Some aspects of modern progress are humbly unsustainable. Look no further than the environment and healthcare: too much knowledge, not enough wisdom. Enter JAMA's "Enhancing Aging and Ending Ageism" Call for Papers.¹

We see the problem:

medical research has often reflected the disease- and cure-focused nature of our health systems, rather than the whole-human, person-centered approach....¹

And we perpetuate the problem:

Randomized and other controlled intervention trials are needed.... Rigorous....¹ Einstein's definition of insanity. It's like a call for innovation in environmental sustainability, requiring the gold-standard design of building better (polluting) factories and producing shinier plastic widgets.

Conceptualizing end-of-life healthcare in just such industrial-revolution terms, ICU-turned-palliative-doctor, Jessica Zitter, experiences the dregs of both ICU and palliative culture as "conveyor belts" in a healthcare factory nudging dying humans along assembly/disassembly lines.²

Methods

Qualitative reflection: Where can one find *wisdom* on healthcare's response to aging? Two pieces stand out. First, "Letting Go: What Should Medicine Do When it Can't Save Your Life?"³ Here Atul Gawande *confesses* lying to a dying patient:

Am I going to die?

No, no of course not.

Gawande's wisdom would be disqualified from *JAMA Network Open* on two counts: It is both narrative and more than three times longer than the word limit. Likewise disqualified is "Being Relevant."⁴ Here, Jessica Zitter *confesses*:

1. her judgy response to a black patient's God talk,
2. observing that the black woman-chaplain's communication skills are superior to her white doctoring skills for the purposes of palliative care.

That Zitter and Gawande both confess *communication* failures is key. Lkening it to the rigor of complex surgery, Susan Block dubs communication the key *procedure* of palliative care.³

Results

Two auto-ethnographic confessions yielding surgically incisive nuggets of wisdom pertaining to both specialty, and (especially) primary palliative care communication:

1. *Earlier on* in disease processes, doctors can be unintentionally disingenuous in communication or lack thereof (read avoidance) with (likely or possibly) dying patients.³
2. *Later on* (previously-called "futility," now dubbed "potentially inappropriate care"), doctors can be judgemental in communication with rapidly-dying patients/families,⁴ resulting in burnout-inducing^{2,5} avoidance.⁶

Discussion

If physician-patient/family communication is the surgical procedure of palliative care, then these two wisdom nuggets pose a question to anyone interested in addressing the challenges presented by an aging population without resorting to ageism: Are we fabricating knowledge or seeking wisdom? If it is wisdom we seek, then might we begin by admitting that our own communication shortcomings may well be some of the biggest problems to be solved?

And might this reality check result in slower, more reflective, communal, and communicative approaches to knowledge generation and publication, leading to eventual intervention studies? Why not begin JAMA's next "aging without ageism" call where Gawande

and Zitter leave off: Authors submit to JAMA reports of auto-ethnographic confessions and/or ideas. JAMA readers invite authors to share their published confessions and/or ideas with peers via Grand Rounds, lunch-and-learns, and the like. Peers respond directly to presenting authors with related auto-ethnographic confessions and/or ideas. Relationships form. Some of these relationships lead to collaborations for small pilot studies, and (perhaps eventually) clinical trials for more refined interventions.

To find our way off the conveyor belts of status-quo end-of-life healthcare, we might begin by coming to grips with where we stand and submitting to the humility and messiness of working together to feel our way through the dark of the unknown. That may not sound sexy, but what better posture might there be for discovering *wisdom* on how to best serve an aging population without resorting to ageism?

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