

Mario GIGANTE (Group TEN)

Mario Gigante was born in Pescara, on June 1st 1964. He studied at “Liceo Scientifico G. Galilei” of Pescara and graduated in medicine at the university of Chieti.

At first he didn't know what specialization want to take, then he chose geriatrics; also helped by some people.

First he was the medical director of “Don Orione” in Avezzano, after the department head of the hospital in Città Sant'Angelo. Now he works at “Don Orione” in Pescara, taking care of special needs people.

He's married and has two sons.



1) Do you think your profession may play an important role in current society?

In order to answer correctly, first of all I should explain what we mean for "current society". From my point of view our age is expressing different models of society, even though, at least in the Western society, I can find some common features that are important to my job.

I try to list them:

- the extension of the life expectancy;
- the composition and the largeness of families;
- the removal of the idea of death;
- the wish for immediate solutions

These are only some among features that I feel as fundamentals because, as a geriatrician, I feel them close to my profession.

Let's start from the life expectancy which is of around 80 years in the Western world for men and of 84 years for women (in Italy in 2015 ISTAT recorded 80.1 for men and 84.7 for

women).

Until a few years ago, families being larger, public assistance was providing, finding the adequate resources internally. Currently the growth of older people and the reduction of large families are leading to less assistance possibilities, with a worsening of the quality of life for the weakest and the sickest, namely the oldest people.

(Around 1/3 of the Italian families is made up of just one person and the average largeness of the families reported by ISTAT in 2015 is of 2.4 persons / family)

The idea of death has been taken away, until almost denying its existence or trivializing it. This is why we created kinder synonyms of death (departure, demise, passing away, etc.) In order to attenuate the drama, the death at home is more and more rare, and always more people die alone.

We are used to think of the world as a place where for every problem there is a solution, but we ask for solutions that do not cost any fatigue or painful and above all they have to be fast, immediate and complete.

Probably in order to simplify we have trivialized the sense of suffering, by making the sickness and the chronicity (both very much present in my job) foreign enemies that scare us. One good example of this is the recent controversy over the obligation of vaccinations in Italy.

For everything that I said and for much more I would like to say, I think that my job is important.

2) Which are the main subjects for a postgraduate in geriatrics?

Precisely I don't know what is being currently thought.. Generally speaking, the medical area education(not the surgical one) is purely clinical, aimed to identify the diagnosis through the recognition of symptoms to define the right treatment.

The peculiarity of my medical discipline is in the complexity of geriatric patient, who is normally affected by many diseases at the same time, mostly chronic diseases, that require a large amount of medicines and therapies.

Often an important part of my job is to understand how to rationalize the therapies made of many medicines that could conflict each other. I am often involved in the treatment of senile dementia. This is really an emergency, almost epidemic if you think that an older person out of three above 85 years old is affected by this disease.

Who gets close to this discipline should know that rarely you work to heal the patients, indeed you always work to care them.

The approach of the geriatrician to his patient is defined "holistic" because we are asked to consider the whole person and not just the diseases by which the older person is affected. We are asked not only to consider the clinical appearance but also the psychological and social sides. Our main working tool is called Multidimensional Evaluation.

3) What did inspire you to study Medicine?

I decided to study Medicine because I wanted to do a job that would allow me to be in contact with people. I wanted to feel useful and to do something that nobody in my family had ever done before.

4) What do you like most in your job?

I appreciate a lot the interpersonal relationships, listening to my patient's stories, trying to comfort them and answering to their needs for care and reassurance.

Another thing I like a lot is that, since I deal with chronic diseases, I have the opportunity to follow my patients over a long time.

Finally, in my job I learnt that there is a difference between "taking care of" and "treating" sick people, between "care" and "prescribe" or "advise".

This might seem abstract, but I think that everybody can experience that in their life: when someone is facing a

difficult situation and finds the support and the solidarity of another person, this makes it easier. Unfortunately I am not always able to succeed, or sometimes it is really hard because some events and everyday routine make me less ready or less available.

5) Do people show you gratitude for your work?

Yes, there are many people that show me their gratitude and this is something really important and rewarding.

6) Is it difficult to have a balance between your profession as a doctor and the needs of your family?

In fact I had to ask a lot to my family. For many years I worked far from my place, every day I was leaving early in the morning and coming home late in the evening, taking away time from my family.

Prior to that, over more than 3 years I was working during the night making two or three shifts every week. My telephone is always on and if somebody feels sick on Sunday or during a bank holiday, I can't tell him to wait until Monday or the following day. Probably there are different ways of doing the job, and it is not always easy to find the right balance between the profession and the private life. It is very important to have the family support.

7) Did any book or movie play an important role in your life? Did your readings influence in any way your choice on which job to do?

I suppose I should quote some movie or book connected to my professional choice. I would like to cite 2 movies: Awakenings with Robert De Niro and Robin Williams (based on the book of the English neurologist and psychiatrist Oliver Sacks) and M*A*S*H* with Donald Sutherland, Elliott Gould and Robert Duvall, which tells the story of some quite implausible military doctors of an American Field hospital during the war in Korea.

Among the books who probably influenced my professional choices, I remember Noah Gordon's novel "Medicus" that is telling the story of a boy, who decided to travel until Persia in order to discover the secrets of the best medicine known at the time.

Probably my readings contributed to the choice I did, but scouting that I experienced over my youth, played a role even more important.

9) Is it difficult to work with special needs people?

It is not particularly difficult; you need to be able to go beyond the disability and look at the person. It's like if a surgeon, who is operating a patient in the liver, would think that the person is all in that organ. Obviously this wouldn't be the right approach. The same thing happens with special needs people or patients affected by dementia. If we just look at their disease, we would probably work "against" instead of "in favor of" the person affected by the disease.

There are then the difficulties linked to the approach to persons not always able to clearly explain or answer in a comprehensible way or that are afraid.

In order to overcome these resistances, together with my collaborators, I study some strategies that allow us to visit and evaluate everybody.

10) Would you advice a young graduate to undertake the studies of Medicine? With which arguments and advices?

I think that choosing this profession is now much more difficult compared to when I chose it. I think that much more courage and determination are needed, because it is much more difficult to access to the University of Medicine today in Italy. Therefore I would only advice a young graduate to choose Medicine only in case he is really motivated, because on top of the difficulty to access to the University, the course of study is really hard and long and often it doesn't finish with the degree but it also requires a further specialization.

Then you need to consider the long years of apprenticeship, the risks of "medical disputes", namely the ease with which we are exposed to complaints etc.

Therefore, to sum up, you need: a lot of study, a lot of persistence, availability to move (if necessary even abroad) both to learn and to work but it is really worth it because it is the most beautiful job in the world.