Staying in Charge: The First Choice of, well, EVERYONE.

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May 8, 2019
Independence

• The risk of failing to prepare
• If we want to stay in charge we need to give it some attention
• Being stubborn is not a plan
• Denial is not constructive
• 65+ is not an age
• Growing old and dying is a process
Housing

- I’ll be carried out in a pine box
- Accessibility, universal design, stigma
- What a person needs from a house, functionally, changes over time
- Move the washer/dryer out of the basement
- Steps, railing, ramps, grab bars
- Support independence, not signal decline
Possessions

- You will eventually get rid of everything you own
- De-cumulation is a “thing”
- Hoarding vs. too much stuff?
- Self-identity
- Memories
Mobility

• Walking or moving about on your own
• The difference between a one-person and two-person transfer
• Physical health matters
• Healthy aging = health + function
• Falls prevention
Transportation

• Plan for your driving retirement
• Women = 10 years
• Men = 6 years
• Contributions to social isolation
• Health-related travel
• Non health-related travel
• Benefits and limitations of automated cars
Social Isolation

• Increased attention to this problem
• Impact on health, known & being studied
• Risk factor for elder abuse and neglect
• Housing & transportation can contribute
• Hearing loss & dementia can contribute
• Can community organizations and volunteers overcome social isolation?
Safety

• Two major risk factors for elder-abuse are social isolation and cognitive impairment
• Financial exploitation fastest-growing aspect of elder mistreatment
• Risk occurs in all settings
• Caregivers are the most frequent abusers
• Maintaining connections = protective factor
Neglect

• What is self-neglect?
• Greatest number of calls to APS
• Difference between neglect by others and neglect by self?
• Is one a better circumstance than the other?
• Do we feel better if we have someone to blame?
Instrumental Activities of Daily Living

• Managing finances
• Managing transportation
• Shopping & meal preparation
• Housecleaning & home maintenance
• Managing communications
  – Telephone, mail, computer
• Managing medication
• (losing these are a threat to independence)
Activities of Daily Living

• Walking
• Feeding
• Dressing and grooming
• Toileting
• Bathing
• Transferring
• (losing these signal need for long-term care)
Plan Ahead

- Where will you live?
- How will you get around?
- Who will help care for you?
- Who will handle your finances?
- Plan for your estate (wills, trust)
- Plan for your healthcare (advance care planning)
ACP Conundrum

• People are reluctant to think or talk about serious illness, goals of care and death
• Especially when things are going well and people feel pretty good
• But this is exactly the time to have these conversations and make plans
• DO NOT wait until you are seriously ill
• There are a variety of tools to guide you through this process
Advance Care Planning Terminology

Prognosis: 1-2 Years
- 18+, Healthy
  - Identify Health Care Proxy (HCP)
  - Conversation about care preferences
- Seriously Ill
  - Diagnosis of Serious or Chronic Illness(es)
  - Progression of Serious or Chronic Illness(es)
  - Have Serious Illness Conversation
- Crises & Decline
  - Condition worsening
  - Revisit Serious Illness Conversation
  - Goals of Care Discussion (if clinical decision)
- End of Life
  - Poor Prognosis
  - Revisit Serious Illness Conversation / Goals of Care Discussion
  - MOLST / POLST

Advance Care Planning = Planning in Advance of Serious Illness

Serious Illness Care Conversation = Planning in the context of progression of serious illness

Goals of Care Discussion = Decision making in context of clinical progression / crisis / poor prognosis
Pictures of Illness

• The four basic ways a person might experience an illness or serious health condition
Reasons for Caring Conversations®

- 85% of us will die without capacity to make decisions/on life support—it can get complex
When we die:
What we want vs. What we get

Die at home:
Surrounded by loved ones

ICU:
Isolated from family (waiting room)
Center for Practical Bioethics

- Has tools and guides to help you
- Caring Conversations
- MyDirectives
Caring Conversations®
Workbook (overview)

• Reflect
• Talk
• Appoint
• Act
Think About

• What is important to you about care you receive at the end of life.
• What does it mean to die well?
• What does “a good death” look like to you?
MyDirectives

• New partnership for Center for Practical Bioethics to address the issue of no one being able to find the advance directive when it is needed

• Stores documents in the cloud so they are available from anywhere in the world there is internet access.
MyDirectives.com

Lets people create, store, update and share their free MyDirectives digital advance care plan.

Trauma can happen at any time.
Families with a plan cope better in a crisis. Don’t burden your family with difficult, emotional decisions. Tell them what you want.

Now’s the time to get started.
Emergencies can happen at any time, leaving you too busy or physically unable to make decisions about your medical treatment. MyDirectives helps you create your own emergency critical and advance care plan for your family and doctors. Your more decisions on your behalf.
MyDirectives Document Upload

Allows consumers to upload, store and share Caring Conversation workbooks.
My Directives

• Options: use their questions and fill in your answers OR
• Upload your Caring Conversations workbook and forms
• You can make a video on your phone and upload it as well.
• Be sure to keep it up to date.
Staying in Charge
Summary

• Embrace reality
• Think through what independence means to you and be realistic about what you can control
• Find trusted family and friends and ask for their help
• Make an advance directive and update it any time your health status changes
Questions?