

GETTING OLDER AIN'T FOR SISSIES

TERRI GAITSKILL

Getting Older is a health - related series aimed at older adults and those who love and care for them. Presented by Terri Gaitskill, a masters prepared registered nurse with more than 50 years' experience in both the clinical arena and as a nurse educator. The primary focus of her clinical practice was as a women's health specialist, OB/Gyn, and Gynecologic surgery. The experience as a nurse educator was teaching nursing at the Great Oaks School of Practical Nursing, Mt. St. Joseph University College of Nursing, University of Cincinnati College of Nursing, and Xavier University College of Nursing.

Physiologic Changes covers changes that occur as we age, for example, why we sound like a bowl of cereal when we get up in the morning. A system by system explanation of how ageing affects the body, the impact of healthy lifestyle, medication management, and safety.

Mental and Emotional Challenges covers the many changes that occur as we age and transition into retirement, face the many losses, and healthy management of these challenges.

Advance Care Planning covers the conversations that need to happen as we age; end of life discussions i.e. healthcare directives, funeral planning, practical suggestions for the family. Not a legal or financial discussion, but a practical guide for having those "difficult" discussions.

Caring for the Caregiver covers the importance of Planning for future caregiving options, Actual Caregiver needs, and What challenges are faced when you need to be cared for. Resources that are available for in home and assisted living and nursing home care.

Nutritional Needs – the nutritional needs of the older person are different from that of a twenty - year old. This program covers not only the dietary needs, but the challenges of eating alone, physical changes that affect taste, weight gain of aging, and dietary constraints due to medical conditions, i.e. heart disease and diabetes.

Heart Attack and Stroke covers the physical changes that cause heart attacks and strokes as well as, recognizing the signs and symptoms, medication and procedures recommended by the doctor, cardiac rehabilitation, diet and lifestyle changes.

Book Discussion, Being Mortal by Dr. Atul Gawande – Dr. Gawande is a nationally recognized physician and author, and speaker who discusses patient care and choices when faced with a terminal illness, how to talk with healthcare professionals, and the current state of long term care facilities – what they are now and, based on research, what they could be: more cost efficient and resident focused, rather than a warehouse for older people to go to die. It includes watching his TED Talk.

Ageism – Among all the “isms” and “phobias” we deal with today, ageism is the only one that deals with everyone, not just a specific group of people. Ashton Applewhite’s book, This Chair Rocks, her TED talk, and web pages introduce the obvious and latent, insidious culture we inhabit in this Youth obsessed world. We discuss opinions, personal experiences, and learn surprising statistics regarding ageing. An easy, helpful introduction to this problem in a safe, non-judgmental environment.

Living Arrangement Options – As we age, our physical, mental, and caregiving needs change. Is the house you currently live in meeting those changes, or do you need to think about other options? A brief discussion about the many options available.

Caring for a person With Dementia – Information to help understand the disease process, help for dealing with a loved one with dementia, and resources available.

Each topic is covered using humor and practical suggestions in an interactive manner.

**CONVERSATIONS FOR ADVANCE CARE
PLANNING
2017
PRESENTED BY
TERRI GAITSKILL, MSN, RN**

Information given is informative in nature. It is not meant to be legal advice. The perspective is that of healthcare providers.

INTRODUCTION

- In 1990, the Patient Self Determination Act
- Purpose – inform patients of their rights regarding future medical care
- Concepts – Advance Care Planning
 - Advance Directives
 - Durable Power of Attorney for Healthcare
 - Living Will

Topics in Advance Care Planning

- Why bother with Advance Care Planning?
- Do people really need it?
- Person's right to choose end of life care

BARRIERS TO DISCUSSION WITH PHYSICIANS

- Training focuses on curing. Death = failure
- Don't want to scare patients
- Don't want to be responsible for patient giving up hope
- Too time intensive
- Too idealistic

THE GOOD NEWS

- Only 5% of patients found opening the door to crucial conversations too difficult
- Increased patient satisfaction
- Less fear and anxiety
- More empowered
- Greater comfort level

STARTING THE DISCUSSION

- May not be easy
- Does not have to be formal
- Does not and should not be a onetime discussion
- Don't have to be old to have discussion – accidents and disease can happen to young people

What to do next

Now, it's a good idea to record your conversation with an important legal document to be sure your choices are followed. This is called an advance directive. It has two parts.

1. Your Health Care Proxy

This is the part of the advance directive where you name the person you have chosen to make health care decisions on your behalf, if needed, as well as an alternate if your first choice is unavailable. As explained in this guide, be sure to have a conversation – and keep talking – with these people to be sure they understand what matters to you. You can find more information and suggestions in our [Guide to Choosing a Health Care Proxy](#).

2. Your Living Will

This is the part of the advance directive where you describe your preferences and wishes for your health care if you cannot speak for yourself. These are many of the same things that you have thought about and discussed throughout this guide.

Every state and most countries have their own advance directive forms. In the United States, the NHPCO (National Hospice and Palliative Care Organization) can help you find the right forms in your state (nhpco.org/advancedirective).

It's important to share your advance directive with more than your proxy alone. For example, if you pick an adult child to be your proxy and have other children, they should all be aware of what matters to you in your health care and know who you have chosen as your proxy. Talk to anyone who can help you have a say in your care through the end of life and provide copies of your advance directive to anyone who may need them. If you want tips on talking about what matters to you with your health care team, visit our [Guide for Talking with a Health Care Team](#).

Learn more and share

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QUESTIONS TO LIGHT THE WAY

- What does living well mean to you?
- Instances where you said, "I don't want to live like that."
- Do religious values influence treatment decisions?
- Prolong life treatments?

QUESTIONS TO LIGHT THE WAY (cont)

- Who is important to me?
- What is important as my health declines?
- What do I enjoy most in my daily life?
- What is the goal most important as my disease gets worse?
- For me, life is worth living as long as I can.....

ADVANCE DIRECTIVES

- Living Will – allows you to have a say in the type of healthcare treatment you receive should you find yourself unable to act for yourself.
- Commonly known as a Healthcare Directive

LAST WILL

- Last Will determines how your estate will be dispersed after you pass
- Both documents are a part of a strong estate plan that you make with an attorney.
- Forms can also be found online

MEDICAL POWER OF ATTORNEY

- Also known as Durable Power of attorney for Healthcare
- Allows you to appoint someone to make healthcare decisions on your behalf should you find yourself unable to act for yourself.
- This person needs to be aware of the contents of your Living Will

NEXT STEPS FOR MAKING HEALTH DECISIONS

- Durable Power of attorney, Living Will
- The nuance of decision making: treatment vs palliation
- Controlling symptoms – be specific
- Where I want to reside
