Providence Women

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"When I Grow Up . . . "

Monday, July 26, 2010, 9:40:53 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

© by Imelda Maurer, cdp July 26, 2010

AARP has an ad that I believe is absolutely wonderful and absolutely on target. The message seeks ultimately to recruit members to their organization. But the line used over and over again by the middle aged actors in the ad is this: "When I grow up . . . " It ends with a voiceover saying, "At AARP we believe you're never done growing." What an attitude toward aging! And it's true! We have the potential for growth and development until we draw our dying breath.

The ad is on the web and you can access it by clicking on the title of this post. It's only 30 seconds long. Enjoy it!

http://homadge.blogspot.com/2010/04/aarp-when-i-grow-up.html

I Never Saw Your Wrinkles

Monday, July 26, 2010, 9:38:44 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

Another one of my favorites -- posted some time ago!

Friday, March 2, 2007
I Never Saw Your Wrinkles
© March 2 2007 by Imelda Maurer, cdp

Several years ago I fell in love with gardening. It was a kind of surprising transformation following a farm-life childhood, where the work seemed only drudgery. So averse was I to having to go on Saturday mornings to hoe the weeds out of the long rows in the grape vineyard or from around the young corn plants, or to pick the field peas, that I cultivated the habit of praying for rain every weekend.

When I was in my mid-30s, I found myself living in rural southern Louisiana with an ample yard of beautiful, dark, delta soil beneath the lawn. I decided to attempt a small organic vegetable garden and cultivated a patch that was probably 20 feet by 12 feet. I was astounded at the delight I took in seeing the small seedlings take hold and flourish, at the beauty of the different shades of green against the dark, black soil. I looked forward to the time I would be able to spend in my garden, a time that became richly reflective and meditative, as well as emotionally fulfilling.

As that first spring progressed, the tomato plants grew almost shoulder height, producing tomatoes for me and many of my neighbors. After the growing season, I removed the dead plants and added them to the compost pile where, during the still winter season, they turned into rich dirt. That compost, added to the garden, nourished the next season's young plants. I had an experiential awareness of the universal cycle of life, death and subsequent new life, as I had observed my garden plants mature, provide fruit and later yield to death.

There is a distinct beauty in a young, maturing plant. A pepper plant, for example grows so straight with wondrous, dark, shiny, green leaves. Its stems strengthen and become almost woody, enabling it to support the proliferation of beautiful, glossy, waxy peppers. In doing so, the plant loses its youthful appearance and gains the beauty of maturity.

I began to understand not only that the appearance of the pepper plants in each stage of growth and development held its own beauty, but that there was a certain rightness and appropriateness in the beauty of each stage of that pepper plant's life. The reflective time in the garden provided the recognition of a connection between the stages of life in the plants I loved and nurtured and the stages in my own life. I recognized in a new and profound way that there is a beauty, a rightness, an appropriateness in who we are and how we appear at whatever age.

I've believed for many years that as we age our beauty deepens. The face and eyes of older persons reflect the richness of their life experiences and the wisdom that comes from their life's journey of intermingled pain and joy. It is this inner self, wonderfully manifested in some way in our physical being, that is who we really are. Robert Redford alluded to this perspective in an interview in which he spoke of a personal rejection of having plastic surgery because he believes that in that process, "something of your soul in your face goes away." We all know at some level that, when we look at someone, or when we call a person's image to mind, that we are seeing the person as he or she really is -- something of the inner self. This was exquisitely voiced by a woman in a news story that ran recently on "Good Morning America." The story cited growing numbers of adults older than 65 who are choosing plastic surgery. Featured was an 80-year-old woman who had recently had a face lift, tummy tuck and breast augmentation. She was shown sitting around a table with women of her own age group, obviously friends and acquaintances. One in the group asked why she underwent plastic surgery. The subject of the interview answered, touching her smooth, wrinkle-free face: "Look how smooth my face is. Don't you remember how wrinkled it was?" To which her friend replied in a soft-spoken voice, "I never saw your wrinkles."
Posted by Imelda Maurer, cdp at 8:14 AM

I'm Not A Young Woman

Monday, July 26, 2010, 9:01:54 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

This is one of my first entries on my blog, which you can tell from the date. However, it's one of my favorites. I want to share it again.

Lowe's had a large selection of vacuum cleaners, and I needed one. I had just moved to begin a new ministry

and was shopping that Saturday afternoon for some basics for the small house I was renting. The salesman was helping another woman when I walked up. I was there only a moment or two before he looked at me and said, "I'll be with you in a minute, young woman." To which I responded politely, "I'm not a young woman." The woman he was helping was probably embarrassed at my apparent lack of social sensitivity to this well-meaning salesman. She turned to me and said, "He's trying to make you feel good." "I know," I said, "but I've lived 63 years to look like this, and I don't want any of those years or experiences disregarded."

How many of us have not had that experience at least once since we passed 55 or 60 years of age? How did we really feel about such a remark? A good feeling because maybe we really don't look as old as we really are? Maybe 'they' really think I am still young. And am I happy that I am seen as still young?

Our western society is so terribly ageist. The state of youthfulness is worshipped and sought after to the tune of billions of dollars raked in by the cosmetic and anti-aging industry here in the United States alone. On the other hand, birthday cards for anyone 30 or older make degrading joke after degrading joke about one's age. What a shame.

Dr. Andrew Weil, in his recent book, HEALTHY AGING addresses this concept of our society's abhorrence of aging. He concludes by saying that no matter how much we spend on hormonal supplements, plastic surgery or anti-aging cosmetics, we cannot stop the aging process, and we should "accept" our aging. No, Dr. Weil, we should not "accept" our aging, we should CHERISH and HONOR our aging. It is a sacred part of our life journey.

For me as a Sister of Divine Providence, it is another wonderful and good aspect of God's Providential love and care. For me, aging is an adventure. I've never been this old before! Who will I be as an old(er) person? How will the experiences of my life, both inner and outer experiences, show themselves in my face, in my body?

Aging can hold much pain for some of us. I don't deny that. Many older adults suffer complex health problems. But that is not a universal experience. Each of us has some control over how our older years will be lived based on our inherited genes and by the way we live each day now: healthy diet, at least a 30-minute walk, positive attitudes, and informed, regular care of body, mind and spirit.

If we each fought ageism every time we encountered it, whether it is public policy or a well-meaning sales clerk, wouldn't we individually be a lot more psychologically healthier? Wouldn't our entire society be a lot healthier?

Can you look at yourself in the mirror and smile with gratitude for the life's journey that has been yours so far, and that reveals itself in that face you see in the mirror?

I Never Saw Your Wrinkles

Wednesday, May 26, 2010, 8:42:49 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

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The Real Story of Aging: As Experienced and as Ministry To the Other

Wednesday, April 28, 2010, 10:47:53 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

The following letter was sent earlier this week to all members of the American Association of Homes and Services for the Aging (AAHSA) by Larry Minnix, our AAHSA President, who is also a Methodist minister. Larry can talk the statistical, bottom line, give a surpass-the-competition kind of talk with a valid and assured competence. Larry also "gets it" about the real mission of serving our elders, and always communicates that mission in messages such as these to the membership.
In this letter, Larry writes about a woman who, incidentally, lived and died at a Continuing Care Retirement Center here in San Francisco: The Sequoias, a Presbyterian-sponsored ministry.

The letter is worthy of broad distribution for these reasons:
Larry dismisses the myths of aging often portrayed in the public media; he also rejects the botox-using, aging-denying efforts all too prevalent in our American society.

He shows how Jean Wright and those of her ilk, lived her life to the fullest. She embraced her aging as part of the "fulfilling process of the life cycle."
Larry observed that Jean "lived fully until she died. She trusted in the grace of it all. She reminded us that our mission together is about the people we serve."
I share this letter with the hope that it will stir reflections among each of us about honoring our own aging and those among us, that it will draw us to a deeper consciousness of the sacredness of this "Third Act" -- our own and those we love -- and the profound implications therein.

Jean Wright: The Real Story of Aging
By Larry Minnix
May is dedicated to older Americans. Maybe it's because I'm becoming one. Maybe it's because a great one, Jean Wright of The Sequoias, recently passed. But lately I have been giving a lot of thought to the real story of aging in our society.

Older Americans Month is a great opportunity to reflect on aging and role models of successful aging. Throughout May (Yes, I'm starting early), I plan to present role models I have known.

The media often portrays aging as either comedic characters who can get away with edgy comments because of age or, more recently, the once beautiful or handsome movie star who has been retreaded with botox and cosmetic surgical work to become the "70 year old who's the new 40" kind of image.

Don't get me wrong, I like edgy "senior" comedy. There is an outrageous quality about some of it that I find fun, and I think Raquel Welch was gorgeous at 29 and looks good at 69. No value judgment about either.

It's just that, well, those role models are not the real story of aging. But Jean Wright is. And I do not believe our society and culture will ever fully embrace aging as a part of the fulfilling process of the life cycle until we understand and appreciate people like Jean.
On Feb. 7, 2010, at the age of 86, Jean died at The Sequoias, a storied AAHSA member, where she lived with her husband for 28 years. Jean's daughter, Deborah, said Jean was "...surrounded in death by her husband and children." Reminds me of Abraham and Sarah's passing in the Old Testament. They died "a good old age."

Jean was a "powerful lady," says Ramona Davies, a friend of Jean and a Northern California Presbyterian Homes and Services leader. Jean was elected to the Aging Services of California board, the AAHSA House of Delegates, and was the first resident to serve on AAHSA's Board of Directors.

Ramona stated it well: In every session Jean attended, she would remind providers and residents alike who we are supposed to be serving. She could make us uncomfortable in doing so, but you always knew that Jean was one of our biggest fans.

I admired her tenacity as her body steadily betrayed her. She rarely missed our AAHSA board meeting, traveling across country to attend. On two occasions, we had to call 911 because she had fallen at a hotel event. She didn't like the fuss and didn't miss the meetings.

There were special intangibles about Jean. She exuded integrity, hope, disciplined thought, and principles. She inspired confidence and trust. One time, my wife and I hosted an informal dinner for the AAHSA board at our home. We had a skittish border collie mix named Bear. Bear really only loved his family and barked at other people. Jean came into our home, sat on our couch, and Bear immediately bonded with her. Jean faithfully asked about Bear when we'd correspond.

Deborah, Jean's daughter, referred to Jean's Sequoias/ASC/AAHSA years as "Act Three" of Jean's life. What a concept! In the latter days of Act Three, Jean taught us one of the most valuable lessons that can be taught: How to recognize the near end of life and how to accept the inevitability of it.

After steady deterioration of body, Jean asked to be part of "Comfort Care" status. She had "…long been an advocate of compassionate choices related to end-of-life care," wrote Deborah. Jean "graciously accepts the path she has chosen."

O, death, where is thy sting?

Deborah asked Jean what message she wanted us to receive from her. Teacher and purveyor of wisdom to the very end, Jean replied, "Tell them that I've had a good, good life and that I am grateful for the role each of them has played in that life. No regrets!"
Jean Wright's life, dying, and death are the real story of aging in a healthy way. She lived fully until she died. She trusted in the grace of it all.

She reminded us that our mission together is about the people we serve, and that, like the Sequoias obviously knows, you and I are in the "No regrets" business during the "Act Three" of people's lives.

People like Jean give all of us confidence about the life cycle. We trusted her. We can trust beyond ourselves. Even Bear, my mistrusting dog, sensed it. Jean, we already miss you!

Let's celebrate people like Jean in May.

Catholic Sisters: Strong, courageous, nurturing compassion

Wednesday, April 07, 2010, 4:26:36 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

On September 10, 1950 our family was on our way to 7:30 a.m. Sunday Mass. Within blocks of church a woman ran a red light and hit us broadside. My younger sister and oldest sister sustained serious injuries which resulted in a week's stay in the hospital for each of them. My oldest sister was knocked unconscious and was also bleeding profusely from the neck. My mother feared an artery had been severed and applied pressure at the laceration – not taking time to remove her Sunday gloves.

After the ambulance arrived and the paramedics had provided emergency First Aid, my mother, of course, accompanied my sisters in the ambulance to the hospital. Mother told the ambulance driver to take her to St. Paul's Hospital. This request came from my mother's deep love for the Church and her trust that the Sisters in a Catholic hospital would provide the best physical and spiritual care possible. The ambulance driver told her that St. Paul's Emergency Room was not open on Sunday; he was going to the county hospital. My mother's response to this was to beat on his shoulder – bloodied gloves ---- and tell him: "You take me to St. Paul's. The Sisters will let me in."

The driver pulled up to the front entrance of St. Paul's hospital. This was well before 8:00 on a Sunday morning. My mother dashed to the staired front entrance leading to the administrative offices. She had gone no more than two or three steps when she saw a Daughter of Charity of St. Vincent DePaul rushing toward her down the steps. arms open and embracing her when they met. Sister's response to my mother's reporting that she was told the Emergency Room was not open on Sunday was, "Of course we're here for you."

No matter how many times I remember that story, it is still a very emotional experience for me: recalling my mother's unquestioning trust in and love for everything connected with the Church, and the human, immediate, effective compassion that wonderful Daughter of Charity showed my mother. (How many hospital administrators are in their office at 8:00 on a Sunday morning?) The story is true in fact and deeply symbolic of the commitment and compassion Sisters have shown those in need throughout our more than 200 years in this country. Sisters nurtured the orphans, taught poor immigrant children, nursed soldiers from the North and the South during the Civil War. All this was often done without pay and at times under oppressive conditions within the hierarchical Catholic Church Institution. Sisters marched in Selma. Sisters have worked for women's rights. Today Sisters are found beyond the hospital and classroom, though there too. Sisters are answering unmet needs – in metropolitan areas, in hamlets and in inner cities – needs that would continue to go unmet without the involvement of Sisters.

Most recently Sisters acted with strong, courageous, nurturing compassion, this time publicly and corporately. Prominent women religious leaders concluded after a careful study of the pending health care bill that "the reform law does not allow federal funding of abortion and that it keeps in place important conscience protections for caregivers and institutions alike. We are also pleased that the bill includes $250 million to fund counseling, education, job training and housing for vulnerable women who are pregnant or parenting." (Sister Carol Keehan, CEO of CHA)

On March 15, Sister Carol Keehan, A Daughter of Charity of St. Vincent de Paul and CEO of the Catholic Health Association issued a statement of support for the pending health care bill. The statement reflected that the bill goes beyond the requirements of the Hyde amendment and said "the time is now for health reform."

Two days later, Network, (www.networklobby.org) a national Catholic Social Justice Lobby, sent a letter to every

member of the House of Representatives saying: “We write to urge you to cast a life-affirming yes vote when the Senate health care bill (H.R. 3590) comes to the floor of the House for a vote.” The letter was signed by Sister Marlene Weisenbeck, FSPA, President of the Leadership Conference of Women Religious. That organization represents 95% of Catholic Sisters in our country. Sister Marlene signed a second time as President of her Congregation, along with more than 50 other Sisters in various capacities of elected leadership within their congregations. I have every certainty that many more congregations would have been represented in that letter had it not been for the necessity of a very close deadline.

In these public actions, I believe, Catholic Sisters were caring in ways we have cared since our beginnings in this country. In the words of Senator Bob Casey of Pennsylvania, “They care for the least, the last and the lost.”

This public, corporate stance for those most marginalized in our society is a source of great pride for me. This is “us” at our best! Strong, nurturing, courageous, passionate! What a gift to be within this circle of women!

"A story is difficult, if not impossible to read in an electronic medical record."

Tuesday, January 26, 2010, 10:21:37 AM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

Today's mail included the current issue of the publication, "*Caring for the Ages*." It is a journal of the American Medical Directors Association. Medical directors are physicians who, in addition to possibly attending some of the residents in a nursing home, are responsible for developing and implementing medical care policies and procedures that are based on current standards of practice. The Medical Director is also responsible, if requested by the nursing home, for supervising the care other physicians in the nursing home provide their residents to see that all medical care policies are implemented.

I was excited to see the debut of a column by Dr. Jerald Winakur and skipped quickly to that page. Dr. Winakur is a practicing geriatrician and a faculty member of the University of Texas Health Sciences Center in San Antonio,TX. About this time last year he published a remarkable, moving memoir, "Memory Lessons", in which he tells his life story through the narrative of his father's stages of dementia and finally death. Each chapter is a well-told story wrapped in his professional and humanitarian understanding of the aging process and his manner of honoring that process in each of his patients and in his dad.

In this column, Dr. Winakur relates his experiences as a practitioner in the context of stories. Each person, he relates, brings a story. The doctor's task is to listen to that story. Winakur has learned to ask a few questions, he says. He believes that the "forged ability to listen" is the 'art' of medicine. "By listening to our patients' stories, good doctors glean most of the information they need not only to treat ailing bodies but also to care for our fellow humans as unique beings. He continues, "It is not necessarily what patients tell me but what they *don't* tell me -- what I observe from years of being alert to nonverbal cues -- that is often even more important than words."

The intent of his initial column is to highlight the relational aspect of 'doctoring.' He chides those physicians who become "mere technicians" in our procedure-oriented world." Referring to the current health care 'debate,' Winakur pleads that people making public policy set in place policies that will provide reimbursement for both narrative and statistics. Otherwise, he says, "if the oft-tortured thread of a story is absent in the debate

of policy makers . . . . our health care system will be sterile, unresponsive, bureaucratic, inflexible and undignified for patient and practitioner alike."

While reading this column, I was again reminded of how fortunate Dr. Winakur's patients are to have him as their primary care provider. I have a few friends in San Antonio who fit that description, and not one of them expresses less than a huge, grateful smile when this relationship is mentioned.

I was also reminded of a recent telephone conversation with my sister who lives in another city. In response to a question about her health, she told me that she and my brother-in-law are just fine. "We've changed doctors." Their previous, doctor, in their estimation, had gotten to the point that "he thought he knew more about us then we did." In other words, this 'other doctor' didn't listen to their stories. He didn't honor their narratives. My response was totally supportive. "You go, girl!"

If your primary care provider isn't listening to your verbal and nonverbal messages, is too rushed to listen or to question, writes a prescription at the first mention of a symptom --- maybe a change should be in store in your future!

Aging, Wisdom, Companioning, Spirituality

Thursday, October 08, 2009, 2:03:09 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

Harry Moody publishes an e-newsletter on Human Values in Aging. His latest issue included poetry about aging.

The first poem is entitled “Alzheimer’s Patient.” Reading it we see some of the anguish of Alzheimer’s. We also see the call for those of us who know such individuals to companion them, to know that they are “ill and not insane.”

ALZHEIMER’S PATIENT

Oh, how can this be?
You and I are losing me
Some day soon
May be morning
May be noon
I will no longer be the me
You and I know as me,
And the answer seems to be
Words, and thoughts, frequently scramble
And my conversations seem to ramble.
Oh, how can this be?
You and I are losing me.
What do I see when I look into your eyes?
And neighbors come just to pry?
Confusion, hurt, pity, and pain?

For I am ill and not insane.
Oh, how can this be?
You and I are losing me?
Oh, help me pray,
"Lord, please come to me and take me Home with you for all eternity.
"What can we do to keep from losing me?
"Nothing," say the experts.
Oh, how can this be?
You and I are losing me?
But in my confused and foggy state,
To You I plea,"Love me--Remember me--Help meTo be--
For as long as I can be
The me we know as me."

"The Journey" is a plea from the Alzheimer's patient for ongoing recognition of his/her dignity and a plea that we identify them in terms of their strengths instead of their losses.

THE JOURNEY

My journey began as a child
I was told what to do"GO TO BED""DRINK YOUR MILK"
I was learning to maneuver my broad wings
Trying to soar over the world below
Dependent for my life

My journey continued through adult life
I as doing as I wanted to do
FLYING
FLYING
I was in control of my wings
Independent. Living my life.

Now my journey begins as an aged woman
I still feel I can do as I wish
But now you tell me what to do
"YOU NEED YOUR REST"
"DRINK YOUR FLUIDS"
My feathers are being plucked, slowly.
One by one
You limit my flight day by day.

Look upon me carefully
See me living
See my wings spread wider than ever before

Do not end my journey
It is not time
"I CAN FLY"
"I CAN FLY"

"Oak Tree" speaks so eloquently of the deep need for companionship, relationships, even among those who can no longer relate as they used to. At some deep, unarticulate-able level, this companioning tells them, with great joy, that they are not alone.

OAK TREE
I stand Alone
A strong Oak Tree
My Sturdy Limbs spread Wide
My leaves are Steadily Falling
A Child comes to Climb
Happiness
I am no longer Alone

What Nursing Home Residents Talk About With Their Therapists

Monday, September 28, 2009, 3:02:12 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

© Imelda Maurer, cdp September 29, 2009
The following is taken from a blog: http://www.mybetternursinghome.blogspot.com/ and was posted on September 10, 2009. The blogger is a psychotherapist.

What struck me about these topics shared with a therapist is that these topics are the stuff of ordinary life. Do nursing home residents need a therapist because they have no one else to talk with? Is there any intent anywhere within the nursing home organizational structure to create community? Carter Catlett Williams, noted advocate and social worker, tells us in her book "The Red Book": relationships are not only the heart of long-term care, they are the heart of life. And life ought to continue, wherever we live.

Have you ever wondered what nursing home residents discuss with their shrinks behind closed doors? Here I solve the mystery, revealing the types of conversations I've had with residents over the years.

Feelings about leaving home and being ill.
Issues around loss of control and being dependent on other people, with a focus on gaining control over what they can.
Ways to work with the staff to get their needs met.
Roommates, and how to cope with them.
The reaction of family members to their placement and illness, including ways to help adult children understand that Mom or Dad can't be there for them in the same way because Mom or Dad is sick and needs help themselves, and ways to help adult children understand that just because Mom or Dad is sick, it doesn't mean they can't go off campus every once in a while.
Issues around dying, including concerns about the afterlife and worries about how the family will get along

without them.
Ways of making the most of the time they have left, including getting more involved in nursing home activities and the life of the nursing home community.
Their lives, choices, accomplishments, and regrets.
Stuff that interests them that they don't get to talk about with anyone else, just to be their regular selves again instead of being a patient.

Personal P.S.

People who live in nursing homes are not patients. They are residents. Words reflects our concepts and they also shape our concepts. If a person is described as a patient, are we not defining him/her solely in terms of some phyiscal illness or limitation? If physical needs are the only concerns being dealt with in a nursing home, it will be a dreadful experience for the resident and for the staff.

An analysis of the Five Star Nursing Home Rating System

Monday, September 28, 2009, 11:02:26 AM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

When a nursing home touts its five-star rating, it may mean something positive – or not. A five star rating may indicate that the nursing home really is a place where the residents are provided good holistic care, live in a home environment, experience person-centered care, make choices about significant issues in their day and in their care – when they get up and when they go to bed, when and how they are bathed, etc. -- and where staff are empowered and happy in their work.

That same five star rating may not reflect the reality of perhaps, institutionalization with its depersonalization of residents and staff, high turnover with its implications for continuity of good care, poor staff morale with implications for residents, etc.

The government website itself states the limitations of the rating system. (http://www.medicare.gov/NHCompare/static/tabHelp.asp?activeTab=6) noting that the information is for one point in time (snap shot), that it is self-reported and that the Quality Measures and Quality Indicators measure only a few of the many aspects of care.

An article in today's Los Angeles Times states, "Although the Centers for Medicare and Medicaid Services created a website called Nursing Home Compare in 1998 . . . the site's usefulness has been criticized since its inception. "
The entire article can be read at: http://www.latimes.com/features/health/la-he-nursing-homes28-2009sep28,0,5321203.story

Nationally, this article reports, 40% of persons over the age of 65 can expect to spend some time in a nursing home. Our own self-interest pushes us to learn more about these issues and to advocate for those living in

nursing homes and --- for ourselves.

Drugs and Dementia Care: Unnecessary, Ineffective and Costly

Monday, September 28, 2009, 11:01:37 AM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

Isn't it amazing how often compassion and common sense aren't validated until there is an official study or series of studies that address the issue involved.

Within the past year or so there has been one news report after another indicating the prevalence of nursing home residents with dementia being prescribed anti-psychotics. This exists in the face of Black Box Warnings by the FDA indicating that elderly residents with dementia are at an increased risk of death when certain anti-psychotics (Seroquel is a big one) are part of the drug regimen.

Recent Research
A study in Australia was reported in the September issue of *Caring for the Ages*. The residents in that study all had progressive dementia "with persistent behaviors that made it difficult for staff to care for them." One group of caregivers was provided two-day training in person-centered care with dementia residents. The residents were tested with scientifically valid check lists to indicate their level of agitation at the beginning of the study and then at four and at eight months after the beginning of the study.

Results
After four months, those residents with dementia receiving "usual care" showed an **increase** of agitation of almost 9 points on the scales that were used. By contrast, those residents who were cared for in the person-centered care model, showed a **decrease** of 9 points on the same agitation scale.

So there's the scientific proof --- medical professionals refer to it as "evidence-based" approach to care –

Drugs prescribed for patients with dementia are not *always* unnecessary. But it is clear that reaching for a prescription pad the moment a symptom is noted is **not** good medicine even though it is a prevalent practice in too many nursing homes. Dr. Al Power is a geriatrician and certified medical director who practiced at St. John's Home in Rochester, NY. He has a book that will be published in the early part of 2010 on this very topic of non-pharmacological approach to dementia care. In his own nursing home practice, Dr. Power told me, an average of **6%** of his dementia patients at St. John's were on anti-psychotics. That's a wonderful contrast to the national average among nursing home residents with dementia of **28%**

The call to liberate our elders
When this evidence-based, person-centered approach is used, these elderly residents have been set free from the shackles of unnecessary drugs. Let the work go on!

News from the Front: Culture Change in Action

Monday, August 10, 2009, 11:04:41 AM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

© Imelda Maurer, cdp August 10, 2009

My work day started on a great note and I want to provide you the same delight.

Across the country Coalitions on Culture Change are deepening and broadening the involvement of nursing homes in transformational culture change within their State. The link I'm sharing this morning is from the Louisiana Coalition Newsletter, Leader.

KaraLe Causey, President of LEADER (Louisiana Enhancing Aging with Dignity Through Empowerment and Respect) writes on page 1 about the place and importance of choice in her life and how this translates to elders in long-term care settings. You will find the article stimulating and motivating. KaraLe would be as great a novelist as she is administrator. You'll enjoy the article!

On page 2, a Certified Medical Director writes about meaningful and effective activities with residents with dementia.

Page 3 includes descriptions of how some nursing home communities honor the death and dying experience of a resident and the resident's family by particular practices and rituals. One ritual noted includes leaving a single rose on the bed for 24 hours following the death of a resident. How touching that is, in contrast to the traditional, institutional model in which the bed and room are stripped as soon as the body is removed.

Full disclosure: I have been gifted to know KaraLe since August, 2005 when I volunteered time in her nursing home following Katrina. KaraLe opened a vacant wing at Haven Nursing Center to receive 44 residents from a nursing home in New Orleans. Many of these residents lived at Haven for three or more months before they were able to return to their nursing home in New Orleans.

Thanks, KaraLe, for the wonderful work you and the Louisiana Coalition are doing! See you soon at the Pioneer Network Conference!

Here's the link. Enjoy!

http://laculturechangecoalition.org/userfiles/Newsletters/2009%20August.pdf

"I am richer being able to be with them and serve them."

Wednesday, July 15, 2009, 12:33:08 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

© Imelda Maurer, cdp July 15, 2009

Yesterday I wrote to Sister Mary Lou Mitchell, President of the Sisters of St. Joseph, Rochester, NY regarding the July 9th article in The New York Times featuring their Sisters living in their retirement setting. Below is the response I received from Sister Mary Lou, printed here with her permission.

Dear Sr. Imelda,

Thanks for your note and the wonderful piece you did on your blog. This has truly been a humbling experience for

me and for the Congregation. Health promotion across the life span and gerontology has been a passion of mine for many years and I am grateful that the community has allowed me to work on improving the quality of care for our elders. They are such wonderful beautiful women and I am richer being able to be with them and serve them in this fashion.

Let us pray that together we can continue to help our culture know that our elderly are a gift to us and not a burden.

In peace,
Mary Lou

Indeed, we are all and always gift to one another. That reality does not become invalid because of chronological age and/or frailty. All of us who are care-ers for others, through a formal workplace position or from the relationship of sisterhood or friendship can validate Sister Mary Lou's experience of being "richer" because we are "able to be with them and serve them."

To all those who, by your conscious and intentional actions, honor our aging members by your care and service – blessings to you. You are the joyfully visible sign of God's Providential love for all of creation.

New York Times July 9 2009

Tuesday, July 14, 2009, 2:30:42 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

On July 9th there was a lead article in the New York Times by Jane Gross entitled, "Sisters Face Death with Dignity and Reverence." I have attempted a blog entry about this outstanding article twice since I read the article but the writing has always fallen flat.

Immediately after reading the article online, I called the Sisters of St. Joseph of Rochester, New York to express my gratitude to Sister Mary Lou Mitchell, President, who was quoted in the article. In addition to the print article, there is a slide show on the website which shows in the course of its own story Sister Mary Lou in a couple of pictures expressing warmth, affection and compassion to her elderly Sisters. I did not sense that this woman in congregational leadership was 'panning for the camera.' I sensed a woman familiar with and comfortable with expressing those human emotions with her own. A gift to her Sisters and to the world.

This morning I sent an e-mail to another Sister and I included the URL to that July 9th article. When I remembered a quotation from the article of one of the Sisters living in the retirement center, tears came to my eyes. I thought then: "This is what I should write about."

This is the quotation: Sister Marie, a 77-year-old Sister who lives at the retirement center and who visits the community nursing home frequently is quoted as saying, "We won't let anyone go alone on the last journey."

These Sisters of St. Joseph companion their Sisters. These Sisters honor death as a part of living, as the doorway to the fullness of life. They live out the words of Bill Moyer: "Death must be witnessed and attended to."

Integral to this faith-based vision is the reality that this earthly life is a gift, a precious gift. In the context of these faith values, namely, that life is a gift and that this physical life is for a limited time only, the Sisters of St. Joseph have intentionally provided an environment where life could be lived to the fullest, where appropriate services could be provided, and where these Sisters would "die with dignity and die well." These values are expressed in an environment which intentionally promotes the services the Sisters want for their frail elderly. It is expressed in recruiting and hiring well-qualified personnel – a geriatrician-physician as the primary care provider for many of the Sisters, and a nurse practitioner on staff in the nursing home. By definition, these are professionals with pertinent and excellent knowledge and skills related to aging and the care of the aging.

A nationally known social worker, Carter Catlett Williams, in speaking of typical nursing homes, reminds us that all too often we absorb the values of our culture. Not so with these Sisters. They have consciously chosen the environment and the services which will result in a higher quality of life for their own and which will allow them a "good death" in the end, in the company of their Sisters.

I am reminded of a piece of poetry/prose that I share with the readers of this blog:

"I will not die an unlived life. I will not live in fear of falling or catching fire.

I choose to inhabit my days, to allow my living to open me, to make me less afraid, more accessible, to loosen my heart until it becomes a wing, a torch, a promise.

I choose to risk my significance; to live so that which comes to me as seed goes to the next as blossom and that which comes to me as blossom, goes on as fruit."

Dawna Markova
Author of Open Mind.

To read Jane Gross' article, go to:

http://www.nytimes.com/2009/07/09/health/09sisters.html

There's no place like home

Monday, July 06, 2009, 7:17:16 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

Bill Thomas, M.D. has patented a particular approach to culture change in long-term care. The name given to facilities that follow Thomas' guidelines is "Green House."

This particular approach is only one way in which culture change is being implemented in long-term care. There are other models. What they hold in common is that they center on the same values and principles: resident-directed environment. Such approaches result in: HOME as opposed to INSTITUTION; autonomy, dignity, individuality, spontaneity in a nursing home resident's day; more positive outcomes for nursing home

residents; and higher morale and lower turnover among nursing home staff. The whole thing, according to well documented research is budget-neutral, though I suspect, in light of greater resident AND employee satisfaction that there is an overall savings in employee training and in medical costs when a nursing home is HOME and not an INSTITUTION.

The Rochester, NY daily newspaper carried an article on July 6th about one such nursing home in that city. You can access it by clicking on the URL below.

Some particularly pertinent statements from the article include these:

It is imperative that there is a change in the organization's culture if the "model" is to work, if there is to be real change.

"The movement is also prodded by recognition that people treated like parts on an assembly line fail to thrive."

"Cottage Grove administrator Cathy Allen, a registered nurse who lives in Honeoye Falls, appreciates the close relationships that can form between staff and residents. Allen recently took Chambers (a nursing home resident with some dementia) to buy prizes for games. On the short trip, Chambers repeatedly asked Allen how she had slept and how her day had been, and Allen said she answered cheerfully, again and again. Then at one point Chambers said, "I like being with you.""

http://www.democratandchronicle.com/article/20090706/NEWS01/907060321/1002/NEWS

Is Your Loved One in a Long Term Care Facility at Risk for the H1N1 Flu?

Thursday, April 30, 2009, 5:43:59 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

The following article is taken directly from the April 30th issue of the weekly e-newsletter of the American Medical Directors Association: "Weekly Round Up."

The H1N1 Flu (first called the Swine flu), is spreading throughout the United States, Canada and Europe. There is lots of talk about this moving into a pandemic—an epidemic of an infectious disease—in the U.S. Daily, the government's Centers for Disease Control and Prevention is reporting increasing numbers of cases of this flu. As of April 28th, it is confirmed in 10 states in this country, in Canada and several areas in Europe, with Germany as the latest site.

Of course, it is natural to worry about your loved one in a long term care (LTC) facility. LTC facilities have processes in place to try to keep infectious diseases such as flu from coming in and making patients/residents sick. For example, they will request that employees or visitors who have a fever or other signs of illness stay home. Also, they will monitor that staff is washing their hands, not touching or breathing on food, and wearing masks and gloves around someone who is sick. Normally the facility will make sure those patients/residents who are well enough get flu shots and other preventive care. However, there is no flu shot at this time to prevent H1N1 flu.

What are the signs of H1N1 flu? People with the condition usually have the same complaints as people with

any flu-like virus, except some people with the H1N1 virus are reporting some nausea and diarrhea. Suspect that someone has H1N1 if he/she has respiratory illness with fever within seven days of close contact with a person who has the illness or within seven days of travel to someplace where people have the H1N1 illness; or they live in a community (like a LTC facility) where people have been proven to have H1N1. Like seasonal flu, H1N1 flu may cause other medical problems to get worse.

Eating pork products does not cause the illness (although it is best to avoid exposure to pigs from Mexico), so you don't have to worry if the facility is serving ham for lunch.

The medical director makes sure that the facility has flu control practices and policies that go beyond a vaccination program. Such a program is the first step in preventing flu outbreaks, but other steps are needed; and the medical director and his team will make sure that these steps are taken. Facilities have ways to prevent flu illness from spreading if someone gets it. This is often called infection control or outbreak control measures. The facility's first goal is to protect your loved one and keep him/her safe. So take heart. Doctors, nurses, and others are on alert when there is flu like this going around, and they take steps to try to prevent everyone from getting sick.

Your physician can tell you what you can do to prevent bringing an illness into the facility and how to keep from getting sick if you visit a loved one in a facility where people have or have had the flu. In the meantime, fighting illnesses like H1N1 flu starts with common sense. If you don't have to go somewhere, don't—especially if you are sick. Avoid close contact with people who are sick, and wash your hands several times during the day.

Questions to Ask Your Physician:

• What will happen if there is an outbreak in the facility? What outbreak control means will be used?
• How will family members be notified if there is a case or outbreak of H1N1 flu at the facility?
• How will my loved one be treated if he/she gets H1N1 flu? Will he/she have to go to the hospital?
• How will my loved one be protected from getting H1N1 flu if others in the facility have it?
• How can I help prevent the spread of H1N1 flu?
• What will happen if there is a pandemic? Will the facility be closed to the public?
• If a vaccination for H1N1 flu becomes available, will my loved one get this?
• What else will the facility do to prevent patients/residents from getting the flu?

What You Can Do:

• Don't visit your loved one if you are sick or feel like you are getting sick.
• Wash your hands often.
• Cover your face if you cough or sneeze and then wash your hands.
• Don't bring small children to visit your loved one if they have been exposed to the flu at school or in the community.
• Let the facility know if you recently visited a country (such as Mexico) connected with a flu outbreak or outbreak of other infectious illness.
• Urge your loved one to tell a nurse if he/she has any signs of the flu.
• Urge your loved one to avoid close contact with others during flu season or outbreaks.

When It Comes to Dementia, Forget the Drugs

Tuesday, April 28, 2009, 1:30:36 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

This article appeared in the Los Angeles Times, March 19, 2009

As Alzheimer's and similar diseases affect growing numbers of people, billions of dollars are being spent on the medications that offer marginal benefits. Instead, let's invest in the human touch.
By Ira Rosofsky
March 19, 2009

Pete Townshend of The Who concluded his baby boomer anthem, "My Generation," with these words: "I hope I die before I get old." And my boomer generation may well still wish for that.

I am 62 -- old enough to cash in my 401(k), too young for Medicare -- and standing with my peers on the edge of a dementia precipice.
Alzheimer's and other forms of dementia afflict up to 5 million people in the United States and about 26 million people worldwide. By 2050, there could be 13 million cases of Alzheimer's alone among U.S. baby boomers and the aging Generations X and Y, according to the National Institutes of Health. Some reports have the global prevalence of Alzheimer's growing to as many as 100 million people by midcentury. The U.S. comptroller general estimates that annual long-term care costs for the elderly -- which includes treatment for dementia -- could quadruple by 2050 to $379 billion.

How should President Obama and his healthcare policymakers, who are working to overhaul our system, prepare for my generation's future? Based on my experience, they can begin by finding a way to end the over-dependence on drugs in treating dementia.

As a psychologist who works in nursing homes, I am intimately aware of the large number of residents who take one or both of two FDA-approved drugs for dementia -- known generically as donepezil and memantine, which together account for more than 90% of the anti-dementia drug market. The most popular brand-name versions, Aricept and Namenda, make up 75% of the market.
I'm also aware of the huge and growing expenditures for these medications -- close to $3 billion annually worldwide for Aricept and more than $500 million for Namenda. Big Pharma spends as many billions of dollars on promotion as it does on research and development.

Examine the documents supporting the Food and Drug Administration's approval of Aricept, and you will see upon what a slim reed this drug's empire was built. Those taking the drug scored, on average, three points better on a 70-item cognitive assessment scale. That's about a 4% difference, mostly reflecting a slower decline rather than positive improvement. And the differences disappear when the drug is discontinued -- indicating that the drugs "do not represent a change in the underlying disease." At best, these effects may be only marginally more effective against dementia than garlic was against the Black Death in the 14th century.

What we do know today, from studies and observation, is that donepezil, memantine and drugs like them fall short on cure and comfort.

Even on Aricept's website, the claims are sketchy on the drug's effectiveness when it comes to cognition:

"People who took Aricept did better on thinking tests than those who took a sugar pill."

How much better? The company doesn't say.

Many studies of the effects of drugs for dementia also speak about statistical significance, but statistical significance can be highly overrated if the differences aren't meaningful. Take my extremely nearsighted wife, for example. Suppose a drug enabled her to read the giant E at the top of an eye chart without her glasses, but none of the smaller letters. Her eyesight would show statistically significant enhancement, but -- despite her being a much better driver than me -- I'd still refuse to ride in a car she was driving if she wasn't wearing her glasses.

There are similar effects at play with anti-dementia drugs.

In 2004, Richard Gray of the University of Birmingham in Britain compared hundreds of patients with mild to moderate dementia who were taking Aricept or a placebo. The drug did improve mental functioning, but at disappointingly small levels -- about one point on a 60-point scale. More important, there was no delay in the dementia's progression or the rate of patients' institutionalization. And there were no significant differences in mood, behavior or cost of care.

Based on results such as these, the British National Institute for Clinical Excellence -- the functional equivalent of our FDA -- recommended in 2005 that Britain's National Health Service greatly restrict the use of drugs for dementia. Donepezil can be prescribed only by a psychiatrist or a neurologist, and its use is restricted to cases of mild to moderate -- not severe -- dementia. And memantine is restricted to clinical trials.

Could the thousands of dollars spent annually per patient and the billions overall be better directed?

Yes, says Gray: "Doctors and healthcare funders need to question whether it would be better to invest in more doctors and nurses and better social support rather than spending huge sums of money prescribing these expensive drugs."

A survey released in 2002 by the Kaiser Foundation found that the staffs in a typical nursing home spend a total of about two hours and 20 minutes a day with each resident. For the remaining 21 hours and 40 minutes, residents are left to their own -- mostly medicated -- devices.

Where is the comfort in that?

Some proponents of drug therapy argue that despite some disappointing results, the drugs do slow the worsening of symptoms for some people. But in our medicalized institutions for the frail and elderly, drugs are the first recourse for most problems. And often the second and third recourse.

In the United States, those over 65 consume 30% of the prescription drugs, according to a 2004 report. Dementia sufferers in nursing homes are not only taking donepezil and memantine but other similarly questionable drugs for depression, anxiety, psychosis or for simply being ornery. Many of those without dementia are also on a variety of mind- and mood-altering drugs.

It's easier to medicate than to engage. And when the chemical restraints don't work, nursing homes return to a time before modern psychotropics and use physical restraints.

But why not admit the failure of medication and instead spend some of those billions of dollars on more staff to hold the hands of both patients and their families? Beyond nurturance, much of the savings from giving up on cost-ineffective medications could be diverted to basic research that might yield not only statistically significant but meaningful and large improvements -- even a cure.

There is some comfort in believing, as our medieval ancestors did, that a tangible nostrum -- like a pearl-hued donepezil tablet -- will do some good, but it may be more comforting simply to comfort.

Instead of drugs, I'd bet many patients are wishing someone would just say the words of another ancient rock anthem: I want to hold your hand.

Ira Rosofsky is a psychologist and the author of "Nasty, Brutish, and Long: Adventures in Old Age and the World of Eldercare."

How much did the Smithfield Easter Ham Really Cost?

Tuesday, April 28, 2009, 11:36:17 AM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

For several weeks I've wanted to use my blog to write about food. It's an issue that, for the last couple of years, has stayed with me and it won't let go. Since the original purpose of this blog included reflections on healthy aging and quality of life in later years, the topic of food is quite apt. The issue goes far beyond issues of the individual, however, because our food choices also impact the animals raised as commodities on factory farms, the environment, the economy, the viability of family farmers, and public health.

Last week I finished listening to the audio version of the book, "The Way We Eat: Why Our Food Choices Matter" by Peter Springer and Jim Mason. Just a few days later, news of the swine flu and its potential to become a pandemic hit the airwaves.

The mainstream media has only addressed the number and location of diagnosed cases of swine flu, number of deaths, the actions of public health officials, etc. None has addressed the cause. Web sites such as The Huffington Post, The Environmentalist, Farmers Weekly, Marion Nestle, however, do clearly make the connection between this global wave of swine flu and factory hog farming. Specifically, Smithfield Foods is mentioned as being the source.

Smithfield, an American-owned meat producer, owns confined animal feeding operations 'CAFOs' in Veracruz, México where the swine flu outbreak originated.

We Americans are accustomed to low-priced food. The hidden cost of our grocery bill is in subsidies to the

factory farm owners --- corporations such as Smithfield, ConAgra, ADM, Cargill, etc.

One of the ways in which Smithfield is subsidized is by the fact that --- even here in the United States --- there are scant regulations directing the treatment of animal excrement in these CAFOs. A single farm may house (very inhumanely) tens of thousands of hogs. Their excrement far exceeds that produced by humans living in a city of up to 400,000 people. Human excrement is regulated and there is no environmental degradation as a result. On factory farms, excrement is held in 'manure lagoons'. It is possible, according to several reports that I have read, that the carrier of the swine flu is a fly that reproduces in pig excrement. The fly can infect people by biting.

Smithfield does not have to pay for treating millions of tons of animal excrement. The result is an increase in air and water pollution, respiratory and other health problems of employees, early disability and shortened life spans of these underpaid workers. Think of the costs to city, state and federal agencies in this all-out effort to contain the spread of swine flu. Smithfield gets the break, the bigger corporate profits.

What was the REAL cost of that Easter ham?

What can each of us do to support sustainable farming, individuals and groups who practice humane and healthy farming methods?

When I Grow Up I Want to be an Old Woman

Thursday, February 19, 2009, 11:11:07 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

I'm sitting here this evening in front of the TV answering some e-mail. I just saw the Kaiser Permanente Health Management ad – once again.

The words are sung: "When I grow up I want to be an old woman, an old, old woman." I like that image in itself. I mean, after all, when do we ever hear anyone saying or even intimating that they want to 'be an old woman."

The accompanying visuals show old women – heavier than they were thirty years earlier -- but vital, happy, purposeful – looking in the mirror, keeping time to some music, laughing with friends, playing tennis, enjoying life –

It's such a refreshing image. "I want to be an old woman." The alternative is an early death. How often I think of my sister, three years my elder, who died at age 49, that she did not get to grow old along with me so that we could each grow, together, to be "an old woman, an old, old woman"

Kaiser has another ad in which the audio is short and simple: Kaiser: Thrive!

"Thrive" is a medical, nursing term. An inexplicable nursing condition is "failure to thrive" which can lead to death. But we all know that term, thrive, as holding so much more. What images does it bring to your mind's eye? One thrives in a nurturing environment, in an environment which honors our uniqueness, our abilities, our life story. Above all, one thrives in the circle of loving relationships.

Kaiser has done a great favor in showing these ads because they shed a little light on the adventure and the sacredness of the latter years of one's life.

What Doctors Get Paid to Do

Wednesday, January 28, 2009, 6:01:30 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

Jerald Winakur and Dennis McCullough are physicians practicing in different parts of the country but with much in common. They are both geriatricians, each is married to a poet (!) and they are each authors of recently published books emanating from their life experiences in geriatric medicine.

Both men point to the same serious flaws in our healthcare system. One is the reimbursement system which is heavily skewed to procedures rather than what Dr. Winakur calls "cognitive" services. The latter includes taking adequate time to examine a patient,to listen and to watch his/her body language as s/he answers routine questions. We are all familiar with the first visit to a physician which includes the two-to-three page check list we are given to complete in the waiting room: questions about our personal and family medical history and of our daily habits (healthy or unhealthy!). Dr. Winakur chooses to take the time to ask these questions directly of the patient in the examining room, precisely, he says, because of what he learns through the patient's body language, the tone of voice, the hesitation, etc. What a man!

Cognitive services also include a careful review of medications, close monitoring and appropriate adjustments if called for. McCullough refers to this as "taking time for listening and understanding" As a result of how Medicare and private insurance companies reimburse medical services, too many patients are peremptorily "shunted off for various kind of expensive but 'covered' technical testing or quickly put on medication based on ever quickening decisions and standardized protocol. Pressures for efficiency and reimbursement plans skewed toward technological interventions routinely overrule more deeply caring and thoughtful responses to individual need."

Winakur explains in more depth how reimbursement schedules are established. The American Medical Association has much to say about it, but the entire operation is very secretive with physicians such as Winakur and McCullough having little or no voice in arguing the the rightrful place of cognitive skills in the reimbursement schema.

One of the reasons I have heard given over the years as to why there is such a dearth of geriatricians in our country has been that they are not well paid. Now I understand why. Good medical practice for elders may not call for every single test or procedure in the book. (This is not to condone the ageism that is sometime seen when physicians neglect appropriate procedures solely on the basis of a patient's age.)

Dr. Winakur began his practice as a board-certified internist. He became a geriatrician, he writes, ". . .because my patients and I have grown old together." (Don't you love it!) And 'to keep up with them,' he writes, I "continued to study the latest developments in clinical geriatrics," and passed board examinations to become certified with "added qualifications in geriatrics." Clearly, he's not in it just for the money. What a man!

There are many good geriatricians out there. Geriatricians are specially trained to care for persons sixty years and older. I encourage everyone so blessed with years to seek one out as their primary care provider. Why a geriatrician at our age over a family practitioner or an internist? The next blog entry!

Perhaps our new President who has already heralded such hopeful signs of change, can help improve our healthcare system with help from an active, engaged public

The books referred to here are these:
Memory Lessons by Jerald Winakur
My Mother, Your Mother by Dennis McCullough

If You Know Someone In A Nursing Home, You Should Know About Off-Label Prescriptions

Tuesday, January 06, 2009, 8:57:42 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

I keep seeing it.. Whether it is a newsletter, a professional journal, a TV news story, or just this afternoon a well-written, documented article on the Internet: (http://www.therubins.com/homes/vocal.htm) The article refers to a study I also mentioned in a blog post almost a year ago (January 14, 2008). The study involved 86 individuals being treated for "behavioral problems". One third were given Risperdal; one third another anti-psychotic and another third, a placebo. After a month "behaviors" had "improved". The group with the most significant positive changes was the group receiving the placebo.

There is a stream of information about the use of antipsychotic drugs used on the elderly as a way to address what caregivers mistakenly call "behavioral problems." Behaviors among persons with dementia are not problems. Dr. G. Allen Power, Medical Director at St. John's Home in Rochester, NY believes that the use of terms like "behavioral problems" or "managing difficult behaviors" reinforces the medical view that the 'problem' rests with the person with dementia. Rather, he says, these events should be seen as "symptoms" that occur, not because of a failure of the individual, but rather because of a failure of the care environment to adequately identify and meet the person's needs. This statement is so core to the effective care of persons with dementia, I want to state it again: . . . these events should be seen as "symptoms" that occur, not because of a failure of the individual, but rather because of a failure of the care environment to adequately identify and meet the person's needs.

The Center for Medicare and Medicaid Services indicate that nearly 21% of nursing-home residents who don't have a psychosis diagnosis are on these anti-psychotic drugs. It is a way to sedate a person – in the short run ---- but without addressing the issues at hand and at the same time setting the stage for complex negative side effects from the drug.

Three of the most frequently prescribed (I should say mis-prescribed) are Risperdal, Zyprexa and Seroquel. All three of these drugs carry "black box warnings", mandated by the FDA, which indicate that 'elderly dementia patients taking these drugs are at higher risk of death.'

Side effects of these drugs include weight gain and stroke, sometimes resulting in death. There is sometimes

an increase in blood sugar levels, intolerance to changes in ambient temperature. A most obvious side effect is that of sedation.
Definition of off-label use of a drug.(From my post on January 14, 2008): When a drug has been developed and approved by the FDA for a certain disease or disorder, but a health care provider prescribes it for a condition other than that covered by the drug's FDA approval, the practice is called off-label use. Physicians attending nursing home residents in far too many cases prescribe any of these antipsychotic drugs as all-purpose tranquilizers

As I write this, I wonder if the broad, expensive, ineffective, harmful and widespread use of off-label antipsychotic drugs among the most vulnerable in our society is a subtle or not-so-subtle manifestation of ageism. Or is it because in our long-term-care system we don't take the time to really know each individual, know him or her as an individual, not just an old person --- who is going to die anyhow ---. Do we as a society, as Dr. Bill Thomas suggests, view nursing home residents as racing toward the exit ramp of life? Of course none of us subscribes to these views consciously, but are they at work in our society and institutions at a subconscious level?

Wisdom and Grace – at an Early Age

Friday, November 07, 2008, 9:00:17 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

Earlier today I took time to watch President-Elect Barak Obama's first press conference. Nothing in the content was surprising or new; Barak has campaigned with a consistent theme these many months. What I continue to be impressed with is his astute sense and practice of creative, effective leadership.

We are in the midst of the worst economic decline since the Great Depression. On September 25th, when McCain was suggesting that the first Presidential Debate be cancelled so that business could be taken care of, Obama had gathered around him a team of the best and the brightest from whom to seek advice. Again today, his press conference was preceded by a 'summit' with some 18 top economic experts. How telling it was, I thought, that those individuals who make up a brain trust in this important area, were invited to share the stage with the President-Elect.

Surely President Obama will make the final decisions because the buck really does stop there in the Oval Office. But at the same time, there is no "front and center", "I'm 'the one', "I'm in charge and I'll take care of it" kind of leadership style with Obama. Rather, there is an extremely confident and intelligent approach that says "I need all of you if this is going to work." "We are in this together and no one of us has all the answers."

It calls to mind once again the words of Sister Joan Chittister when she received the Leadership Award from the Leadership Conference of Women Religious in 2007.

"What we need again is leadership that seeks out, that encourages, that enables, that frees the theorists, the reformers, the revolutionaries and the charismatic models among us so we can all see the light. Enlightened leadership engages all of them together in one great enterprise of fire and flame in a dark, dark world. We need leadership that authorizes the leadership of the rest (of the group). We need leadership that will follow the lights within the group to the edge of tomorrow rather than the preservation of yesterday."

Blessings on you, President-Elect Obama. May our Provident God continue to guide your way in wisdom and in grace.

And thank you, Mr. President-Elect, for stirring the hope that dwells within each of us and for lighting its bright fire once again within us all.

"Hope won."

I WANT TO GO HOME!

Sunday, September 21, 2008, 11:43:55 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

http://news.yahoo.com/s/ap/20080920/ap_on_re_us/medicaid_lawsuit&printer=1;_ylt=Aoi3Z4P_dr7S0rWL6yY9b

Here is a story (Copy and paste to your browser address box to read entire AP item) of Charles Tood Lee who is fighting mad because he has been "forced from comfort and familiarity into a nursing home." He and the other members of the legal action maintain that Medicaid, the agency now paying for their nursing home care, could just as easily pay for those services to be provided at home.

There are two forces at work here:

One is the ongoing political struggle whereby many providers within the nursing home industry and their lobbyists have been fighting to keep Medicaid reimbursement limited to services provided in the nursing home. They don't want to see their share of Medicaid funds diminished. As if often the case, however, the expenditure of Medicaid funds for nursing home care is higher than for the same care provided at home by qualified care providers.

The other force is the growing movement to provide services at HOME which is finding life from the demands being made by Baby Boomers and also by progressive long-term care providers who honor the deep physical, psychological, spiritual, and social impact of HOME on one's well-being.

I believe it is a movement whose time has come. The traditional nursing home as we know it today is modeled after acute care hospitals. One can tolerate the schedule-first, task-dominated way of life in a hospital for a few days or weeks, but it is no way to live one's life as a matter of course.

Lastly, none of this is intended to deny the necessity of nursing home care ***at times, for some individuals***. Having said that, the environment and every aspect of the nursing home operation must honor the meaning and reality of all that HOME is for each of us.

The Colossus

Sunday, September 07, 2008, 2:42:16 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

Today's posting is not about aging as such. However, it is a posting that stirs the human heart at any age. We are all familiar with the words that are inscribed below the Statue of Liberty. Enclosed below is the entire poem. Reading the entire poem lends even deeper meaning to those inscribed words.

The New Colossus
by Emma Lazarus, New York City, 1883

Not like the brazen giant of Greek fame
With conquering limbs astride from land to land;
Here at our sea-washed, sunset gates shall stand
A mighty woman with a torch, whose flame
Is the imprisoned lightning, and her name
Mother of Exiles. From her beacon-hand
Glows world-wide welcome; her mild eyes command
The air-bridged harbor that twin cities frame,
"Keep, ancient lands, your storied pomp!" cries she
With silent lips. "Give me your tired, your poor,
Your huddled masses yearning to breathe free,
The wretched refuse of your teeming shore,
Send these, the homeless, tempest-tossed to me,
I lift my lamp beside the golden door!"

It seems appropriate to remember the inscribed words and the entire work of Emma Lazarus at this pivotal time in our country's history as we approach a noteworthy Presidential election which will hold consequences that will ripple into the next decades.

ADVOCATES FOR THE NEW OLD AGE

Monday, August 18, 2008, 10:23:45 PM | ilmcdp@yahoo.com (Imelda Maurer, cdp)

The Pioneer Network is a remarkable coalition of individuals and organizations who are actively engaged in what has been come to be known as "Culture Change" in long-term care. The vision of this organization and its members is value-laden, based on values of honor and respect for the individual and belief in the potential for continued growth and development in **every** stage of life.

This coalition has a short (perhaps five minutes) video at the following URL. You may want to view it. I have transcribed some of the dialog here that reflects such basic, wholesome, positive views on aging and conditions in the present dysfunctional system of long-term care that beg to be "fixed."

http://www.pioneernetwork.net/getinvolved/

ADVOCATES FOR THE NEW OLD AGE

We are all aging from birth. Boomers are living longer, healthier lives. But like previous generations we shrink in fear of our own aging and the thought of being cared for by others.

Joanne Rader, RN, MSN author, "Bathing Without a Battle"
"Dependency and loss of control are the biggest fears that we have. Many have observed their parents experiencing lack of choice, dignity, and privacy in care settings. Fifty percent of those over 65 will, at some point, need assistance. And for many the nursing home is the only available choice right now. But the present does not have to be our future if Baby Boomers take action now. Seeing what our parents experience is a powerful catalyst for change because we know we are next."

Transforming how we grow old.
Imogene Higbie, age 89. Independent 89-year old living alone in her own home not far from her daughters. Four years ago she became ill and had to move to a nursing home and to assisted living. Her experiences encouraged her to fight not only for improving conditions there, but for transforming how we grow old in America.

"I went in as a person. I expected to become a patient, but I didn't expect to lose myself – which is what happened to me. And I realized that the system I was in was dysfunctional and needed fixing."

Jennifer Macial, daughter
"The experience was intense on every level and even though she was safe and sound physically, it didn't seem to be the place to heal, to grow, to evolve, to move forward and to contribute."

Pioneer Network is taking on the culture of aging in America.

Beth Baker: author of "Old Age in a New Age"
"There are 4,000 more nursing homes in America than McDonalds, not to mention thousands of assisted living centers. So change will take time. But I found (in researching for her book) a lot to be hopeful about. I found places that look and feel like home. I interviewed dozens of workers who are excited to come to work every day. And best of all I found that a lot of these places were solving costly problems and were affordable to everyone.

"This movement is grounded in values of honoring individuals and creating strong communities. If you can bring those values and that vision to all settings, wherever elders live that will be a very exciting future for all of us, for our loved ones and for ourselves as we grow old."

Since its inception in 1997, the Pioneer Network is showing change can happen. Wherever we choose to live our older years, the fullness of life is possible. Pioneer Network is working to replace the traditional nursing home with settings that are really home in both environments and relationships

Pioneer Network is also promoting new alternatives to live at home and in the community where generations can thrive together.

Imogene Higbie elder, activist, consumer
"I realized that old people, if they are informed and want to change things have a lot of power. I found that in my old age that my activism has been effective because I'm old and informed. And I think that is what happening. I hope people realize that when they get old they can speak up, share their experiences and make things better for their children who happen to be our Baby Boomer generation."

Steve Shields, President/CEO of Meadowlark Hills Retirement Community, Manhattan, KS
"As boomers we can dispel the notion that aging is just a time of loss. Aging is a time of self actualization and growth and hope."

--- And to ponder ----
Do I see my own aging as a time of self actualizaion, growth and hope? If not, why not?

How would life in a nursing home you may know and visit look in the programs of daily life, policies, relationships, organizational structure, rate of staff turnover, quality of life and well-being of those who live and work there, if every person who has power to impact an elder's life, starting with the administrator and the board of directors believed in the concept of aging as a time of self actualization, growth and hope and that s/he will one day be old and perhaps dependent?