What led you to become a geriatrician?
I enjoy talking to my patients, hearing their stories, and getting to know what is important to them. Being a geriatrician allows me to deliver goal-oriented medical care that focuses on what is important to my patient. I feel that older patients have a lot of wisdom to share and deserve the attention and best medical care possible.

What is the best part about being a geriatrician?
Every patient I meet teaches me something new. As a geriatrician, I have the privilege of taking care of people who are all survivors in their own right, who have a wealth of life experience and history to teach us. They lived in very interesting times, experiencing wars, immigration, persecution, and discovery. We get the opportunity to know them as people and not just their diseases. It is very unique to focus on “whole person medicine” in this era of hyper-specialization. In addition, geriatrics, of all the areas of medicine, not only allows but also rewards the physician for being creative. The evidence base can be imperfect at times, since many of the treatments have never been tested in the oldest old population. Ordinary problems become extraordinary, colored by life goals and life expectancy, for which there are no structured formulas. This allows geriatricians to not be so constricted by protocols, to be creative and practice good old-fashioned medicine. We have to rely on the primacy of the patient-provider relationship and our problem-solving skills to help us deliver personalized, patient-centered medical care.

What are the biggest challenges in geriatrics?
The biggest challenge for geriatricians is time. As our patients get older, their medical problems get more complex, their medication lists get longer and their ability to bounce back from illness gets compromised. Geriatricians love to take care of patients, but we also need to help administrators and policy makers understand the unique features of elder care. In geriatrics, the value happens between things—between the clinical processes. And the value is often in what we don’t do. The goals of such care are often different from that of internal medicine and so the metrics we use to measure that value should not be the same. We need to develop good measures of the value of what we contribute to the health system and communicate that to the decision makers. Older people are diverse and a one-size fits all model just doesn’t work. We need to educate and advocate so others recognize the value that geriatrics brings.
need to educate and advocate so others recognize the value that geriatrics brings. In academic medicine, the biggest challenges are time, funding, and getting students and trainees interested in our field.

What is your wish list?
I would like to develop the UCLA Interdisciplinary Dementia Center. Dementia is a complex disease that requires the collaboration of geriatricians, neurologists, psychiatrists and other health professionals. Currently at UCLA, dementia diagnosis and management are performed in separate departments and locations throughout campus. The UCLA center will allow primary care physicians/geriatricians to work alongside neurologists and psychiatrists in the same office to provide the best coordinated care for older patients. It will revolutionize the way people with Alzheimer’s disease and other forms of dementia receive treatment.

What do you enjoy doing when you’re not seeing patients?
I enjoy traveling to places I have never been, meet people from different cultures and backgrounds and listen to the story of their lives. As a physician, I am also privileged to meet people with very interesting life journeys. I enjoy creative writing—short stories, novels, and screenplays. I believe it’s important for physician-scientists to expand their horizons and have a creative outlet, which is why I enjoy traveling and writing.