BOOKS, THE CHILDREN OF THE BRAIN

'Too Soon Old, Too Late Smart'

"Too Soon Old, Too Late Smart: Thirty True Things You Need to Know Now" (New York: Marlowe & Co., 2004) may be a small book, but it contains a wealth of thoughtful things to say to our patients, to their families, to anyone curious about the world of psychiatry, and to those of us who practice psychiatry as well.

BY RODRIGO A. MUÑOZ, M.D.

Written by Gordon Livingston, M.D., this slim volume is the product of many personal and professional experiences he has enjoyed—and survived—in the several decades he has practiced psychiatry.

None of Dr. Livingston's 30 "true things" is particularly surprising; some, in fact, are close to being clichés, but only because they state simple and profound truths. "The perfect is the enemy of the good" and "The most secure prisons are those we construct for ourselves" are two examples. These simple statements are not the meat of the book, though. It's the accompanying essays, based on Dr. Livingston's own experiences, that will give you something to chew on.

A West Point graduate who served with distinction as a U.S. Army major in Vietnam, Dr. Livingston is an advocate for change. At first a supporter of the war, he distributed a mock prayer on Easter Sunday of 1969 to a group of journalists and high-ranking officers that included Col. George S. Patton III and Gen. Creighton Abrams, the commander of U.S. forces in Vietnam.

The prayer asked God to "Give us this day a gun that will fire ten thousand rounds a second, a napalm that will burn for a week. Help us to bring death and destruction wherever we go, for we do it in thy name and therefore it is meet and just. …In all things, O God, assist us, for we do our noble work in the knowledge that only with thy help can we avoid the catastrophe of peace that threatens us ever." After being arrested, released, and sent home, Dr. Livingston resigned his commission and joined the opposition to the war.

In the book's first chapter, Dr. Livingston recounts an experience he had as a green lieutenant while on a training exercise. He was puzzled because the map in his hand showed a hill that he couldn't see anywhere around him. The veteran platoon sergeant responded with a profound truth that Dr. Livingston never forgot: "Sir," the sergeant said, "if the map don't agree with the ground, then the map is wrong."

When military training joins psychiatric training that deals with thoughts and feelings, several strategies become clear. You may consider doing without your map if it doesn't fit the emotional and logical landscape, but without it, your decisions may be made on shaky grounds or no grounds at all. This, unfortunately, applies to decisions made early in life about where we live, what we do, and with whom we share our lives.

Even more difficult than the decisions we make without good information are the decisions imposed on us by catastrophes, deaths, and the poor choices of others. The initial urge for simple escape can be defeated if we choose a strategy to turn broken eggs into a decent scramble, if not a gourmet omelet. This is one of the central themes of "Too Soon Old." Much of what transpires throughout the book involves Dr. Livingston's efforts to learn the truest facts, to use them to change what he sees as bad or wrong, and to do so with grace. His grace is remarkable in the face of almost unspeakable tragedy: the loss of two of his sons, one from leukemia and one from suicide.

In dealing with difficult people, though, sometimes grace isn't enough and avoidance may be the best choice, Dr. Livingston suggests. One of the most controversial issues in psychiatry today is the classification of personality disorders. Dr. Livingston has a fresh addition to the debate.

"I often think that this section of the diagnostic manual ought to be titled 'People to avoid,' " he writes. "The many labels contained herein—histrionic, narcissistic, dependent, borderline, and so on—form a catalogue of unpleasant persons: suspicious, selfish, unpredictable, exploitative. These are the people your mother warned you about. (Unfortunately, sometimes they are your mother.) They seldom exist in the unalloyed form suggested by the statistical manual, but knowing something about how to recognize them would save a lot of heartbreak."

Although I am recommending the book to my patients, there are some areas where I don't fully agree with Dr. Livingston.

The book gives a generally negative view of marriage, starting in the first chapter: "The fact that upward of half of all marriages end in divorce indicates that collectively we are not very good at this task."

Is it so? The often-repeated 50% rate—the proportion of marriages taking place right now that will eventually end in divorce—was revised downward to roughly 43% by the National Center for Health Statistics, but then moved back up to about 50% by the Census Bureau in 2002, with an unusual number of ifs and buts. The real rate is more difficult to calculate. Divorces are related to low income, pregnancy at wedding time, marriage before 25 years of age, divorce in the family of origin, having dropped out of high school, and other factors. In the absence of those risk factors, many marriages have excellent survival odds.

His negative view extends to fast decisions. " 'Love at first sight,' another popular, though mindless, fantasy, sets us up for disappointment," Dr. Livingston writes. He envisions an educational program that would lead to better decision making.

One can imagine a blissful life based on a careful evaluation of alternatives, followed by a logical choice of the best options in friends and lovers, but can this really happen? Decades of research indicate that people tend to trust those with faces similar to their own and are even more likely to marry them. Recently, in Scotland, 144 college students reacted to 36 pairs of computer-generated faces. The faces in each pair were of the same race and the opposite sex as the viewer, but one was manipulated to have facial features similar to those of the viewer. As expected, the students found the similar faces more trustworthy.

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One true thing: "If the map doesn't agree with the ground, the map is wrong."

Are immediate decisions worse than those that are fully planned? Next month, I'll address the issue with a review of "Blink: The Power of Thinking Without Thinking" by Malcolm Gladwell. After reading that book, I find myself quite skeptical about the value of analytical decision making on the subject of love, and on many other subjects as well.

Dr. Livingston is also too negative about being old. In our culture, at least, people seem to be getting old later, and a few are even getting smart relatively early. The reduction of mortality in early years and the compression of morbidity at the end of life have produced a new generation of vigorous, often bubbling, elders who plan and do much late in life.

They remind me of the people in medieval Europe who would start building a cathedral with the knowledge that it would be 100 years or more before anyone could enjoy it. ■

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Recommendations Offered on Curbing Medical School Debt

U.S. medical schools need to improve their tuition- and fee-setting processes to help students pay off their debts, the Association of American Medical Colleges concluded in a new study.

The future affordability of a U.S. medical education may be in jeopardy unless significant changes are made, particularly for lower-income applicants and applicants from racial and ethnic groups underrepresented in medicine, said the study, conducted by an AAMC working group.

The median indebtedness of medical school graduates has increased dramatically during the last 20 years—from $20,000 for both public and private schools in 1984, to almost $140,000 and $100,000 for private and public schools, respectively, last year. Although medical school tuition and fees have increased at rates far in excess of inflation, physician income at the same time has remained relatively flat, the study said.

To address rising tuition costs and student debt, the AAMC recommended medical schools offer:

- ▶ Greater predictability about the student costs of a medical education.
- ▶ Ongoing financial education for medical students.
- ▶ More financial aid, with an emphasis on need-based scholarships and on programs offering loan repayment and forgiveness in exchange for service in the military or to underserved populations.
- ▶ Periodic self-reviews of their attendance costs.

Medical schools should also reevaluate their funding of medical education and develop innovative methods to generate financial support at the local, state, and national levels for financial aid programs that would address the nation's current health care needs, the AAMC recommended.

"It's essential that we find more creative ways for students to pay off their educational debt by providing health care services to our uninsured and underserved citizens," said Jordan J. Cohen, M.D., president of the AAMC.

The American Medical Association has offered some assistance in this area by awarding a total of $40,000 in grants to five medical schools to help medical students and patients care for patients in underserved communities.

The grants, part of the AMA's Reaching Equitable Access to Care for Health Program, will support health promotion and disease prevention projects in free clinics led by medical students. Grant recipients included schools in New York, Texas, Pennsylvania, and Chicago.

—Jennifer Silverman

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