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INTERVIEW

On the growth of young geriatricians——an interview with Prof. Louis R. Caplan

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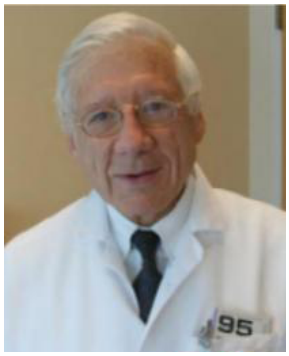
Abstract

The article is an interview with Prof. Louis R. Caplan of the Department of Neurology, Beth Israel Deaconess Medical Center at the Harvard Medical School, conducted by Chan Rong from the Department of Geriatrics, Guangzhou First People's Hospital, on behalf of *Aging Pathobiology and Therapeutics*.



Louis R. Caplan, MD

Louis R. Caplan (born on December 31, 1936) is an American physician and senior member of the Division of Cerebrovascular Disease at Beth Israel Deaconess Medical Center, Boston. He is a professor of Neurology at Harvard Medical School, Boston, and the founder of the Harvard Stroke Registry at Beth Israel Deaconess Medical Center. His top areas of expertise are stroke, transient ischemic attack TIA, apoplexy and moyamoya disease. Caplan (H-index 100) is also the author or editor of 51 books and more than 700 articles in medical journals. (https://en.wikipedia.org/wiki/Louis_R._Caplan)

Chan Rong: Prof. Caplan, as we all know, you are not only an outstanding neurologist and neuroscientist, but also the author of many books and the editor of numerous articles in medical journals. I think it's not easy enough to become a great clinical neurologist like you. How do you manage your multiple roles as clinician, researcher, author, editor, and mentor? Could you share some of your experiences with us? How do you balance work and life?

Louis Caplan: Well, I think, first of all, most of my research is clinical and I do it while I'm seeing patients. We did the first registry of stroke, actually the first registry of any condition. When we were seeing the patients, we were just collecting the information and then later we analyzed it, so you can really do your research at the same time as you're doing your clinical work. Now, everybody has a little bit different about writing, so I like to write. I think it's very important for people, if they're going to be a good doctor or researcher, learn how to communicate, because some people who are very smart are unable to tell the patients very simply what's wrong. So I think that's very important in the training to learn how to communicate. About balancing life and work, I usually write at home, so when my children were young and I wanted to be with them in the evening I would get early in the morning and now I sometimes write when I'm not in the hospital and in the evening.

Chan Rong: I am sure that your experience and achievements will inspire young medical learners and young doctors very much! What do you think is especially needed for a young doctor to become a professional?

Louis Caplan: Well, it takes time. It's very important that whatever your ideas and observations are, if you keep them to yourself, nobody else can read them where nobody else can learn them. It's important to start putting them down on paper, and we do it gradually. The first papers, which were very small studies that I wrote, were about individual patients or groups of patients, and then I sort of learned

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how to do it very simply. Once you published in journals, people are very happy to have your ideas, and if they have your ideas, even if they're just the beginning, it's stimulating for them to carry it further. Both writing and reading are important for doctor to make and become and it's very important to read non-medical things like novels or poetry or something, it improves your communication skills and it really helps to sort of make you aware of what's happening in the world.

Chan Rong: You have many outstanding studies and achievements in the field of neurology. However, as young doctors, we are often confused about how to conduct effective scientific research. Do you think doing scientific research is necessary for a clinical doctor? Could you share with us some of your opinions and experiences?

Louis Caplan: I think there are two things you can choose to do. One of the two things you can do is to go into patient in the community where you see a lot of patients. If you do that, it's not really necessary and it's very difficult because you're very busy and you also don't have all the facilities of the hospital or the university, so it's not very important for you to do the research, but it is important to keep up with whatever people are doing now. The other is that if you're in an academic hospital, and I think it is important for you to do some research, but the research could be either in a laboratory or it could be clinical research. It's very hard to do both very well these days, at least in the United States, because if you're doing research half the time, there are other people who are doing it a hundred percent of the time, if you're doing it half the time to compete with them, many of them are not MDs, they're PhD doctors. If you have to do clinical, people like you and me, they're doing clinic full time, so it's hard to be as good clinically as the people who are doing it full time, so I think it's very difficult to do both well, but what you can do is you can take a little piece of it. For example, if you became an expert in pituitary disease and you were interested in acromegaly, so you could do some research on growth hormone and then you could see patients with clinical and chronological disease. If you write something that people think you know, they begin to send you patients, and then when you see the patients, you really learn something about it, so you know a little bit, and then you write a little bit more, and then people send you patients, especially if something is unusual, and then as you get more and more patients, you study them seriously, and then you earn more, and then you're able to write more. That was partly the case with me, that I got very interested in the back circulation, so I wrote a few papers about it, and then people sent me cases of people, so then I studied the more, and we made a large registry of five hundred patients with it. If we did not learn all about it, so you start slowly. But you pick an area that's especially interesting to you, you write something about it after you have seen a few cases, you get more referrals and then you learn more and then you write more. Picking up a small area that you're interested in can make you very interested every day. I did a very simple test years ago. I was very interested in how to recognize whether people have very good feeling in their fingers. I devised the test with quark courses in a bottle. I had four quarks which were different sizes and I put them in the people's hands with their eyes closed and I saw which patients couldn't identify the quarks and the size of the quarks or which one they were. So every patient I saw, even if they had something else, I had some research projects that they could do.

Chan Rong: Yes, I agree with that because I can conclude that scientific study has ultimately provided evidence space and scientific guidelines for is clinical treatment. And you know I'm working as a doctor of geriatrics department and there are so many patients suffering from multiple diseases at the same time such as cardiovascular disease, diabetes and hypertension, cancer, osteoarthritis, osteoporosis, contaract, skin aging, immune senescence, depression, and other age-related diseases, some patients have combined with geriatrics syndromes such as dementia, depression with force spontaneous both fractures and so on, so we often feel confused about how to make proper treatment plans and how to make effectively healthier education. Could you share with us your experience in the management of multiple diseases?

Louis Caplan: So, we're not really managing the disease, we're managing the patient. I think every patient is different. Some of the patients at home, what you need to know is about the patients' life, what they do and what they would like to do. Somebody who lives alone and really has no help is very different from somebody who has a caregiver and has children who can help, so it depends on a person who lives in an area that is not in the city and is in rural. It may be very important for them to be able to drive so that they can go shopping and do other things. The focus may be to help them do that, so I think it's very important to know the patients and the details of their life and what they want. Everyone is a little bit different and how we manage their conditions can help them do the things they want to do is our duty. Most of these conditions are chronic, we're not going to cure them and I think sometimes we give them too much medicine and too much to do which doesn't really help them. I should treat on the family, the community and all that surrounds the patient, so I think that's why there is a group in China to do this or people here is the doctor go to the home seeing what the home is like and how the patients live and then see how to help what need for settings sometimes we need to carry out multidisciplinary consultations to make operational achieved plans. Through the multiple consultations, our knowledge of systematic treatment can be in hand. How conditions intercept with each other, ones sometimes the two or three conditions lead to each other, I think it depends on what the patient is able to do. Some of the patients really aren't able princes to check their blood pressure and monitor their blood sugar very well. If some patients take ten medicines, they're not really able to take the pills the way they should be taken. So, for those patients, you may have to simplify very much and make sure that they will be able to follow the four important pills that they're taking, rather

than pills that they are not be able to follow the education. Health care education is important and professional. We know that you are not devoting yourself in the education of medical school, running medical races and you have another medical races, what do you think is the best approach to running medicine? I think that one of the problems is that there's not enough emphasis on the very basics. People worry about ethics and other kinds of things like alcoholism, drug overdoses, or there are special courses. But what happens is that there is just so many hours in the day and there's so much that students can do in class, but what is not emphasized is the basics. That's an anatomy pathology physiology because what happens is where medicine is changing so much that if I only knew what I learned in medical school, I wouldn't be able to practice today. We had no CT scans, we didn't have any of the major drugs, and we didn't have a lot of the blood tests that we're done. So, I think it's very important for people in medical school to really emphasize and learn the basics. I think this is also the basic way for students to obtain data, so obtaining some information to create hypotheses, rather than asking more direct questions to obtain more information to create hypotheses. Then test the hypothesis you have gained from the story through carefully planned exams, and then proceed with the testing. Then think about what kind of testing or imaging you need to help you make a further diagnosis, so it is not just about seeing the patient and ordering testing, it's really having a differential diagnosis and then conducting testing that will help clarify the exact diagnosis. It is more about thinking rather than algorithms or row, but rather routine things. It is thinking sequentially, after the history, about the exam, after the exam, about the laboratory.

Chan Rong: Yes! Your opinion is very enlightening to me! Thank you very much for sharing your valuable time and experience, Prof. Caplan! Your experience and achievements in medicine are beneficial for young doctors and medical learners like me. I realized that to become a good doctor, I still have a long way to go! I appreciate this opportunity to have this conversation with you online. Thank you!