

Portrait of the golfer as an old man. Losing the long game

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Things didn't look so good a few decades back when my then middle-aged father had his first myocardial infarct. More recently however my Dad died in pretty good shape only a few months shy of his 100th birthday.¹ The accompanying photo shows him at home 3 years earlier, just 1 day post-op following endovascular repair of an abdominal aortic aneurysm. In examining this picture today, I think not only of my father's robust constitution but also recognize the true benefits to him of modern medicine; and how when appropriately applied, these interventions can add more life to years to our older patients. What made him such a "successful" ager I wondered? True, he did love to golf, but was that enough?

Thinking back, Dad was ever so fortunate to have suffered this first cardiac event in the mid-1970s, just in time for the increasingly vigorous and successful societal attack on atherosclerotic risk factors which was by then in full swing and has accelerated up until our present times. My father was always very compliant (sorry, adherent) and had the good fortune to fall into the hands of skilled physicians who were timely prescribers of an increasing panoply of effective treatments. Medications for hypertension, statins, beta-blockers, and aspirin, followed by ACE inhibitors: all of these, including bypass surgery, extended both the quantity and quality of his life and that of millions of other fortunates.

And my father gave these meds and procedures a run for their money. Not atypical for his generation, he had begun to smoke cigarettes at age 11 (!) quitting just over three decades later. And during his almost 5 years of service in the Canadian artillery during WW2 he would dutifully binge drink with his mates when allowed out on leave once per month. From early youth and for several decades thereafter he consumed an increasingly fatty and salt-laden diet. As Dad reluctantly but compliantly began to cut back under the mom's watchful eye (herself a bit of an early adopter of healthy nutrition), my father loved to regale us with tales of how as kids, when they

could afford it he and his mates would polish off a tub (Canadian gallon) of ice cream at one sitting. Even in his 90s this snack constituted a "weakness" which my father continued to enjoy right to the very end. If any of us tried to warn him off his favorite lipid load, Dad would logically enough point out that he was taking a statin. "Shouldn't that do the trick?" he would chuckle. In his 10th decade I finally got it and stopped pestering him about nutrition. He was appreciative.

Building on his built-in genetic bona fides (more below), Dad was a lifelong sports addict and fed his habit not just by watching TV. As a young man he had played collegiate football, moving on to handball in his 30s and beginning in his fifth and for nearly six decades thereafter, relished his weekly golf game. My father nearly reached the skill level of a pro, shooting in the high 70s in his 50s, falling to the mid-90s in his low 90s. "Mark," he would complain in his distinctive laryngeal polyp-scarred growl, "It's the long game I've lost. I can still manage closer to the pin, but the long game is gone."

As a substrate to my father's robust constitution, he had clearly won the genetic lottery, born into quite a longevitous family. Choosing his parents carefully, both my grandparents made it into their mid-ninth decades, dying just before the golden age of anti-atherosclerosis that I credit herein. (This of course is hardly the place for me to boast about Grandpa on my mom's side, who only made it to 111, but as a geriatrician and while I have your attention)²

Attesting to his genetic proclivity, one might even argue that my father passed a tad prematurely, given that his older sister my Aunt Rose is still going strong at 104, having recently handily seen off a pesky bout of COVID-19. She is one of the rare birds on our planet to have survived both pandemics—influenza of 1918–1920 and COVID-19 of 2019–2021

Returning to his endovascular repair, Dad almost forwent the privilege. Having discovered an abdominal aneurysm several years before, my father's family

physician dutifully watched it grow slowly during Dad's 10th decade until it inched (or more accurately, centimetered) close to that magic number of 6. Vascular surgery was consulted, somewhat reluctantly, given Dad's advanced age. But my father's excellent surgeon patiently explained to this very deaf but cognitively intact patient all the pros and cons of the procedure. Following this visit Dad and I had several lengthy discussions. When asked my opinion I told him that it was really a question of six of one, half dozen of the other. Given his age, the slow growing nature of the aneurysm and the small but real chance of a perioperative catastrophe, whatever my father decided would be legitimate.

About a week later Dad called to let me know he had given the matter a lot of thought, had listened carefully to his surgeon, his family doctor and to me, his geriatrician son and decided "just to let nature take its course." To be honest I was actually quite relieved and in my heart of hearts thought it to be the right decision. I warmly congratulated Dad on his simple wisdom.

Of course nothing with my father's medical story was ever quite so "simple" and so it hardly came as a complete surprise when he let me know that the OR was

booked a week's hence and would I please come to the hospital with him early on the assigned morning.

"Of course Dad, whatever you like," I gulped recalling my sage advice about sixes and half dozens, etc., "But can I ask what it is that changed your mind?"

"Yes, of course. I got a notice from the Department of Transport just now. Apparently the surgeon needed to report my condition and I am not allowed to drive with an aneurysm bigger than 5.5 centimeters. That settles that, don't you think?"

What could I say? For decades and with absolutely no success we had been trying to convince my father to give up his keys. Never a great driver, even when much younger, none of us would step in the car when he motored over. "Give me the keys, please; I just *love* driving your car!" I would offer and he would tactfully accept. But my father was adamant. "I started driving at age 15 and I am not planning to stop until I reach 115. Never killed anybody, never will." And true, he never did.

A week later we checked Dad into the hospital and he had his surgery which went swimmingly. Coming to in the recovery room he asked when he could go home. We left the next morning and by the late afternoon my father was practicing his swings in his living room, wincing a bit over his sore groin (Figure 1).

Asking him if the post-op pain wasn't too much for such gyrations, my father airily dismissed my concerns, reminding me of the Monty Python sketch where the Black knight brushes off King Arthur who has just lopped off both his arms. "Merely a flesh wound", he reassures the good King.

Sword-like, as the club moved erratically around the room, "It's the long game I've lost." he sadly lamented. "The damned long game...."

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FIGURE 1 Morry Clarfield, aged 97, practicing his golf swing at home, 1 day post-op from endovascular repair of an abdominal aortic aneurysm

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