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FILLER

When my fiercely independent friend died

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A year ago, my friend David died. He loved books, music, art, and travel, and he was a dab hand at using the internet. He was admitted for elective resection of a rectal carcinoma. Postoperatively he developed bilateral pneumonia, acute kidney injury, and sepsis. He died 11 days postoperatively aged 87 years. At his funeral, one of his close friends said, "He should never have had that operation … never." I wonder whether she was right.

Society worries about the growing medical and care needs of frail elderly people and of those with cognitive impairment. For me, David highlights another issue. As the population ages, there are increasing numbers of very elderly people who remain intellectually bright, active, and outwardly well. The sort of person who, if you were asked to guess their age, you would underestimate by at least 10-20 years. Do we know how best to treat such people? I see these fiercely independent people in my diabetes clinic and try to treat them, without prejudice, according to their biological age. But what meaning do targets for cholesterol, blood pressure, and HbA_{1c} have in people aged over 85 years?

With colorectal cancers, there is evidence that age itself is not an independent risk factor for poor operative outcome. What seems to be important is the presence of comorbidities. People collect comorbidities as they age. Half the population in England aged over 60 years have a long term condition. Although David seemed well, he had four comorbidities. We know how difficult expressing risk and understanding risk can be. How can you explain operative risk to a very elderly person, taking account of comorbidities and balancing that against the significant risk of non-cancer death in the near future relating solely to their great age? Do we need risk calculators, like those used for estimating cardiovascular risk? Do we need specific clinicians who are highly trained and skilled in assessing and communicating risk with patients? Do we even have the research and evidence base to advise on best treatment for those aged over 85 years?

David spent a lot of time talking to his surgeon about the mechanics of the operation. He was both grateful and impressed with how much time had been freely given. I think that, for David, the decision to undergo surgery was ultimately because it was his only chance of a cure. But I wonder how much he understood the risks. I wonder whether he should never have had that operation.

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