

## PINE TREES, TROLLS AND GOLDEN WINDOWS: A TALE OF TWO GRANDFATHERS

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I grew up close to my two grandfathers, who were both Northern European men who found themselves in North America after the second world war. My Norwegian grandfather, known to me as Grampio, was an engineer and a storyteller. My German grandfather, who we called Opa, was a philosopher and a biologist. I heard little about their lives before coming to North America when I was growing up. Their pasts undoubtedly left indelible marks, but their presence while they were with family was very much in the present moment. Though they observed and made sense of the world through their own approaches, they were both men with tremendous curiosity about life and about other people. I was very lucky to have three decades with both of my grandfathers, and with reflection, I can see that my path toward geriatric medicine was influenced by their presence in my life.

Opa, a biologist, taught me about hypotheses and observation. He taught me to appreciate and notice the more minute details in the natural world - such as how to tell white pine (bundles of 5 needles) from red pine (bundles of 2 needles). I remember driving with Opa during an October afternoon, and listening to him

listing all the signs of autumn – the colour of the leaves, the changing of the light, and the lengthening of the shadows. These signals from the natural world told a story, if we paid attention. Opa was grounded and contemplative. He thought and wrote about our connection with nature. His approach with people was considerate, and deeply respectful. He was also the first person to suggest I consider geriatric medicine. He would frequently meet with a colleague who shared a nearby office and learned through their conversations that they were married to a geriatrician. I remember Opa remarking, “I think Geriatrics sounds like it could be very interesting, actually.” He was correct.

Grampio was a mechanical engineer, and through his engineer’s lens, would solve and understand any and all problems at hand. When I was learning about liver disease, he drew a schematic for me capturing changes in flow, resistance, and pressure, to illustrate the concept of cirrhosis and portal hypertension. It was an engineer’s interpretation of physiology. Humor, sometimes very silly, and wonder shaped our relationship. He told stories endlessly, and I would listen as he would teach me how to tell a troll (vertical pupils) from an elf (tails are the tell). My favourite story though, was a fable he would share about the girl and the golden windows.[1] There once was a young girl, who woke up every morning and looked across the bay from her house to the town on the other side. All the windows in every house across the bay were golden, and she longed to touch them and enviously wished for golden windows of her own. One morning, she decided that she needed to see the golden windows, so she set out walking along the road through the woods to the town. The walk took her all day, and finally, she arrived in the town late in the day. She searched all around but was shocked to discover the windows on all the buildings in the town were ordinary windows! There wasn’t a golden window to be seen. An old woman emerged out of one of the houses, and pointed to the girl’s house across the bay. From her new vantage point, she discovered shining golden windows on her own home, glittering in the setting sun.

I believe that my experiences with my grandfathers guided me to Geriatric medicine, and I’m not alone in that regard – interviews with some of Canada’s first geriatricians identified close relationships with grandparents as an influential factor in pursuing the discipline.[2] I would struggle to call myself wise (doing so feels inherently unwise), but I do think the choice to study geriatric medicine was one of the wiser decisions I’ve made. It was a choice influenced by the role my grandfathers had in my life. By listening to their stories, their philosophies, and their experiences, I was shaped into the person I am today, and that led me to choose a field suited to me, my skills, and my passions.

Geriatric medicine is largely governed by navigating complexity. Understanding each patient’s context is an inherent part of each assessment, part of determining what “matters most”.[3] I bring medical knowledge and experience to each assessment, but the alchemy of wisdom occurs when I can integrate this with the information gained from observing, and listening to our patients, who are the experts in their own lived

experiences. My vantage point is always enhanced by integrating the viewpoint of my patients and their caregivers – ultimately, it seems to take at least two to best judge the colour of windows.■

## REFERENCES

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## Biographical note

Maia von Maltzahn is a geriatrician and medical educator at Dalhousie University. Her goal as a geriatrician and physician educator is to inspire others to discover the joy and privilege in caring for older adults.