

**CARING AND PREPARING:  
CARING FOR OURSELVES AND OTHERS, AND PREPARING FOR THE  
FINAL CHAPTER**

**Lee Iacovoni Sorenson and Diane Sanson, PhD, MFT**

To paraphrase what Ben Franklin wrote many years ago, “Nothing is certain but death, taxes and rising health costs.” And, wise man that he was, he would probably have advised us to take early preventive measures to prepare for our own old age and make sure that we were prepared to care for, not only ourselves, but also our aging parents, spouses or relatives. He would most likely have been surprised by the number of people who live today far from their parents or children, making it harder for the caretakers. And he would surely have been shocked to learn how much it costs for care in today’s currency, whether at home or in care-giving facilities and/or institutions.

Currently, there are some 34 million Americans providing care to older family members, with 15% of those caregivers living one or more hours from the person for whom they are providing care. Traditionally, women have been the caretakers, but today a significant percentage is men. Nevertheless, as the aging population increases around the globe, women continue to out live men by about two decades. That means that women are usually going to end up being the caretakers of their spouses. It also means that they will have a much smaller pool of assets to draw upon for their own care as survivors; much, if not all, of the couple’s assets will have been used up for the care of the spouse. And, if a woman is single and has no children upon whom to depend, her position becomes even more vulnerable.

According to recent research, as many as 75 percent of Americans have made no plans for long-term care, and they think Medicare and Medicaid will pick up the bill. Except for some costs, in certain conditions, that is unfortunately not true. And the bill is daunting: A conservative estimate for the cost for the average length of stay in a nursing home (2.4 years), for example, comes to a total of \$195,000. An equally conservative estimate for in-home care begins at \$1,600 a month, unless skilled nursing care is also needed, which causes the cost to soar. Long-term care insurance, unlike health insurance or the government, is an important possible solution to long-term care concerns, and every woman should should consider a policy.

But regardless of whom we, as women, are going to care for, or who will be caring for us, we should not be unprepared. Advance planning, organization, and flexibility are some of the keys to developing a care plan. Here are some practical considerations and steps to take, some of which should be done well in advance, before an emergency situation makes them necessary.

- Assess the need. What care requirements are needed, according to the diagnosis and prognosis and an evaluation of the individual’s need for assistance? Who can/should make the assessment?

- Determine where the care giving will take place. The possibilities are: Aging in place (at home or in a shared, multigenerational home); senior apartments; retirement community; traditional care facility such as adult day care, assisted living; continuing care retirement communities, or nursing home, skilled nursing facility. Newer types: residential care facility; cooperatives.
- Determine the wishes of the individual needing care, if that is possible. Remember that the remaining years of the individual concerned and how they are going to be passed are the primary consideration, unless she is mentally incapacitated in some way.
- Locate and implement community resources and support. Consult a Geriatric Care Manager (GCM) or a discharge planner from a hospital; Eldercare Locator ([www.eldercare.gov](http://www.eldercare.gov)) ; local senior center; home care services; adult day services; individual's church; local volunteer programs; local and national disease associations; respite care.
- Payment for care. Will the individual's financial resources cover the cost of care? If not, who will make up the difference? Explore all pensions, insurance, trusts, veterans' benefits, etc.

The importance of having certain important legal documents and medical information and keeping them in order and available cannot be overly emphasized. Below are listed some of the most information and documents that will make your, and their, life much easier. Needless to say, they should all be executed while you, or your family member, still have the capacity to make these decisions. Some will require the help of an attorney and/or need to be notarized.

- Full name(s), date of birth, birth certificate, Medicare and/or Medicaid number, Social Security number.
- Names, phone numbers, addresses of doctor(s) involved. List of medications, name and phone number of the corresponding pharmacy.
- Financial (or General) Power of Attorney, Will, Trust. Advance Directives: A Living Will, a Health Care Power of Attorney
- Tax and financial records, copies of insurance policies, including health and/or life insurance, and long-term care insurance. If a veteran, discharge papers.

#### A Heartfelt Preparation for the Final Chapter

I venture that Franklin would also have suggested that we prepare, emotionally (as much as is possible) as well as practically, for what Laura Larsen, RN, calls the final mystery in her excellent, comprehensive book entitled *Facing the Final Mystery: A Guidebook for Discussing End-of-Life Issues Now*. In her book, Larsen stresses the importance of

patients' engaging in "end of life" discussions with their family and doctors. Aside from many psychological and emotional factors, statistics show that those who do engage in these talks incur \$1,000 less in medical costs than those who do not.

These honest family conversations about practical and emotional issues need to be held as early as possible, when the elder is still communicative and no crisis is present. There are many "matters of the heart" to be attended to, which include the individual's end of life wishes, dealing with family issues, assigning end of life tasks to be carried out, and spiritual considerations. A fine example of a "living will with a heart" is a document called "5 Wishes," available in 25 languages and currently valid in 42 States. In it, the individual expresses her wishes regarding the kind of medical treatment desired, how comfortable she wants to be, how she wants people to treat her during her remaining time, and what she wants her loved ones to know. It even includes a section to express her wishes concerning a memorial service and other similar specific requests. A notarized section enables her to grant a power of attorney for health care. Again, whether you are a caretaker or preparing for your own old age, the most valuable legacy you can receive, or leave to your loved ones, is a living will such as this one that clearly delineates the type of health care you wish to receive and which life sustaining procedures you do not want.

If you are the caretaker and live far away from your loved one, your emotions are often mixed and intense. Feeling guilty for being so far away and unable to help as much as you would like to is challenging to cope with. Other common feelings are fear, anger, sadness, and helplessness. Grief is a common emotion that may emerge both while the person is living and upon her death. Grief is a natural process and requires attention, as do other feelings. To deal with these feelings, first identify them, normalize them, and be gentle on yourself in the process. It is also important to ask for help from others, be willing to accept their help, and perhaps join a support group. To keep yourself in balance, you can design a self-care plan, or if needed, seek professional counseling.

A loving and heart-full way to respect your loved one is to ask about her spiritual beliefs and honor them. Ask questions and offer reassurances. If she has specific wishes, make all efforts to grant them. As time grows closer to death, think carefully about the importance of intimate conversations in order to experience a good death for all concerned. Topics that often need to be touched upon are expressing forgiveness for the dying person, seeking forgiveness from her, and expressing your gratitude that she has been in your life. Say I love you, and say goodbye. Most important is to just be present, be a sensitive listener, and be generous with physical touch. An honest conversation brings both closeness and closure to both the caretaker and the dying person

These are only some of the many ways one can make the Final Chapter of Life rich in intimacy, closeness, and personal growth. It is indeed an honor and privilege to conclude the cycle of life with someone you love and to be a part of the dying process.

