Foreword Knowledge, Wisdom, and the Practice of Geriatrics





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I wish I knew who actually said, "Knowledge is knowing which way to look when crossing a one-way street; wisdom is looking both ways, nonetheless." I have used that quote so many times, especially on rounds.

An 86-year-old patient is admitted for the third time in 6 months with an exacerbation of congestive heart failure (CHF) manifest by fluid overload. Knowledge of management of CHF directs us to diurese him while monitoring renal function and other parameters. But wisdom moves us to ask, why is he experiencing still another episode of fluid overload? Does he have the medications he requires? Is he taking them? Is he following a salt-restricted diet? The list goes on. Moreover, our inquiry might include more integrative questions, such as, does he and his family understand the natural history of CHF? Should we be focused more on home care, and achieving goals that are both possible and valued by our patient.

No group of physicians appreciates the importance of wisdom, in addition to knowledge, more than do expert geriatricians. They know the most up-to-date, evidence-based guidelines and use them to direct care. But geriatricians also understand that, in addition to guidelines, nothing is more important than personalized care, adjusted to the patient's age, sex, comorbidities, socioeconomic determinants, and, most importantly, the patient's personal goals. That takes wisdom.

Where does wisdom come from? From experience, of course, and also from knowledge of the most recent medical advances and guidelines. Expert geriatricians, however, charged as they are with care of complex, elderly patients with multiple comorbidities and complex living situations, appreciate as much or even more than other subspecialists that high-quality care requires wisdom grounded in knowledge.

So I commend us all to spend time with this issue of *Medical Clinics of North America* "Geriatrics for Internists." It includes up-to-date articles on pharmacology in the elderly, fall prevention, cognitive impairment, bladder and bowel symptoms, chronic

xvi Foreword

pain, osteoporosis, and perioperative assessment in the elderly. It also includes articles providing thoughtful advice on identifying goals of care, geriatric assessment, managing sadness and worry in the elderly, symptom management, and challenges related to safety and independence. Our guest editor, Danelle Cayea, has assembled an outstanding group of expert authors. They have reviewed the most recent knowledge and point us in the direction of wisdom. We may not all restrict our practice to geriatrics, but we can provide our elderly patients with the best possible care.

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