“Life isn’t about your age. Life is about living. So, when your birthday comes, be thankful for the year that has just past and anticipate with a happy heart what the coming year will bring.”

— Catherine Pulsifer
Dear colleagues,

Our July newsletter should initiate a discussion about age. This includes insights and reflections from radiologists, trainees and staff who might feel young, old or anything in between. We will learn about aging in different cultures, journeys through Academic Medicine, a note from a former Chair of the Nobel Assembly to his 30 year old self, and why experience in medicine matters.

We want to express our appreciation and respect for our senior colleagues and staff, for their contributions to our Radiology teams and Stanford Medicine. Ageism exists in a workplace when employees over 50 years of age are passed over for career opportunities - or where social committees and workplace politics focus on the needs and wants of younger workers. Interestingly, it is often not until a senior employee leaves that we realize that it will take two or three new hires to meet the requirements of that position. Our field of medicine is highly dependent on professional experience. To provide the best possible care for our patients, it is of utmost importance for our community to enable and retain the decades of procedural and organizational expertise and wisdom of our senior team members.

Time is fascinating and precious. Every one of us was once the youngest person on earth. And when the oldest person on earth was born, there was an entirely different set of people on it. Our clocks are running and do not wait for anyone. Sometimes, a moment can feel like an eternity. Sometimes, years seem to pass by in an instant. And then we realize that not everything that counts can be counted.

Heike E. Daldrup-Link  
Associate Chair for Diversity  
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https://www.youtube.com/watch?v=1IHOdijxjds  
https://www.ted.com/talks/isabel_allende_how_to_live_passionately_no_matter_your_age
When I first came to Stanford, I was nearly the same age as the residents. Now, 26 years later, I’m older than many of their parents. We all joke about “senior moments”—forgetting where you put the keys, searching for eyeglasses while you’re actually wearing them, etc. Yet it seems that denigrating and mocking our elders is the last permissible form of prejudice in the mass media. I laugh at Saturday Night Live skits like the one showing Amazon’s “Alexa” smart-speaker “specially designed for the Greatest Generation” responding in an extra-loud voice to any name the memory-challenged senior happens to call it. But hearing stories about brilliant middle-aged engineers getting laid off from Silicon Valley companies and then unable to find other jobs despite years of experience isn’t funny at all. Ageism is rampant, especially in Silicon Valley where people old enough to remember the time when cherry orchards lined El Camino Real in Sunnyvale are viewed as useless by twenty-something tech entrepreneurs expecting to be the next Mark Zuckerberg.

Fortunately things are not as bleak in medicine. The stereotype of the wizened, seen-it-all physician works in favor of older professionals like me. Indeed, it actually worked against me when I was younger and looked more like a high school student than a seasoned pro. While it can be depressing to think that I have more years behind me than ahead of me, my job itself in Radiology is easier than it was when I first started. Having seen hundreds of thousands if not millions of cases over the years, I can draw upon experience instead of memorized lists of differential diagnosis when interpreting studies. And even with all this background, I still see entities every day that I’ve never seen before, stimulating me to still learn more.

I’m confident that experience benefits not just me personally, but also the patients and trainees I work with. Patients are helped by older radiologists with expertise in both new modalities like CT, which show anatomy and pathology in vivid detail, and older modalities like plain films and barium studies where abnormalities may be subtle and difficult to distinguish from normal variation. Trainees can benefit from teaching in these “lost arts,” as well as from the personal connections I’ve made with Radiology colleagues all over the country when they are looking for jobs.

Yet I’d like to think the benefits of having older faculty extend beyond the mere transactional. Belonging to the community of Stanford Radiology, we can all share life’s ups and downs-- finding significant others, starting families, getting first jobs, losing loved ones -- while learning from one another, helping patients and their doctors and getting the work done together.

Terry Desser, MD
Professor of Radiology
Different cultures have different attitudes and practices around ageing and death. These cultural perspectives can have a huge effect on our experience of getting older. I present an observed African perspective focusing mainly on how ageing is experienced and celebrated, taking into account the relatively huge gap in life expectancy. People are expected to live to about 78 years in the US and about 60 years in sub-Saharan Africa. People of this age group are still a relatively large work force in the US.

Every now and then, I visit the geriatric home where my wife works and it is usually a reminder of how different cultures honor old age. “How often do these people get visits from their children or loved ones?” I asked. “It depends on the race. A few get daily or weekly visits. Most residents do not get frequent visits and some residents have never had a visitor for years.” she replies. In the US, taking care of the elderly at times can be seen as a burden. But in Africa, it’s considered a blessing. In many parts of Africa, it may be considered cruel and abominable to send old and sometimes helpless people into nursing/geriatric homes, particularly when done against their will. Geriatric homes are practically non-existent in most of sub-Saharan Africa. An African widow aged 70 or older, who does not own a home is typically living in a house built by her children with relatives taking care of her. She is always spending quality time with neighbors, children and grandchildren who constantly visit her as a source of wisdom, childcare and knowledge. Children who emigrate from Africa living in the US often invite their parents to visit and are expected to take care of them when they fall sick. The African usually buries their parents with an expensive farewell ceremony. A vigil is held at the family home where the whole community comes to pay respect and offer condolences to the family. Drinks, songs and traditional dances are constant signatures that accompany such an event.

On a number of occasions, in the West, I have seen a teenager grudgingly vacate his or her seat in buses or trains for a more elderly man or woman standing close by only after a conductor’s intervention. Other passengers stay unconcerned for the most part, maybe because it is not their child. I grew up in Africa where communities tend to be more intimately bound by cultural and social
ties with parents generally feeling a common responsibility to raise all children. Such a concept will be seriously frowned at in the west. It is not uncommon to frequently hear phrases like “Respect your elders”. Christian parents constantly quote the Bible to children using choice examples like “Honor your father and mother...” and I am sure across Africa, many children growing up must have heard different versions of the popular African saying “an old man sitting on a stool can see farther than a young man who has climbed a tree”. The concept that the village raises a child is emphasized across Africa with messages to respect elders echoed even louder the more elderly the person is. A full crown of white locks on the presumably wiser head invites and commands much respect. The effect of this is that children grow to respect and protect elders. Very often you see several teenagers competing to give up their seats to an elderly person inside a bus, train or church.

Furthermore, in popular culture in the US especially in Hollywood, physical signs of ageing are viewed/perceived as hallmarks of a disease and products are constantly advertised on TV, driving the age-sick to purchase and conceal even the slightest wrinkle or gray hair. There is some degree of shamefulness and fear associated with ageing, because of the real threat of possible age discrimination, exclusion, poverty and general insecurity. On a public level, similar concerns around ageing remain uncommon in Africa and elderly care and concern is not really a pressing policy issue. In fact in many cases, ageing is looked forward to with all its attendant perks from the clan.

By 2050 all regions of the world except Africa will have nearly a quarter or more of their populations at ages 60 and above [1]. Currently, the population in the US is ageing more than in Africa. Unlike what’s been happening in the US, where there’s a very explicit recognition that an ageing population is a very serious developing issue that requires planning and actions, this is not yet the case in Africa. In the US, the ageing population is very diverse with different groups experiencing ageing differently depending on their cultural roots. I believe with the right policies and attitudes in place, life as we age can be more happily embraced, secure and full of opportunity. I believe that older people are one of the most interesting and wonderful cohorts of people on the planet, with plenty that the younger folks should learn from and grow to respect. They need special recognition globally. Doing so would make the world a better place for all of us. *Ageing is an inevitable path for us all, a blessing if it was not denied by an early grave.*

*Benedict Anchang, PhD*

Instructor, Department of Radiology


[2] https://www.ted.com/talks/jared_diamond_how_societies_can_grow_old_better
As you can see, the age-axis shows different cycles of activity, with no activity after the common retirement age in Europe, 65 or 67 years. After that, you are not even expected to have any capacity for “intrigues or manipulation”. Just sitting on a bench in the park feeding the birds. This is in my mind “age discrimination”. And it is, as far as I know, illegal in the US. It is also interesting to compare this graph with a different attitude in many parts of Asia, where to my knowledge there is no age discrimination and age is regarded as a valuable asset.

If I would write a letter to my 30 year old self today, I would ask myself to appreciate my “capacity”. It was different 50 years ago: I was thinking faster and had more physical strength. In addition to my work in academic medicine, I always loved woodworking and repairing furniture or even entire homes. However, 50 years ago, I measured or calculated once and completed every task very fast. This often meant that things had to be redone. Today I measure many times and plan more thoroughly. Every task takes much longer, but there is no redoing.

In the American workplace, speed, aggressiveness and action are appreciated qualities. As these traits are also characteristic of young age, there is a risk for indirect discrimination of older people. In general, I think task-groups and project leadership in the US would benefit from a broader age diversity. It is good to balance risk-taking creativity with mindful decision-making. The Asian appreciation of experience, consideration, and poise is easy to understand when you get older.

We are born with a set of traits that are modified with training and experience, but they might not change as much as you might think or wish. An important part of aging is to get to know yourself, your inherent strengths and your weaknesses. If your capacity decreases, you should still say yes to new tasks, analyze your working situation (if you are allowed to keep on working) and
Balance risk-taking creativity with mindful decision making

balance between your part of the tasks and delegation. An unavoidable aspect of “ageism” is maintaining health. You may become ill, so include that in the equation. In addition, mental health and age related decline in cognitive capacity is difficult to handle. You may not see it coming and you have to rely on friends and coworkers to inform you, if there is a problem. But until then, enjoy working if you wish or feed the pigeons if you prefer that.

Hans Ringertz, MD, PhD
Adjunct Professor, Radiology
Associate Chair, Special Projects
Chair, Nobel Assembly, Karolinska Institute 2002

Centenarians of Barbados

When you reach an age of 100 years in Barbados, you get a stamp in your name:
In the 40 years since I finished my fellowship I have received many (unsolicited) offers for employment in the private Radiology sector, always at salaries so far in excess to what I was making that I was hesitant to discuss them with my wife! However, I have never regretted for a moment the decision to pursue an academic career, and the salary difference ultimately became totally irrelevant. My academic interests have significantly enriched my daily and weekly work activities, and have introduced me to radiologists from around the world who have become collaborators, colleagues and friends. We still see each other on a regular basis and now have grandchildren to compare and brag about as well as our children.

Academic Radiology has not only enriched but has extended my career. I am quite sure that the grind of personally reading through lengthy lists of exams and/or performing interventional procedures (which I did for most of my career) would have proved too taxing at my age. Having a steady supply of bright, eager, new residents and fellows, all of whom can decipher new technology faster than I, is a source of relief as well as reward, as my experience and “wisdom” hopefully offset my technical deficiencies.

We in Radiology are especially fortunate that our work is not physically as demanding as in some other specialties. Many academic radiologists in their 70s are still welcomed as active contributors by their department chairs. Sam Gambhir has certainly encouraged many of us senior radiologists to remain active in our Department, and has been generous and creative in helping to work out duties and work schedules that match our own evolving needs as well as those of the Department.

I will be “retiring” on August 2 this year, and returning to work August 3 as an Emeritus Professor, working 2 clinical days per week while continuing my teaching and other academic pursuits. Academic Radiology has proved to be a source of great and enduring satisfaction, for which I am eternally grateful.

Michael P. Federle, MD
Professor of Radiology
Stanford University
Unlike racism, sexism, and homophobia, ageism represents a prejudice against a group that all members of the “in” group will inevitably join if they live long enough. Ageism is a phenomenon that allows us to maintain negative stereotypes about our future selves. What vision of old age could have led to society's view of the traditional nursing home as a fitting and pleasant solution to the health problems of old people? Surely, it was not a vision of old age as a vibrant period or a vision of old people as important parts of their families and communities.

Ageism involves negative stereotypes about seniors, which are rooted in the fear of death. Older people themselves may share ageist views of their contemporaries and of those who are slightly older than they. Such implicit biases can result in discrimination in the workplace and or discriminative behavior against elderly patients. For example, thinking of older people as innocent, cute, adorable, or fragile and in need of protection may seem positive but in fact reflects stereotypes. Infantilizing elderly patients can lead to patronizing behaviors, cause loss of a patient's self-esteem, motivation, and feelings of control and thereby, negatively affect health outcomes.

All of us, whatever our age, arguably need to be aware of the propensity to hold ageist attitudes (which, incidentally, are highly compatible with loving and positive attitudes toward elderly members of one’s own family). The editors express wonder that so little concerted effort has been made to counteract ageism, either through advocacy on behalf of older people or through self-advocacy by older people. Ageism, in some way, has been condoned, as witnessed by shelves of noxious greeting cards that perpetuate stereotypes. Physicians, nurses, social workers, and many others in both practice and policy-development roles need to be aware of ageism.
Stanford Continuing Studies welcomes all adult members of the community—working, retired, or somewhere in between. Each year, more than 14,000 students take our on-campus and online courses in order to enrich their intellectual and professional lives. On-campus classes typically meet one evening a week (Monday through Thursday) in the heart of Stanford's campus, usually from 7:00 – 8:50 pm. Online courses are available as well. Most courses are five to ten weeks long, and weekend workshops are also available. Eligible university employees may use Staff Tuition Assistance Program (STAP) funds for these classes. Employees at Stanford Hospital & Clinics and Lucile Packard Children's Hospital may use their Educational Assistance Tuition Reimbursement funds. Take courses for pleasure, personal enrichment, or professional development:
https://continuingstudies.stanford.edu/
https://continuingstudies.stanford.edu/courses/courses-overview
You don’t have a right to the cards you believe you should have been dealt. You have an obligation to play the hell out of the ones you’re holding.

Some guy said to me: Don’t you think you’re too old to sing rock n’ roll? I said: You’d better check with Mick Jagger.
— Cher

At age 20, we worry about what others think of us. At age 40, we don’t care what they think of us. At age 60, we discover they haven’t been thinking of us at all.
— Ann Landers

Old age is always fifteen year older than I am.
— Oliver Wendell Holmes

Your life’s scorecard is all about what happened to the people you led.
Do You Think You are Too Old or Too Young?
Think Again!!

1) Helen Keller At the age of 19 months Helen became deaf & blind. But that didn’t stop her. She was the first deaf blind person to earn a Bachelor of Arts degree
2) Mozart was already competent on keyboard & violin, he composed from the age of 5
3) Shirley Temple was 6 when she became a movie star on “Bright Eyes”
4) Anne Frank was 12 when she wrote the diary of Anne Frank
5) Magnus Carlsen became a chess Grandmaster at the age of 13 years
6) Nadia Comăneci At age 14, gymnast of Romania scored seven perfect 10.0 and won three gold medals at the Olympics
7) Tenzin Gyatso was formally recognized as the 14th Dalai Lama November 1950, at the age of 15
8) Pele soccer superstar was 17 years old when he won the world cup in 1958 with Brazil
9) Elvis was a Superstar by age 19
10) John Lennon was 20 years & Paul Mcartney 18 when the Beatles had their first concert in 1961
11) Jesse Owens was 22 when he won 4 gold medals in Berlin 1936
12) Beethoven was a Piano virtuoso by age 23
13) Issac Newton at 24 wrote Philosophiæ Naturalis Principia Mathematica.
14) Roger Bannister was 25 When he broke the 4 minute mile record
15) Albert Einstein was 26 when he wrote the theory of relativity
16) Lance E Armstrong was 27 when he won the tour de France
17) Michelangelo created the two of the greatest sculptures “David” and “Pieta” by age 28
18) Alexander the Great by age 29, had created one of the largest empires of the ancient world
19) J.K.Rowling was 30 years old when she finished the first manuscript for Harry Potter
20) Amelia Earhart was 31 years old when she became the first woman 2 fly solo across the Atlantic Ocean
21) Oprah was 32 when she started her talk show, which has become the highest-rated program of its kind
22) Edmund Hillary was 33 when he became the first man to reach Mount Everest (highest Mountain in the world
Do You Think You are Too Old or Too Young?
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23) Martin Luther King Jr was 34 when he did the speech “I have a dream”
24) Marie Curie was 35 years old when she got nominated for Nobel Prize in Physics 1903
25) The Wright brothers, Orville (was 32) & Wilbur (was 36) when they invented & built the world’s first successful airplane & making the first controlled, powered & sustained heavier-than-air human flight
26) Vincent Van Gogh was 37 when he died & virtually unknown yet his paintings today are worth millions
27) Neil Armstrong was 38 when he became the first man to set foot on the moon
28) Mark Twain was 40 when he wrote The Adventures of Tom Sawyer and 49 years old for Adventures of Huckleberry Finn
29) Christopher Columbus was 41 when he discovered the Americas
30) Rosa Parks was 42 when she refused to obey bus driver’s order to give up her seat to make room for a white passenger.
31) John F. Kennedy was 43 years when he became President of the United States
32) Henry Ford Was 45 when the Ford T came out
33) Suzanne Collins was 46 when she wrote “The Hunger Games”
34) Charles Darwin was 50 years old when his book On the Origin of Species came out
35) Leonardo Da Vinci was 51 years old when he painted the Mona Lisa
36) Abraham Lincoln was 52 when he became president
37) Ray Kroc Was 53 when he bought the McDonalds Franchise and took it to unprecedented levels
38) Dr. Seuss was 54 when he wrote “the cat in the hat”
39) Chesley “Sully” Sullenberger III was 57 years old when he successfully ditched US Airways Flight 1549, in the Hudson River in, 2009. All of the 155 passengers aboard the aircraft survived.
40) Colonel Harland Sanders was 61 when he started the KFC Franchise
41) J R R Tolkien was 62 when the lord of the ring books came out
42) Ronald Reagan was 69 when he became President of the United States
43) Jack Lalane at age 70 handcuffed, shackled, towed 70 rowboats
44) Nelson Mandela was 76 when he became President
You are never too old to set another goal or to dream a new dream.

C.S. LEWIS