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Mr. Greco

English III

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The Caregivers for Our Future

In the dimly lit retirement home, Rani Kulkarni leans over her patient, an old man, checking his health. Despite his incoherent speech and bad hearing, she patiently carries out a conversation with him. She asks him various questions about how he's feeling, to which he responds positively with a smile, despite being on bedrest.

Dr. Kulkarni loves being a geriatrician, a field that is overlooked, yet critical. According to WebMD.com, geriatric doctors are “regular doctors who have additional training in treating older adults, especially those ages 65 years and up, who often have complex medical issues. The goal is to keep patients functional and help them maintain their quality of life” (Martins, et al). With advancements in healthcare and the use of medications like penicillin and vaccines, people are living longer, leading to a significant increase in the elderly population. Therefore, there are significantly more senior people in the world. NextAvenue.org, a nonprofit journalism publication dedicated to older adults, states that there is a roughly 42% increase in people aged 65 and older between 2019 and 2034 (Shahidullah). Unfortunately for humankind, living longer does not equate to a better quality of life, which is a problem that geriatric medicine wants to solve. This means that Dr Kulkarni's job as a geriatrician is exceedingly important.

Unfortunately, fewer people are going into geriatrics. This is largely because it doesn't pay as well as most other medical professions, which is a negative for doctors with debt from medical school. In addition there is a big cultural difference between the doctors and their patients. The elderly can be more stubborn and set in their ways, and may also struggle with mental impairments, making communication difficult. However, despite these challenges, geriatricians often find their work deeply fulfilling because of its crucial role in promoting human well-being. According to the American Geriatric Society, some states have set up loan forgiveness programs for aspiring geriatricians, because of the job's importance ("Is Geriatrics Right For You"). In addition, the field offers rich learning opportunities, including fellowships and mentoring.

For Dr. Kulkarni, geriatric medicine is her one and only calling. In fact, she wouldn't switch career paths if she had the chance to go back in time: "I think I'm exactly where I need to be. So even if I had the power to go back, I would still probably pick the field that I'm in because I truly enjoy doing what I do" (Kulkarni). For her, the greatest part about being a geriatrician is seeing patients, who seem near impossible to treat, healing and regaining their strength.

"I'll give you an example recently that I saw at the nursing home was a elderly lady who had a stroke because she had a bleeding brain, and she came to the nursing home completely paralyzed. She was unable to talk. She was unable to eat, so she had a feeding tube in her stomach. And then over time, though, she improved. So now she's able to actually sit up. Now she's able to swallow kind of purees, simple food" (Kulkarni).

Another rewarding aspect of the job, according to Dr Kulkarni, is helping people "transition to the end of life", because while witnessing death is disheartening, it feels good to ensure that they are looked after in their final days and make sure that they know they are cared

for. Death is an unfortunate, but inevitable part of life, and it is a geriatrician's job to make certain the transition from the world of the living to the world of the dead is done with dignity and compassion. "They know that they're loved, they're supported, and they're cared for by their family and the health care team, even if it's transitioning to something like hospice" (Kulkarni).

Dr. Kulkarni was born in Karnataka, India to a pair of teachers. While education and studies were a big part of her young life, she was also very immersed in aspects of her culture like dance, music, and yoga. Over the course of her childhood, she was introduced to a mixture of both Ayurvedic and western medicine. For example, when she was ill, normally she would go to a doctor practicing western medicine. But sometimes, her parents would take her to an Ayurveda practitioner, who gave her herbal supplements. The John Hopkins Medicine website defines Ayurveda as "a natural system of medicine, originated in India more than 3,000 years ago" ("What is Ayurveda"). Ayurveda adopts a more subtle form of treatment focused on lifestyle choices like yoga and herbal remedies. When Dr. Kulkarni got older, she became very fascinated by biology, and later down the line, decided to go into internal medicine because of how it is an overview on multiple parts of the body rather than specializing in just one. She then started a career at Kaiser. While working there, she came across multiple elderly people. Their health was overall worse than a younger person, and often, Dr. Kulkarni did not know how to help them. This led her to study geriatrics at Stanford University, so that she could cure their ailments in the future.

Dr. Kulkarni uses traditional Indian medicine regularly in her work, along with western medicine. Dr. Kulkarni's yoga instructor, Ganesh Balachandran Ph.D., notes that "Dr. Rani has a

very unique approach. She's a very highly skilled physician with an M.D. specialization in not just one, but in two areas- in internal medicine, as well as in geriatric medicine. She also has a rich tradition of yoga. ”. Balachandran distinguishes Western medicine from Ayurvedic, emphasizing that Western medicine is the stronger and more effective one of the two. However, it is “very interventional. It is not a preventative system” (Balachandran). In other words, an intervention only works when a problem already exists. Another negative aspect of the western medicine is the unwanted side effects it usually causes. Ayurvedic medicine, on the other hand, is mainly about lifestyle changes, including changing your diet, doing yoga, and taking herbal Ayurveda supplements. The changes it makes are subtle, but they usually don't have negative side effects. It is used to prevent maladies from happening in the first place rather than stopping them.

Because Dr. Kulkarni works with elderly patients, Ayurvedic medicine is especially useful, as the elderly's livers and kidneys don't work as well as a younger person's, so they are prone to side effects. Herbal medicine can be a real lifesaver in these situations. As an example, Dr. Kulkarni recalls a patient she has worked with in the past: “I had a patient, she had a lot of gut issues, and nothing was working. She had tried all medications. So I suggested triphala, it's a herbal ayurvedic medication, and she did find relief.” She also shared that when patients come in with chronic back pain, but can't handle pain medication, she gets them to do simple yoga stretches, which are very helpful to the lower back.

Dr. Kulkarni's integration of Ayurveda shows her thoughtful and holistic approach to managing health issues, particularly in the elderly population.

When asked about the future of geriatrics, Dr. Kulkarni said that she is actually very hopeful for the future due to evolving technology. Before, people would have to drive up to buildings to get examined, but now quality care could be conducted through online calls, meaning the patient doesn't have to leave home. Considering how hard it is for the elderly to move around, this will take away a great burden for not only them, but also their caretakers. Not to mention thanks to social media, people are becoming more receptive to alternative medicine, like healthier diets, yoga, and meditation. Dr. Kulkarni noted that "there's so much more education, so much more awareness, and most importantly, people are all too hungry for knowledge and ready for change". Newer generations are significantly more open to multiple ways to better their health, which will come in handy when they are older, and more burdened with health problems. She also stated how she hopes that more younger generations plan to be geriatricians when they grow up, considering the steadily growing number of the elderly population, or at least be aware of the problem. There is getting to be far too many patients for providers to care for, which won't sustain humanity in the long run. Dr. Kulkarni challenges us to take action: "How can you, as a citizen, be a part of the solution or help [these people]?"

Citations

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PROFILE DOCUMENTARY ARTICLE RUBRIC:

	Level 1	Level 2	Level 3	Level 4
Angle	No angle present. Generic summary of interviewee’s life. Information dominates the profile, boring the reader. Or, information is missing or inaccurate. No clear sense of character and present-day importance in the context of a researchable issue.	Angle is present but reflects a fairly obvious perspective of the interviewee. Profile lacks balance between information and entertainment. One of the following is unclear: a sense of their character or their present-day importance in the context of a researchable issue.	Angle communicates the journalist’s perspective of the interviewee, although it could be more distinct, allowing for a more interesting (informative and entertaining) picture of interviewee’s character and present-day importance in the context of a researchable issue.	Angle communicates the journalist’s distinct perspective of the interviewee, sustaining an entertaining & informative profile that illustrates the interviewee’s character and present-day importance in the context of a researchable issue.

Profile Structure	No clear profile structure. Existing parts don't connect in a logical way, making the profile difficult to follow.	Profile structure is somewhat apparent, but some parts are missing. Feels too summarized. Needs more anecdote/story and quotation/dialogue to define the narrative arc.	Profile structure is complete and easy to follow, but could be better arranged to enhance reader's experience. Somewhat effective use of anecdote/story and quotation/dialogue. Narrative arc is present but has some weaknesses.	Profile structure is organized professionally, enhancing the reader's experience. Highly effective use of anecdote/story and quotation/dialogue to create a compelling narrative arc.
Style	No literary devices or significant details are used. Paper may read like an obituary or a Wikipedia page. Vocabulary is overly simplistic or vague, with no attention to purpose/audience. Title is missing or plainly inappropriate.	Language is fairly plain, with some specific details about the interviewee, but more/varied details and literary devices needed. Portrait of interviewee seems incomplete. No central metaphor present. Vocabulary may reflect a couple instances of specificity or sophistication, but it largely lacks attention to purpose/audience. Title doesn't creatively reflect the profile's angle / argument or is unengaging or inappropriate for the audience.	Obvious thought has been put into the use of diction, imagery and detail to portray star interviewee creatively, although the central metaphor needs to be more clearly developed to communicate writer's angle. Vocabulary occasionally reflects attention to specificity and sophistication, although it could be improved in consideration to purpose/audience. Title is appropriate for the audience but could more creatively reflect the profile's angle / argument.	Obvious thought has been put into the use of diction, imagery and detail. Central metaphor is well developed, communicating the writer's angle. Overall, stylistic choices give the profile a fresh and original creative texture. Vocabulary reaches a level of specificity and sophistication that is appropriate for the purpose and audience of this article. Title reflects the profile's angle / argument in a creative way that's both engaging and appropriate for the audience.
Research	Writer doesn't rely on an interview transcript and/or there is no indication of secondary research. No indication of research-backed questioning. Or, three or more research sources do not pass the "CRAP Test."	Writer makes limited use of interview transcript(s) and secondary sources. Interview testimony prompted by research-based questions is vague. Not a clear sense of an informed angle, although a view of the subject's character is certainly present. Or, two research sources do not pass the "CRAP Test."	Writer makes satisfactory use of at least 2 interview transcripts and 4 secondary sources, although some interview testimony or secondary source material may be either overused or too limited. Interview testimony prompted by research-based questions is apparent, but could create a clearer sense of an informed angle. Research sources generally pass the "CRAP Test," although one may be questionable.	Writer makes intelligent use of at least 2 interview transcripts and 4 secondary sources. Effective use of interview testimony prompted by research-based questions gives the reader a clear sense of an informed angle. All research sources obviously pass the "CRAP Test."

MLA Format and Citation	MLA format/style has not yet been applied.	MLA format, Works Cited page, and/or in-text citation are not close to meeting MLA standards.	MLA format, Works Cited page, and/or in-text citation are nearly perfect by MLA standards.	MLA format, Works Cited page, and in-text citation are all perfect by MLA standards.
Mechanics	Writing obscured by spelling, grammar, and punctuation errors.	Writing contains some errors that affect the reader's understanding.	Writing contains a few errors, but not at the expense of understanding.	Writing is polished, free of spelling, grammar, and punctuation errors.

Grade: 20.5 / 24

Dedication:

To every person who wants to be or is a geriatrician: you guys are vital to the health of roughly 20% of the world's population, and if that isn't being a hero, I don't know what is.

Acknowledgements:

Many thanks to my Design and English teachers for patiently guiding me through my work and helping me improve. Another thank you to my peers in my Design class for their great advice. Also, I am grateful to my dad for being an interviewee, and helping me connect to my subject, and my mom for reviewing my essay. Finally, I want to thank Dr. Rani Kulkarni, for being a really nice interviewee with a great story to tell.

Author's Bio

Deepa Bala is a Junior at Mountain View High and also attends Freestyle Academy, where she is learning about Design. She resides in Mountain View with her family. In her free time, she loves to draw, both traditional and digital, and read.

Preface

When thinking about who to interview for the Documentary project, I immediately knew that I wanted the person to be connected to a topic that I personally found interesting. Considering that the workings of the human body have always fascinated me, I decided to contact one of my father's doctor friends, Rani Kulkarni. When I found out that she was a geriatrician, my curiosity was piqued, as I had never met somebody working with the elderly before that. Talking to Dr. Kulkarni ended up teaching me a lot about the struggles of elderly people, and why society should care more about helping them.

To actually create the book for the documentary, we had to use an app called InDesign.

The idea of learning a new app, and using it to design a book was quite intimidating. In the end, I got the hang of it, and had a lot of fun making graphic design elements and taking photos to decorate the book. While this project was a lot of work, it was incredibly rewarding in the end.