WHAT CAN ELDER CARE TEACH ELDER LAW: A BOOK REVIEW OF *ELDERHOOD: REDEFINING AGING, TRANSFORMING MEDICINE, REIMAGINING LIFE*

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The legal and medical fields, like other professions, largely focus on the people they serve, which is increasingly important in an exceedingly technologically advanced world. Employers, clients, patients, and customers all look for one thing when choosing a doctor or attorney; they want to hire someone who will relate to them on a human level. But, year after year, people continue to express fear and anxiety when they feel they may have to reach out to either of these two practitioners.[1] Doctors' and attorneys' offices are spaces that create internal dread when people think about the situations that brought them there and the difficult conversations that are going to occur. This inherent apprehension has led practitioners in both industries to begin to prioritize things like empathy and interpersonal skills when hiring.[2] Few would doubt

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1. *See generally* Jill Litman, *Empathy in Medical Education: Can Kindness Be Taught?*, PUBLIC HEALTH ADVOC. (May 16, 2018), https://pha.berkeley.edu/2018/05/16/empathy-in-medical-education-can-kindness-be-taught/; Dan Defoe, *Emotional Intelligence, Lawyers, and Empathy–Using The Power of Listening With Care to Build Better Professional Relationships and Satisfy Clients*, PSYCHOLAWLOGY (Nov. 25, 2012), https://www.psycholawlogy.com/2012/11/25/emotional-intelligence-lawyers-and-empathyusing-the-power-of-listening-with-care-to-build-better-professional-relationships-and-satisfy-clients/.

2. *Id.*

the importance of such goals, but, in many cases, industries and large institutions fall short.[3] To have sustained and long-term success in either medicine or law, recent graduates and experienced practitioners should continue to focus on the people they serve and the skills with which they do so.

Practitioners in these fields who work with vulnerable populations, specifically the elderly, should scrutinize their work even more. While the notion of what "elderly" means can change with each subsequent generation or social shift,[4] the challenges this growing population must overcome have, unfortunately, not subsided. Luckily, some professionals in these industries understand the problems that vulnerable patients and clients face, and those professionals continuously work to improve the care and counsel they provide. For example, the medical field has created an entire care practice that focuses on the elderly—geriatrics—and the legal field's eldercare practice continues to grow.[5] More can be done, however, and one important step is to increase collaborative efforts between healthcare providers and attorneys regarding the care and counsel they provide to America's elderly populations.

Louise Aronson's new book, *Elderhood: Redefining Aging, Transforming Medicine, Reimagining Life*,[6] tells the story of her time in geriatrics, from her academic career to needing some aspects of geriatric care herself, in meaningful short stories. The individual interactions that she has with patients, combined with her personal struggles and successes, shed light on the need for specialized and successful care to a vulnerable elderly population.

For the medical field, Aronson brilliantly outlines the difficulties that health care providers confront when treating patients with unique problems. In many cases, she uses firsthand experiences and incidents to explain how patients were harmed by a provider's assumptions, insensitively, or just pure ignorance. She describes how, even in the best

3. *Id.*

4. *See* LOUISE ARONSON, ELDERHOOD 276–77 (2019) (explaining that the term "successful aging" means different things to different people and that the idea changes over time) [hereinafter ELDERHOOD].

5. *Why Geriatrics*, AGS, https://www.americangeriatrics.org/geriatrics-profession/why-geriatrics (last visited Mar. 22, 2020); Marc Davis, *As America's population ages, demand for elder law attorneys grows*, ABA (Mar. 27, 2019, 6:30 AM), http://www.abajournal.com/web/article/as-americas-population-ages-demand-for-elder-law-attorneys-grows.

6. ELDERHOOD, *supra* note 4.

of circumstances, the providers who swear an oath to protect and heal others sometimes find it difficult to solve or alleviate a patient's worst and most personal problems.[7] Aronson's honesty allows the reader to trust her, just as her patients clearly do based on the stories she tells. Although the stories and novellas she describes in the book can seem disjointed at times, they effectively describe Aronson's long journey in medicine. In fact, some of her most meaningful stages mirror the major events her patients have similarly traversed.

As mentioned earlier, patients and clients often experience anxiety when visiting medical and law offices. But, that hesitation typically originates from a shared concern: wanting to receive the best care or advice possible. For elderly clients, old age may magnify this concern. To support doctors' and lawyers' efforts, Aronson explains how professionals can be more empathic and relatable to an elderly population that increasingly needs better, more specialized care for longer periods of time.[8]

This collaboration between medicine and law is more important now than ever because these two disciplines are increasingly becoming inextricably linked. Specifically, Aronson mentions some of the more recognizable connections between medicine and law, like Trust & Estates, Medicare/Medicaid, and end of life decisions.[9] But Medicare's age-related cutoffs and regulations are merely the tip of the proverbial iceberg. Aronson also explains how our society is littered with underlying examples of age discrimination, like "anti-aging" products that argue aging is somehow wrong or a preventable disease.[10] While these are the most known and public connections between law and medicine, providers and lawyers are also connected on the ground and in their practices.

Based on Aronson's account, healthcare providers encounter continuous obstacles, both internal and external, when providing quality care. Because of these obstacles, trained professionals, despite their best

7. *See id.* at 98–99 (describing an example of a patient with significant health issues whose doctors did not realize the extent to which he used over-the-counter medicine to treat problems).

8. *See id.* at 19 (detailing a personal anecdote and arguing that "medicine and society's choices undermine old people").

9. *Id.* at 203 (discussing aid-in-dying laws).

10. *Id.* at 91, 179.

motives, can inadvertently cause elderly patients harm.[11] Similarly, lawyers need to be aware of, acknowledge, and confront these obstacles head-on, especially with the legal industry's growing elder law practice.[12] To the experienced practitioner, these common obstacles mean a conversation about elder care or elder law will necessarily implicate the other. Changes in one practice area can impact the other. Aronson's account in *Elderhood* provides attorneys with helpful techniques from medicine that can be applied to their own practice.[13] These helpful techniques include thoughtfully communicating with patients and their families and understanding how novel situations interact with a provider's preconceived notions. Importantly, the medical field as a whole provides elder law attorneys with valuable insights into successfully using their training and instincts to ensure honest and open communication in their client relationships.

Over the years, medical and legal education curricula have volleyed between clinical and classroom experiences with the understanding that a graduate will need to rely on both disciplines to succeed. Yet, many are still concerned that these graduate schools no longer adequately prepare students for professions in the medical and legal fields, even though these graduates will have unparalleled impacts on peoples' lives, like their predecessors.[14] The fact that these industries are constantly changing does not help.[15] *Elderhood* provides insight into

11. *Id.* at 170 ("After the irreparable harm of her last hospital stay, Eva began avoiding some of her doctors in hopes of steering clear of the nursing home of her nightmares.").

12. Marc Davis, *As America's population ages, demand for elder law attorneys grows*, ABA (Mar. 27, 2019, 6:30 AM), http://www.abajournal.com/web/article/as-americas-population-ages-demand-for-elder-law-attorneys-grows.

13. *Id.* at 55 (Discussing knowledge and skills needed for patients with dementia. "The needed expertise includes helping patients manage the practical challenges and existential distress of a dementia diagnosis; techniques for communicating with people with different types and stages of cognitive impairment; the ability to recognize and manage caregiver distress; mastery of not just drugs but also less toxic and more effective social, behavioral, and environmental approaches to symptoms; and prowess in navigating the difficult terrain of life planning, family grief, conflict, and tough decision-making as the disease progresses.").

14. Mark A. Cohen, *What Are Law Schools Training Students For?*, FORBES (Nov. 19, 2018, 5:56 AM), https://www.forbes.com/sites/markcohen1/2018/11/19/what-are-law-schools-training-students-for/#7bb6382d64f2; Orly Nadell Farber, *Medical students are skipping class in droves—and making lectures increasingly obsolete*, STAT (Aug. 14, 2018), https://www.statnews.com/2018/08/14/medical-students-skipping-class/.

15. *How We Can Expect the Healthcare Industry to Change in the Future*, GWU SCH. OF BUS. BLOG, https://healthcaremba.gwu.edu/blog/how-we-can-expect-the-healthcare-industry-to-change-in-the-future/ (last visited Mar. 22, 2020); Dan Packel, *After 40 Years of Constant Change, What's Next for the Legal Industry?*, THE AM.

medical education and spans the entirety of Aronson's work in the medical field, including the process through which she entered this industry. Aronson's and her fellow residents' experiences can also help law students and current practitioners understand their role as an attorney and work to improve their client relationships. The earlier that future lawyers can understand what matters to clients (their values, communication styles, etc.), the better the relationship will be.

Aronson's own educational path, as explained in the book, provides wisdom into medical training early in *Elderhood*. She identifies the apparent differences she found between the academic, detached nature of her early medical courses and her later involved, patient-focused geriatric classes.[16] According to Aronson, her early training "focused almost exclusively on science, relegating everything else to, at best, second-class status."[17] But, as she elected to take geriatric classes, she became more engaged when the courses focused on more specific types of issues and patients—a change she welcomed with open arms.[18] She appreciated the new classes that "acknowledged the particularity, complexity, and ambiguity of human lives without reducing them to disembodied cells, parts, and processes."[19]

Unfortunately, Aronson noticed another monumental shift as her medical training moved outside the classroom and into an institutional setting: a hospital. She began to realize that her focus could no longer solely be the care she provided to patients. Instead, the new institutional factors influenced each of her treatment decisions. In her words, she

> had to wage daily, often fruitless battles against . . . structural forces to get my patients what they needed. In such a system, what was most helpful to the people I cared for (as a doctor) and about (as a human being) was neither billable (which mattered to my bosses and institution) nor part of my recognized workday (which mattered to me).[20]

In *Elderhood*, Aronson expresses shock at the complex decisions she was forced to make that required her to weigh influences that she previously did not know would affect her real-world care. Yet, like any

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LAW. (Sept. 3, 2019, 5:30 AM), https://www.law.com/americanlawyer/2019/09/03/after-40-years-of-constant-change-whats-next-for-the-legal-industry/?slreturn=20200106125520.

16. ELDERHOOD, *supra* note 4, at 43.
17. *Id.*
18. *Id.* 42–43, 99–102.
19. *Id.* at 3.
20. *Id.* at 7.

good experienced professional, she reports that she has learned how to successfully adapt and provide care to her elderly patients while being able to balance all of the influencing factors.[21] Of specific importance to this medical/legal discussion, she describes the knowledge she gained by learning the system and how such knowledge led her to better understand patients' lives and values through meaningful conversations.[22]

Aronson describes struggles beyond these new influencing factors she and her fellow residents were forced to confront when beginning to care for real patients. Each resident, according to Aronson, encountered many situations where there was an inherent conflict between their own knowledge and ability to care for people generally.[23] Throughout the book, she explains that she and her fellow residents were confronted with new ideas, problems and solutions. Humanly, their ideas and solutions did not always initially succeed.

These early struggles are clearest at the start of her real-world training, beginning with the start of her residency. At the outset, she and her fellow residents were thrown into many situations where they did not know what to do or their instinct was to do the opposite of what would be considered the best patient care.[24] In one such case she remembered that "[a] doctor's instinct is always to try and fix, soothe, reassure."[25] But in some cases, "those tendencies can be the opposite of helpful" to the patient or their treatment.[26] In some worse cases, residents assumed they knew what to do, but ended up making things worse.[27] Her message to readers is to acknowledge the harm that preconceived notions of competence or knowledge can have on a patient's treatment. A patient's health, both mental and physical, could be harmed if a provider falsely believes that their previous knowledge was adequate or that no additional knowledge could be beneficial.[28] This is especially true in a new or unique medical situation.[29] According to

21. *See id.* at 145–46 (Explaining a "paradigm-shifting lecture" that focused on "finding out what the person needed to be able to do to be happy and safe in their individual daily life" instead of "linking treatment to [] pathology.").
22. *Id.* at 18.
23. *See, e.g.*, *id.* at 16 (describing residency and its challenges).
24. *Id.* at 16–20.
25. *Id.* at 20.
26. *Id.*
27. *Id.*
28. *Id.*
29. *Id.*

several of Aronson's stories, the provider that came in with an open mind was most likely to further the provider's or patient's goals.[30]

As Aronson became more experienced and decided to specialize in geriatrics, she developed a broad base of knowledge that helped her grow her practice and care for a broader array of patients. Aronson describes many of those interactions with the patient as successful. In many cases, the patient's caregiver considered the patient's values, and the resulting experience was positive for all those involved. But, as many experienced doctors and attorneys already know, not all relationships and interactions are successful. Aronson explains, honestly, that some situations presented entangled issues and complicated problems.[31]

Aronson explains that, in her early career, providers, her clients, and even she questioned specific solutions or the entire course of action she initially developed.[32] Sometimes the delay or the additional questioning created a more successful treatment plan; other times it did not. In some cases when action needed to be taken immediately, her initial instinct saved a life. Yet when the margin of error was so thin or because the risk was too great, the questioning and potential delay provided better care. The diversity of stories and treatment in *Elderhood* is evidence that each situation with a patient, as a client, is different. Sometimes Aronson trusted her intuition and the instinct she gained from her medical training.[33]

Aronson, to her credit, does not portray herself as a masterful and perfect healer who has never provided improper or insufficient care to a patient. Instead, she honestly describes patient conversations and treatment in a way that humanizes the provider and the patient, allowing the reader to empathize with and relate to both sides of the relationship separately. In a world where the media can dramatize the medical field and idolizes medical professionals,[34] the honesty with which Aronson writes provides a needed reality check for practitioners and those that desire to be.

30. *Id.*

31. *See, e.g.*, *id.* at 152 (explaining one patient's complications with Medicaid and Medicare).

32. *Id.* at 94–95, 99.

33. *See generally id.*

34. Julie Beck, *Health Care in the Time of Grey's Anatomy*, THE ATLANTIC (Aug. 26, 2014), https://www.theatlantic.com/health/archive/2014/08/healthcare-in-the-time-of-greys-anatomy/379087/.

These stories in the medical field have direct inroads and similarities to the legal field. The most significant takeaway relates to both fields' training systems. Attorneys must combine foundational academic knowledge with the real-world skills when they confront a client's new and novel issues. Many times, at first glance, a new client's issues are similar to a past client's problem. Attorneys may make assumptions about a client's goal and about the most effective solutions in these cases. For example, boilerplate power of attorney forms, wills, or end-of-life directives can be drafted in minutes, and the Medicare guidelines only change slightly based on a specific person's professional life.[35]

But, clients come to attorneys for a wide variety of issues and problems, requiring a very specific course of action in many cases. When clients consult an attorney for an exclusively elder law issue (i.e. trust and estates, Medicaid, etc.), an attorney may assume they have the requisite legal knowledge to solve these issues based on past projects or cases. In reality, attorneys with this closed mindset are preparing to provide ineffective legal advice that is not specific to a client's problem.[36] However, this is not the only way that an attorney can fall short of their duty to provide effective counsel to a client.

In other cases, an attorney, through a long professional relationship with the matriarch or patriarch, can represent an entire family or larger group of people. When this larger relationship began, the attorney may not have had any conflict of interest concerns because the goals of the client or family at large were singular. But if family members start having diverging goals (such as differing opinions on a parent's power of attorney or disagreements over a parent's estate) an attorney's conflicts of interest can evolve into numerous, troublesome contentions.[37]

Additionally, competency, like capacity, becomes a critical buzzword for those who represent and counsel elderly individuals.[38] While similar concepts, competency and capacity have independent legal and medical significance. Competency is the ability of an individual

35. *See generally* Zisl Edelson, *Ethical Considerations of Elder Law Practice - Trendiness and Traps*, ABA (Fall 2018), https://www.americanbar.org/groups/real_property_trust_estate/publications/ereport/rpte-ereport-fall-2018/elder-law-practice/ [hereinafter Edelson].

36. *Id.*

37. *Id.*

38. *Id.*

to actively participate in legal proceedings or to make certain decisions. Capacity is the ability of an individual to make a, usually medical, decision that is in line with their values after receiving the relevant information. Aronson notes this in her book. She writes, "[C]ompetence [is] a legal status decided by a judge and rarely revoked without evidence of dangerous impaired judgment."[39] Capacity, however, "is situation specific and can be assessed by any clinician."[40] An attorney's ability to tell the difference between a bad day and early-onset dementia may not only save hours of work and precious resources, but it may also prevent a malpractice lawsuit.

Attorneys have an incentive to solve problems quickly with the easiest solutions when the billable hour and cultivating a diverse client base is paramount. When the goal is speed and not accuracy, an attorney can overlook a client's values and specific goals. In *Elderhood*, Aronson's fellow residents learned from their mistakes when they overlooked a patient's novel medical issue or specific medical history. They learned to step back and individualize their care.[41] Attorneys can learn from this practice by realizing that clients and their values are unique. While attorneys may not need to research a given statute to confirm their academic knowledge, they should strive to draw out as much personal knowledge they can from the client to prevent any future issues and confirm these tentative actions are correct.

Aronson's tales explain that a successful relationship is one in which health care providers can trust their intuition and ethically question clients but also rely on their patients to understand the goals of treatment and the values they hold dear. At the end of the day, Aronson's main message to her colleagues is to give patients the time they need to explain the patients' issue and the resources providers have to craft meaningful solutions. While patients and clients bring different problems to their doctors and attorneys, the ideal relationship should not be different. Attorneys should have a similar mentality when counseling and advocating for their clients, especially those attorneys that work with elderly clients and elder law issues. There is a great deal that attorneys can learn from Aronson's stories and vignettes.

As patients grow older, they may begin to see more nurses, doctors, and specialists that focus on specific internal and external medical

39. *Id.* at 124.
40. *Id.*
41. ELDERHOOD, *supra* note 4, at 121.

issues. *Elderhood* details several patients with whom she interacted that not only met with other doctors, but had been prescribed several different medications. She details her amazement that these patients were told to take many different medications for similar problems and how, in some cases, the medications were interacting in harmful ways.[42] In the best scenario, one medication was preventing another medication from being active and solving the solution, which caused the patient to become frustrated and stop taking all medication.[43] In the worst case, one medication cause or worsened the underlying medical condition another medication was prescribed to treat.[44]

As clients grow older, they typically reach out to more attorneys. These conversations cover a wide range of issues like Medicare counseling, trust and estates, and end-of-life considerations.[45] While these are distinct legal areas with their own specific statutes and laws, attorneys must prepare and the clients must sign a variety of legal documents to execute these strategies that will all interact with each other. Therefore, like the healthcare providers that work with elderly individuals, attorneys that work these vulnerable clients should be aware of their clients' other legal relationships so the attorneys can ensure that the work they do for their clients will not be immediately superseded by solutions to their client's other legal issues.

Aronson also explains that open and honest communication is essential to ensuring a continued successful relationship between provider and patient. Holding these confidences is one of the most meaningful parts of what doctors and lawyers do, and it fosters open and honest communication. In turn, a combination of academic and real-world knowledge allows healthcare providers and attorneys to be able to engage in open and honest communication. Ensuring that a provider makes a correct capacity judgment is just one of the reasons communications must be open and honest. Communication is exceedingly important in a world where, as Aronson notes, reality escapes some elderly individuals, which can cause interactions with police to turn deadly.[46] In her book, Aronson alerts the reader to the importance of competency and capacity but also makes sure to be transparent as possible about the difference.

42. *Id.* at 88–89.
43. *Id.* at 22.
44. *Id.* at 23.
45. Edelson, *supra* note 35.
46. *Id.* at 39.

Many of Aronson's specific stories include her message of ensuring that providers use their institutional and real-world knowledge to improve patient relationships through open and honest communication. In an early chapter of the book, she describes providing care to a woman who was not very vocal about her health or treatment and always agreed to Aronson's recommended course of action.[47] Like many of her patients, Aronson had a relationship with the patient and her family, particularly the patient's son, and consulted with him over the course of treatment.[48] During one visit, the woman complained of a new medical ailment, for which Aronson prescribed a common medication that the woman had never been prescribed.[49] Aronson sent the woman on her way and turned to other patients.[50] Unfortunately, Aronson was called to the hospital because the woman's condition worsened, in part, because of the medication Aronson prescribed.[51] Aronson had misdiagnosed the woman, despite a long history of working with the woman and large foundational knowledge of her medical history.[52] As the woman was being treated, her son was livid and criticized Aronson for not doing her job.[53] In that moment, Aronson questioned everything and was in a state few professionals should have to feel, but that many know all too well.[54] Aronson doubted herself and her training and sincerely believed she has personally caused this patient and her family great pain. To a reader, it was a heartbreaking event to read. But as an attorney, it was a reminder of the effect that medical and legal decisions have on the lives of those we work with. Thankfully, the woman recovered and Aronson continued to be one of the woman's doctors—forging an even stronger relationship with the woman and her family.[55]

Remembering that the legal field, like the medical field, is not perfect and is composed of normal people is critical to both a successful career and positive client relationships. Self-reflection, the ability to admit errors, and honest communication with colleagues and clients are integral to a providing the best legal counsel. Some scenarios, like the one described by Aronson, are scary, especially when people's lives are

47. *Id.* at 22.
48. *Id.*
49. *Id.*
50. *Id.*
51. *Id.* at 23.
52. *Id.*
53. *Id.*
54. *Id.*
55. *Id.*

at stake, but that should not stop a trained professional from realizing the mistake and making sure that the issue is resolved in a way that results in a positive experience for the doctor or lawyer and patient or client.

Doctors and attorneys are two of the most respected professions in the country. Clients and patients give both a great deal of trust. They also confide in both professions and assume that, after years of education, doctors and lawyers will construct successful solutions to their problems. Despite its scary and sad nature, the above story is the most important for professionals who want patients and clients to trust them to do their job. It is the story that brings real emotion to professions that can sometimes feel dispassionate. However, the solutions doctors and lawyers create are occasionally unsuccessful; treatment does not work or a litigation strategy fails to resonate with a jury. Other times, lawyers miss a key fact, or like Aronson, do not provide the necessary holistic treatment plan. Unfortunately, these things happen to the best lawyers and doctors and help create and train the new set of professionals. The stories in *Elderhood*, especially those as dramatic and emotional as this one, explain the risks of care, but also teach invaluable lessons.

Another reason to focus on communication is because it ensures that a provider and patient choose cost-effective solutions. Based on the individual patient's or client's values and/or goals, it may be fruitless to take certain legal or medical actions.[56] This is extremely important when family communication about medical care generally is less and less likely to arise. Experienced providers understand that families rarely talk about the end of life care, and medical care generally, and, if they do, it is usually late.[57] Communication is also important because communication related to medical treatment typically involves important fundamental rights.[58] Therefore, it becomes imperative that doctors not assume the patient's decision is final or that the patient has been able to openly discuss all the available options.[59] Difficult conversations, like those about Do Not Resuscitate orders, are an important part of an elder's life plan and the patient/client may only feel confident or comfortable having that conversation with a trained third party professional.[60]

56. *Id.* at 58.
57. *Id.* at 47.
58. *Id.* at 86.
59. *Id.* at 47.
60. *Id.* at 168.

While there are many similarities between the legal and medical professions, as noted above, it is also important to note the differences as well. One difference is capacity and competency. The person responsible for making decisions defining the relationship differs between the medical field and legal profession.[61] Competency decisions involve an impartial decision-maker that decides whether an individual is competent to stand trial.[62] It is usually a one-time decision that will affect the individual legal status for the entirety of the case.[63] Capacity, contrastingly, is a more fluid concept that a medical professional, on the side of the individual, continuously monitors during treatment.[64] A doctor is a decision-maker along with the patient during the many stages of medical treatment but can find that the patient does not have capacity at any time (within reason).[65] The client's lawyer, on the other hand, does not have the power to make a competency decision and must abide by his client's wishes in most, if not all, cases.[66] While the human connection may be similar, the two professionals have somewhat diverging pathways to the same motive: ensuring the client/patient's wishes are kept.

The two professions' ideas on liability are also different. Aronson encourages healthcare providers to acknowledge issues and mistakes with the patient, providing a human view on the healthcare providers that do the lifesaving work upon which patients depend.[67] She believes that at least in some cases an apology can join a "patient and clinician in shared humanity."[68] While apologies are encouraged in some situations, such actions, as attorneys know, could cause medical malpractice liability issues.[69] This difference in humanity between the professions may be hard to swallow for those participating in the work itself, but, from an outside party, the issues may be a bit clearer.

61. Raphael J. Leo, *Competency and the Capacity to Make Treatment Decisions: A Primer for Primary Care Physicians*, 1(5) PRIMARY CARE COMPANION J. CLINICAL PSYCHIATRY 131, 131–132 (1999).
62. *Id.*
63. *Id.*
64. *Id.* at 136.
65. *Id.*
66. *Id.* at 131–32.
67. *Id.* at 118.
68. *Id.* at 119.
69. Ed Leefedlt, *Why "sorry" is such a loaded word for doctors*, CBS NEWS (June 12, 2019, 11:31 AM), https://www.cbsnews.com/news/why-sorry-is-such-a-loaded-word-for-doctors/.

Despite these subtle but important differences between the medical and legal fields, *Elderhood* provides an in-depth account of an experienced practitioner's successes and struggles caring for a population that is at the same time the most forgotten and the most in need. These should serve as powerful reminders for attorneys. Her professional challenges—and in many cases successes—offer valuable insight for those who care for or work with those who are aging. Over the course of her professional life, Aronson learned that, if discriminatory assumptions crept up, she "would note my prejudice, push it from [her] thoughts, and make an effort to see the patient with an open mind."[70] For a new lawyer, the book is a valuable reminder that each client and the issues they bring are unique. But more importantly, for a human being, *Elderhood* is a needed reminder that we are all humans and everyone has a responsibility to treat those around us with the respect and dignity they deserve.

70. *Id.* at 133.