

Snow White and the Seven Dwarfs of Geriatrics

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***Corresponding authors:** Vangipuram Harshil Sai, Department of Undergraduate Education, All India Institute of Medical Sciences (AIIMS), Ansari Nagar, New Delhi, India

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Vangipuram Harshil Sai^{1*} and Vangipuram Sai Shreya²

¹Department of Undergraduate Education, All India Institute of Medical Sciences (AIIMS), India

²Department of General Medicine, Sri Ramachandra Institute of Higher Education and Research, India

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Perspective

The consultant called her Snow White long before I learned her real name. She was eighty-four, her forearms mapped with yellowing bruises, and she lay almost lost beneath a hospital blanket that appeared far too heavy for her frame. The admission notes were curt: “Mrs. Thomas, found on floor, query syncope,” followed by a tentative “history of dementia.” Her faded floral slippers rested neatly beneath the bed, as though still expecting a morning walk she could no longer recall. “Because you have seven dwarfs,” the consultant remarked with a quiet smile, nodding toward the circle of students surrounding her.

Mrs. Thomas gave a soft, papery laugh. None of us did. At first, I assumed he was simply trying to ease the tension of the ward round. Only later did I grasp how accurately and compassionately he had summed up her situation. The first dwarf arrived as Falls. A neighbour had found her on the kitchen tiles after noticing newspapers accumulating at her door. When the physiotherapist helped her stand, her steps were tentative, eyes locked on the ground as if it might betray her again.

“I only bent for the newspaper,” she confessed later, cheeks flushed with embarrassment. “Such a foolish thing.”

Falls never roared. He murmured through loose rugs, dim corridors, waning balance, and muscles that had silently faded.

Frailty followed closely. He dwelled in skin stretched thin over delicate bones, in wrists that seemed almost translucent, and in the three deliberate efforts needed just to sit up. A routine chest infection had been enough to pull her into hospital, like wind lifting a dry leaf.

“These legs once carried me everywhere,” she murmured one afternoon, knuckles pale on the walking frame. “To the market, to church, to see the grandchildren. Now even the corridor feels like a long journey.” Polypharmacy appeared next, his presence announced by a two-page medication list: agents for pressure, lipids, bones, mood, pain, and sleep. Each addition had been well-intentioned and protocol-driven. Collectively they brought drowsiness, constipation, and vanishing appetite.

Staring at the daily cup of tablets, she would ask, “Must one swallow so many just to remain breathing?” Guidelines spoke of deprescribing and Beers Criteria, yet at the bedside these felt distant. This dwarf had been constructed by many hands, where every specialist added a line but none dared remove one. Delirium struck without pattern. One morning she recalled her village and offered a long-dead queen as prime minister. The next she clawed at the bed rails,

certain wolves lurked below. By evening she returned, drained and apologetic for utterances she could not recollect.

“Did I scare anyone?” she asked the following day, eyes seeking forgiveness. We fought back not with heavier sedation, but with the quiet anchor of large orientation clocks, low nightlights, and the familiar cadence of family voices. These modest measures often calmed her inner storm better than any fresh prescription. Incontinence remained the unspoken one. Notes recorded only “episodes” or “requires assistance.” At her side it surfaced in the sudden anxiety when the commode was delayed and in the quiet humiliation that coloured her face.

“I never needed help at home,” she whispered, gaze averted. “I always managed by myself, with dignity.”

Depression settled more slowly. Once the urgent tests and consultations faded, her eyes began drifting to some unseen middle distance. Responses shortened. Silence lengthened.

“What does it matter now?” she said on a dull afternoon — not angry, simply exhausted. The hospital had catalogued her syndromes, yet the deeper ache of lost autonomy lingered. It felt as though the dark woods had completely closed in.

Then came the seventh — Resilience — mentioned almost casually by the consultant. I had imagined something bold and triumphant. Instead, it revealed itself in understated acts. One gentle evening I caught her humming a fragile lullaby, hands cradling an invisible infant. “I sang this to my brothers,” she said when she noticed me. “Seven of us in that tiny house. We had little, yet we had one another. That song has seen me through many hard nights.”

This dwarf did not drive the others away. It simply took its place among them—stubborn, unannounced, and quietly steadfast. It appeared when she insisted on brushing her own hair despite trembling arms, when she gently corrected my pronunciation of her village name, and when she pushed for a few extra steps with the physiotherapist each morning even though pain etched lines across her forehead.

It also flourished in human connections. Her granddaughter arrived daily with warm homemade soup, explaining that “hospital food makes Amma sad.” A nurse warmed the stethoscope in her palms before every examination. A healthcare assistant located an

extra pillow for her aching back and lingered to speak of forgotten Tamil film songs. These small kindnesses formed an unseen support around her vulnerability, reminding us that healing often happens in the spaces between clinical tasks.

On discharge morning the consultant asked how she felt. Mrs. Thomas paused, weighing the question. “I am not who I once was,” she replied at last, voice clear. “Yet I am still here.” As the porter wheeled her toward the lift, the other six travelled with her: Falls risk unchanged, frailty undiminished, medication list copied neatly into the summary. Still, she lifted one frail hand in farewell to the staff. Turning to her granddaughter, who had spent the week anxiously inquiring if everything would be fine, she said softly, “We will be all right, child. We always have been.”

Snow White returned home neither cured nor transformed. The six companions remained. What shifted was my vision. They ceased being mere clinical challenges and became participants in a continuing human tale — one whose direction would hinge as much on quiet endurance as on any tablet or plan we devised. In her quiet persistence I began to see what good care might truly mean: Tending the syndromes while gently holding space for the resilience that refuses to vanish.

In the years ahead, I hope that whenever I encounter Mrs. Thomas again — under different names, in different wards, accompanied by the same companions wearing fresh diagnostic labels — I will remember to search deliberately for the seventh. Not because it promises a happy ending, but because it affirms that even amid a ward of scores and syndromes, the true protagonist endures: fully human, quietly magnificent, and still writing her own story.

Author Note

Identifying details, timelines, and contextual elements have been modified to protect patient confidentiality. The narrative reflects the authors’ observations and experiences during clinical training while preserving the dignity and privacy of the patient described.

Acknowledgment

We thank our mentors for shaping our understanding of clinical decision-making, and our patients, whose experiences continue to redefine the limits and meaning of evidence in practice.