



## Healthcare Decisions Day – Senior Care Corner Show Transcript

**Barry:** Welcome to the Senior Care Corner Show. I'm Barry.

**Kathy:** And I'm Kathy. Thanks for joining us.

**Barry:** As always, you'll find us online at SeniorCareCorner.com with solutions, tools and information for family caregivers and others who care for and about senior adults.

Well Kathy today I think we've got another great episode coming up. We're going to talk in our feature segment about the recent Healthcare Decisions Day and how our listeners can make it Healthcare Decision Day for their own family.

Well why don't you start us off with your news items Kathy?

**Kathy:** Okay, I've searched for some very interesting new research for our senior loved ones today that I hope you like. Our first news item:

### **Many Americans Skipping Meds to Save Money, CDC Says**

New research shows that cash strapped Americans are skipping doses of pricey prescription drugs or take less than prescribed by their doctor.

Lack of insurance was a key factor in whether people went without needed medications according to the Centers for Disease Control.

Naturally, skipping medications can have harmful consequences.

Those who do not take their drugs as prescribed have a poor health status, more emergency room visits and hospitalizations.

The CDC states that last year Americans spent \$45 billion out of pocket for prescription drugs. 20% asked their doctors for lower cost medications in order to spend less money.

23% of uninsured people chose not to fill prescriptions, 14% of those on Medicaid. Those covered by Medicare were more likely to ask for a lower cost alternates as well. One in every 50 purchased their prescriptions outside of America to save money.

**Barry:** That's a problem we just can't seem to resolve, isn't it Kathy?

**Kathy:** It is. Our next news item:

### **Mobility Shoes May Help Those with Arthritic Knees**

Special mobility shoes might ease the strain on the knees of people with knee arthritis.



Mobility shoes are flat flexible footwear designed to mimic the biomechanics of walking barefoot.

The study was funded by the Arthritis Foundation. People in the study wore specially designed shoes six hours a day six days a week and suffered from knee osteoarthritis. Osteoarthritis is a painful swelling and stiffness in joints often due to injury or just wear and tear.

The researchers found that long-term use of mobility shoes helped people adapt their gait, or how they walk, leading to a reduction in the “knee loading” or the force placed on knees during daily activities.

This change in gait continued after the shoes were no longer worn.

Researchers were encouraged by what they called a training effect which resulted in a change in gait after the shoes were no longer being used. This was thought to be encouraging for arthritis sufferers because the knees returned to a natural state. They stated that foot wear choice was an important consideration to manage pain for knee osteoarthritis.

**Barry:** That’s interesting. You know it sounds like some of that footwear might be good as a preventative measure.

**Kathy:** That could be. Now news for all of us:

### **Few US Seniors Take Advantage of Shingles Vaccine**

A new study tells us that despite an effective vaccine against shingles, few seniors are getting it.

The vaccine prevents the chickenpox virus from activating and causing painful skin and nerve infection.

Researchers collected more than 766,000 Medicare beneficiaries’ data and found that the vaccine was able to reduce shingles by 48% in this group.

Less than 4 % of seniors in the study received the vaccine however. Rates of vaccine are very low in low income seniors, less than 1%.

Barry, we recently posted an article on shingles and the importance of getting vaccinated. We hope that we’ll see a change in this low number of seniors getting vaccinated because it’s so important to prevent this dreadful disease—a preventable disease. Also, as caregivers become eligible, we too should get a vaccine to prevent that condition which could impair our ability to care for our seniors.



**Barry:** That's interesting that people aren't just getting the vaccine and it's not for a lack of promotion. And I think virtually everyone who watches TV or listens to the radio knows that if you've had chicken pox, you carry the shingles virus and you need to be vaccinated. Maybe they need to find another approach or maybe it's that people just don't see that it can do them.

**Kathy:** Right and what we do know is that it can happen to anyone AND remember this is a preventive vaccine that we can all receive and under Medicare that's part of your preventive coverage now it's FREE to seniors.

**Barry:** Well let's hope they find that approach that works.

**Kathy:** Alright and finally Barry because I enjoy the message to stay physically active so much:

### **Pool Exercise May Build Strength and Reduce Falls**

Women who did a high intensity aquatic workout for six months were shown to increase their muscle strength and had fewer falls. Researchers felt that bone and muscle building can be improved with water exercises according to a new study.

Women who were post-menopausal were shown to increase bone density with this particular pool based exercise.

The women in the study were aged 50-60, inactive prior to their participation and given calcium and Vitamin D supplements. Half completed aquatic exercises and half did not. After seven months, the women who participated in the water exercises had 86% fewer falls than the sedentary group. The water exercisers also had improved flexibility and hip and knee strength.

At the beginning of the study, a quarter of the women had osteoporosis, half were beginning stage of bone loss and the last quarter had normal bones.

Over the course of the study, the water exercisers maintained their bone density in their leg bones while the sedentary group lost 1.2% of their bone density.

It should be noted that specific water exercises performed were bursts of intense activity with 90% of maximum heart rate achieved which is not the typical low impact repetitious movement water aerobics often used by seniors. Their program was called HydrOS. Researchers felt that a more focused workout in the water that mimics the gym muscle training is most beneficial.

**Barry:** Interesting. Hopefully they'll get that out there to the folks who conduct the aquatic exercises so that they can receive even more benefit.



**Kathy:** Exactly that's what they're doing.

**Barry:** Well thanks Kathy, those are some very interesting news items, well as always of course.

### **Healthcare Decisions Day**

For our feature segment of this episode we're going to talk about making advance decisions about the care we want to receive. Yes, we've talked about that before and we are going to talk about it a lot more in the future - - just because it is such an important topic. What's prompting us this time? Well, National Healthcare Decisions Day.

If you go out to the National Healthcare Decisions Day website, and we'll put a link in the show notes, but they list as their problem statement that most Americans have not yet made decisions about their healthcare in the event they're unable to speak for themselves at the time. And that's despite growing public awareness for planning care in advance. We and a number of people do talk about that.

A key to National Healthcare Decisions Day is wanting to build understanding that making advance healthcare decisions is more than simply individuals deciding what they want. The first step is an expression of preferences and values THEN care preferences. They go further, too, to press the importance – as we do – of having an agent – a power of attorney, as we discussed it in a recent post – to express one's healthcare decisions if they're unable to do so themselves at the time.

**Kathy:** But National Healthcare Decisions Day HAS already happened, right?

**Barry:** Yes, but we didn't hear too much about it. I know there was a lot going on in the US at the time, but it's a shame the word was not able to get out more loudly. After all, planning what we want to be done to us – or not done to us – as we near the end of our lives is not the most appealing topic of discussion. Important, certainly, but not something many are going to discuss on the radio or as part of the evening news. That means those of us who realize how critical it is and ARE willing to talk about it have to do a whole lot more. It's also why we need to be talking beyond National Healthcare Decisions Day until everyone hears and acts.

**Kathy:** And why we keep writing and talking about it. We often focus on advance decisions as something families can and should discuss together, especially the adult children of seniors who have not yet made their decisions, or at least not yet made them know to family members or documented them so they're legally enforceable.

**Barry:** The family aspect is one of the reasons we want to get reminders like this out there during spring and fall. Summer and holidays times are when families, especially



including the out of town family members, are more likely to get together. That makes these good times for those discussions to take place.

**Kathy:** But it's not summer yet.

**Barry:** Yes Kathy I know, but having some time to think about it up front will hopefully help get the discussion going later. And as we talk about, in a few minutes there are some preparations that you can make to help the discussion along. Besides this just isn't a topic many people want to even consider, but knowing there is a family discussion upcoming may provide some motivation to think it through in advance.

### **Advance Directives**

Maybe we should start by talking about what's meant by "healthcare decisions" and advance care planning. After all, those are gentle terms and may be easier to use in mass media but maybe they aren't the best to let people know the specifics of what really needs to be done.

**Kathy:** What we're talking about is the type of care you want to receive when you are potentially at the end of your life, whether your life depends on whether you receive a certain measure. Examples of these measures include being put on a respirator or even receiving CPR, chest compressions, to restart your heart and breathing.

The decision process can even go beyond the end of your life, especially if you have wishes regarding what happens to you upon your death.

**Barry:** That's right; I remember our conversation with Victoria Collier, the elder law attorney, in which she had some great points about that. I recall the situation she discussed with us about Georgia, where her practice is located. If someone wishes to be cremated but hasn't put plans in place and doesn't have a healthcare power of attorney nominated to make that decision on their behalf, it falls to the next of kin to decide. If, for example, the next of kin are your children then they all have to agree with you being cremated or you're going to be buried no matter what you want. Even if there are several children, even one, just ONE, can veto your wish to be cremated if you didn't put something in place and make your wish enforceable upon your death.

**Kathy:** The same is true of many end of life healthcare decisions. If there aren't specific and legally established wishes in place and made known to the healthcare providers, or if an agent hasn't been designated by power of attorney to legally make those decisions on your behalf then it's left to the family members.

**Barry:** And I suppose the default, if they can't agree Kathy, is to take the measures needed to extend life.



**Kathy:** Well, that IS the key mission of the healthcare system so without someone telling them legally to back off, they're going to do what they see as their jobs.

**Barry:** So if you really want to be allowed to die rather than receive lifesaving care you really should designate it in advance to be sure that's really what happens.

**Kathy:** Yes exactly, and that's what Healthcare Decision Day is about, at least from our perspective.

**Barry:** Of course, the designation is only the first step to assuring wishes are followed. Making the decisions and putting them in the appropriate legal form for your state is important, but it's only helpful if they are known and present when needed. That's why we say it's essential for family members and your senior loved one's healthcare providers to have copies on file. Hopefully someone will be there or be contacted should you be at the point where the decisions are needed.

### **We Don't Know When Advance Directives Will Be Needed**

Now it's that "when the decisions are needed" that's a key part of the need for Advance Directives. How many of us say or think that we're healthy so it really doesn't matter if we do it now or we just assume everybody "knows" what we would want? Even seniors may push off taking action for the same reason.

**Kathy:** We really don't know when something might happen to our senior loved ones or even to us. After all, how many car accidents are there each day and how often do we hear about a seemingly healthy person who has fallen ill, suffered a stroke or had a heart attack? No, we don't want to think about those things happening but they do.

**Barry:** Well why can't we just wait until we're in that situation? Many people ask why not because, after all, they may not know just how they'll feel about it until they're in that situation.

**Kathy:** Well Barry, that's an understandable reaction, too. The problem is that when the time comes that the decisions are needed we probably aren't going to be in a position to make any.

**Barry:** Well this is one area where some of our favorite medical shows have done a good job. I'm going to take a little tangent here, but I want to toss in a pitch for TNT to pick up that terrific show, Monday Mornings, for a second season. We were really attracted to the show by its connection to Dr. Sanjay Gupta and found the writing and acting to be terrific.

**Kathy:** I hope they'll be able to overcome audience numbers that are called disappointing and get another chance to build their following.



**Barry:** I agree Kathy. But getting back on track, the medical shows we've watched have done a good job depicting what happens so often when advance directives aren't made and put into legally enforceable form. So often patients are unconscious when care is being given or are felt to be incompetent to make that decision because of their condition or because of drugs they've being given are seen as clouding their judgment. Also, maybe for the dramatic effect, they do a good job of depicting family members in disagreement over care - - and what their loved ones would really want.

**Kathy:** It's realistic to think that when we're in a situation in which lifesaving care is being considered that we really won't be able to think clearly, if we're conscious. Another point to consider is that English is not the first language for many in the US, including many seniors who moved here from other nations. If there's ANY chance questions will not be understood or the answers back might not be clear, it's crucial that decisions be documented in advance.

**Barry:** Good point, Kathy. Yes, healthcare facilities should have translators available but will they be there at the moment decisions are made? I wouldn't want to assume they will.

All of that's why we push so hard to get those decisions made in advance by everyone.

### **Family Discussions of Advance Directives**

Now as we said up front, family gatherings are a good time to discuss the wishes of senior loved ones to be sure they're known and then take the steps that are needed to make those wishes are legally enforceable.

**Kathy:** That's especially the case if yours is one of the many families that are dispersed geographically and don't often come together. Sure, a family reunion or vacation may not feel like a good time to have end of life discussion, but you have to take your opportunities when you get them. As a part of your planning, please keep in mind that it may take several family discussions before decisions are finalized. Prompting may be required to get it done.

**Barry:** Great point about the potential need for multiple discussions, Kathy. It is important that nobody feel that the first meeting, or even later meetings, is a failure if everything hasn't been yet resolved.

It might be necessary for adult children to get the discussions going with their senior loved ones. Yes, it's probably going to be a tough conversation all around, especially for the children, but it is needed. Adult children may even have to play to the seniors' parental feelings, suggesting they wouldn't want to leave those decisions for those adult children to make at the worst of times. Sure, this is a sensitive situation and the right words need to be used, but you really want to get it done.



At the same time, it's important not to steamroll senior loved ones into making a certain decision. While family members might be the ones to get the discussion started, the senior really should play a major role in the discussion, if not actually be the leader. It is, after all, their life that's the topic of discussion. We need to be sure these decisions really are those of the senior and not something forced on them by others.

**Kathy:** I agree. It's one thing – and a good thing - to press them to decide and express their wishes but something completely different to, even subtly, force a specific decision on them. If they do decide, or at least claim to, in order to just get the process over with or to please family members, not only is it something the senior loved one might not want themselves but family members may never know what they truly want.

**Barry:** Meaning that after going through the trauma of the end of a senior loved one's life, adult children may carry with them the guilt that the end their senior saw was not how they would have wanted or wished it would've happen.

You talk with a lot family members of seniors, Kathy. Is there one right way to approach this?

**Kathy:** Well, each family has its own way of communicating, so I'd say "no" because what works for one senior and their family might not be the right approach for the next one. I wouldn't think, though, it would be good in any family if the senior felt ganged up on and like the rest of the family was just planning the end of their lives. Many families also have a naturally outspoken member or two who make their opinions known and tend to sway the thinking of the others. It's important that everyone contribute their own thoughts to the process.

**Barry:** Good points. It may also be timely to remind everyone that healthcare decisions and advance directives aren't just for seniors. Maybe the adult family members who are trying to get a senior loved one to make and document their decision could make the process easier for the senior, and make her or him feel less picked on, by showing they've already made and documented those decisions for themselves, and that they have done for THEIR family members what is now being asked of the senior.

**Kathy:** Leading by example is typically more effective, after all. At the same time, it's more than a leadership exercise for many. Family caregivers will want to make plans for care to continue should something happen to them. That's not part of advance healthcare directives, and it doesn't take the end of a caregiver's life for a substitute person to care to be needed, but it's a similar sort of planning.

**Barry:** Another approach that may help some families with this discussion is to include an outside expert in their conversation. Including a social worker experienced in working with seniors and their families or an elder law attorney may help focus the



discussion on the areas that need to be covered and maybe even take some of the emotion out. Yes, there may be a cost involved but including someone in a mediation role who has been through similar discussions before and understands what needs to be accomplished may help families get there with less of a personal toll for those involved.

**Kathy:** A member of the clergy from the senior's church may also be valuable in this role for some families.

### **Preparations for the Advance Healthcare Directives Discussion**

**Barry:** Good point Kathy. Let's turn to some preparations that might help make the decisions and more clear.

- First, find out just what advance directive means, not just the term but the implications for the people putting them in place and their family members.
- Determine what your state requires be in place and what decisions are covered with advance directives.
- Maybe get descriptions of what CPR would be like, as well as other means of life support, including such things as intubation, tube feeding and being on a ventilator. You might find viewing videos to be a valuable part of your meeting because it really brings home what's involved with those decisions and what people are actually deciding will or won't happen to them if they are needed.

**Kathy:**

- You might even want to consult an attorney or other legal reference source in advance to see what the forms look like and just what information is needed to put an advance directive into place.

**Barry:** That's a good reminder, Kathy. You know we've been looking for a source other than a trade association that listeners could use in finding expert legal guidance locally because many people feel most comfortable with a lawyer preparing the needed documentation. We do know there are a number of people who would rather do it themselves or don't feel they can afford to pay a lawyer. For those, we provide a link to [LegalZoom.com](https://www.legalzoom.com). While Legal Zoom was formed and guided by lawyers, we want it to be clear they do not provide legal advice –

**Kathy:** just as we are not –

**Barry:** but they do have the forms required and the process to follow for each state so you know you're getting what is needed to be put in place in your community.



**Kathy:** They might be a good source for pulling together the sample forms before the family meeting so everyone can see what's needed, whether or not an attorney is ultimately used for the documentation in the end.

**Barry:** That's a great idea, Kathy, and I guess a good place to wrap up our discussion for today. We hope we've gotten everyone thinking about how to make one day in the near future YOUR family's healthcare decisions day.

Now Kathy, how about wrapping up our episode with a quick tip?

**Kathy:** Well today's quick tip talks about caregivers and how to talk, great for this topic.

### **Caregivers Deal with Negative Comments**

When you are a caregiver, sometimes family members especially siblings or even the one for whom you care can offer their often unwanted opinions and how they think you are doing. Usually this isn't helpful criticism but instead hurtful.

Here are some tips on how to handle their words:

1. Try not to listen; redirect the topic of conversation to something that is helpful for your senior. If that can't be done--walk away or politely disconnect from the phone call.
2. If the comments are coming from your senior, remember they are frustrated or confused by their disease so don't take it personally or get offended. They may be angry at the situation, their loss of independence or just depressed. Their comments are being hurled at the closest person-you, they don't mean to hurt you.
3. Realize no matter what you do, what choices you make, what food you prepare for a meal or any other decision, you will not please everyone all the time. That's reality so just accept the comments and continue with your tasks.
4. Don't react with anger-you'll just give the person the desired outcome. Smile and continue on with care or other duties. It will be difficult for the person throwing the insults to keep going when you're smiling.

Naturally these tips are not easy and will require caregivers to practice them. It is human nature to get hurt feelings when someone is telling you all the things you are doing wrong. Remind yourself the importance of what you are doing. If your siblings or other family members who are not impaired only give insults without assistance, you will have your answer to how important their opinion really is to the care of your senior loved one.



**Barry:** That's a really good tip Kathy. We may even want to turn that into a full blog post so that we can reach even more people with it.

That's it for this episode of the Senior Care Corner Show folks. Glad you joined us, hope you found it informative. We invite those of you that are listening to send the link on pass this to other family members so that they understand that as we are sure that you do now, the importance of these healthcare decisions and so that you're not alone in getting it done. But maybe you're getting a group of the family together who understand the need and are working together to get it done.

And we invite you to share your experiences in our comments, either of the post itself or on our Facebook page at Senior Care Corner on Facebook.

We hope your process goes well. That it isn't any more difficult than it has to be but that it is a successful one in that you get accomplished what you need to.

And we hope to see you back here next time at Senior Care Corner and until we do, we hope you have a great day!