock and

the hard place; continue deficit spending and support the employment base of the medical–industrial complex in the shorter term, or bring about the cut-backs and austerity necessary to avoid high public debt, high taxes, and resulting trans-generational economic calamity in the coming decades, accepting higher unemployment and fewer personal services now.

Potential positives in forgoing much potentially available high-tech therapy would include greater personal control as well as avoiding the Swiftian "Struldbrug"-ism that so often attends the slower and more drawn out decline involved. The compression of morbidity through more medical care is not universal. Paying for extended, complex courses of medical care is also one of, if not the, most common causes of personal and family bankruptcy in the US today which could thus be largely avoided.

At some point our soul searching should also have us ask ourselves the question that T.S. Eliot put in the mouth of Thomas Beckett lest we might "do the right thing but for the wrong reason." Depression, cynicism, and existential impatience would be poor reasons for us to let go sooner, though much more interior and thus much more difficult to discriminate within ourselves. As Garrison Keillor pointed out to his Lutheran friends, "This thing you call character…it's just a mild case of depression."

This particular brand of altruism may define our mission and even redeem our generation's good name, which we may justly have been said to have sullied by sex, drugs, and rock and roll; while we have been lusting in the Purple Haze we really have let much of the civic and physical infrastructure of the country simply fall apart (although to our credit we *did* successfully do the Cold War without blowing up the world, *and* shepherded civil rights from Rosa Parks on the bus to Obama in the White House, *and* are so far bearing up peacefully under a second Great Depression). Along with our capacity for passive forbearance of resource

utilization we should also reach down into the residua of our libidinous energy and become a directive force to accomplish the alternative social ends for which we are presumably sacrificing all this medical care. We must couple any putative savings with political will to positively affect the infrastructure through shifting the force of these resources. "It now seems clear that the only way the US is going to avoid an economic crisis is if the oldsters take it upon themselves to arise and force change. The young lack the political power." David Brooks goes on to declare, "Only the old can lead a generativity revolution- millions of people demanding changes in health care spending (downward) and the retirement age (upward) to make life better for their grandchildren."

If indeed the are Boomers sacrificing, what is that sacrifice compared to the hundreds of thousands of young soldiers who have spent the last decade in dangerous places far from their homes? Or those who stormed ashore to put down malignant powers in World War Two. These young people are asked to put at risk the possibility of death or crippling injury just at the beginning of arguably the sweetest part of life. We Boomers are risking only the loss of a relatively few years of living which are realistically often also the most involved with the debilities of advancing age.

Are we afraid that we will physically suffer more pain and discomfort with a less technologically supported passing? What is that risk to the risk of being machine-gunned on beach wire, or of an IED tearing off a leg or an arm, and yet those who have gone to war have always been able to screw up their courage to face those risks daily. Even Wilfred Owen himself, who saw it coming so clearly, stayed there in the trenches in WWI, and who was in fact killed before the Armistice. What mettle must that require? It may be that this "Geezer Crusade", as it has been called, may actually prove to be an opportunity to test our

character and prove our own mettle. Dulce et decorum. Cincinnatus answers the call, but simply doesn't expect to make it back to the plow. And in our case, it should certainly not be said that anyone older and slyer tricked us, for *we* are the old and the sly and are no longer malleable "children ardent for some desperate glory."

To extend the military metaphor we may be a kind of absolute Forlorn Hope who know that not one of us will survive to be rewarded in any way beyond the posthumous gratitude of our posterity. Actually the more apt metaphor would have us serving as the rear-guard of our society as it is in what will hopefully be only a tactical and temporary generational retreat prefiguring some greater rise of America in a later generation. Our rational management of resources now will have a lot to do with when, or indeed if, that next rise will occur. If this seems low spirited and unworthy, stop and think of whether what we wish is to blindly crash the nation in futile flames to begin a new Dark Age (with a capital D) or rather to bring this craft in for a softer landing for now, to wait out the foul conditions of a merely dark age (with a small d). The Duke of Wellington was never accused of being in any way "low spirited", but when asked to identify the most important character traits of a successful military commander he is said to have responded, "The wisdom to understand when a retreat is in order, and the bravery to order it." In the long run he out-generaled everyone else on the field, and largely due to this rational approach, his country ultimately won the great conflict of his day.

For the student of history, it has always been a fascinating to try to understand the sources of the physical bravery required of those who have marched in step into the maw of battle, directly into guns, or stood fast in the face of onslaught with sword or spear. While it mat be good to encourage and support that sang-froid, in terms of the slippery slope of

things, it will simply be up to us as a movement to self-monitor to prevent the option from becoming the requirement, the volunteer from becoming the draftee.

Given that however, it seems that at least in past ages there was a sort of inculcation into that fatalistic and romantic mentality; one could sport the Hussar's resplendent pelisse at the Grand Ball, or cocky bomber jackets down at the USO, but in return for the strut, when it came right down to it, when the nation needed someone to actually line up knee to knee and spur off toward the guns or actually hold the B-17 on course through a storm of flak, you had to go. There was something about the mutual expectation that soldiers built regarding doing one's duty; of avoiding "poor form," celebrating the fatalistic bravado of the Forlorn Hope. What in the young has been derided as misguided madness, in the elderly may be the highest ethic. In short, it may be that our generation, through mutual expectation and mutual support may be able to bear up under whatever sacrifice will be demanded by the seemingly inexorable change in medical use with more equanimity, steadfastness of decision, and dare it be said, even good humor and creativity. Michael Kinsley, writing in the October 2010 Atlantic Monthly cuts straight to the heart of the solution. "Instead of arguing about whose fault the current fiscal mess is and who should pay for it, Boomers, as an age cohort should just grab the check and say, 'This one's on us.'" The actual way to pick up the check is to NOT spend the money, and the single most effective way to do that is to begin to opt out of extensive medical care, clearly understanding and accepting he consequences. Given the transformation of American medicine over the last sixty years into a quasi-religious institution of oppressive dogma and hierarchy, that would rank almost as heresy, certainly as a "countercultural" action of note.

Like the most recent wars of the young, this time the mission will be for the boys *and* the girls equally; all skate. Though some people are male and some female, some black and some

white, some Moslem and some Christian, some rich, some poor, etc.; the one thing we will *all* be is old. This is indeed the one that we are all in together.

We will be mutually responsible for the esprit of a generation actively carrying out this "generativity revolution". Some of us will create its Goya-esque Insurrecto art, its Red Badge of Courage literature, its dance hall swing music, and given the times, the equivalent Neo mixes, mashes, and originals for our age in digital media. Perhaps we just need to channel The Andrews Sisters to hold our bomber jackets while we take a last drag off a Lucky Strike, spit in its eye, and go about boogie-woogying off into the wild blue yonder. Dulce et decorum. Est, indeed.

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