

◆ TIMES OF CHANGE ◆
TIMES OF CHALLENGE




*When An
Aging Loved
One Needs
Care*



RON DELBENE

with

MARY & HERB MONTGOMERY



*Do not be afraid, for I am your God;
I will strengthen you,
I will help you.*

—Isaiah 41:10

*All titles by the authors
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When An Aging Loved One Needs Care

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When Your Child Is Baptized

When Your Son or Daughter Divorces

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In my ministry I counsel many people who are trying to meet the needs of aging relatives. Only the caregivers themselves fully appreciate what a difficult role they have. Sadly, if a parent is being cared for and the relationship has not been a warm one, it usually does not improve. Even when there is a deep bond of love, caregivers sometimes feel anger, resentment, and other painful emotions.

No one person can meet all the needs of an aging loved one, yet many caregivers think they should. The result is feelings of inadequacy and guilt. My hope is that this book will help you see the impossibility of trying to be all things to a parent or other relative who requires your help. Let your prayer be that God will use you in a way that best meets the needs of that other person and that God will enable you to feel good about what you accomplish during this difficult time.

Ron DelBene

Editor's Note: The stories in this book are true. Personal names and some details have been changed to protect the privacy of individuals involved.

The Caregivers

*“Come to me, all you that are weary
and are carrying heavy burdens,
and I will give you rest.”*

—Matthew 11:28

“We’re having a rough time,” Howard told me after a church supper. “Lora’s mother is staying with us. She hasn’t been well, and we’re concerned about her living alone way off in Arizona. For quite a while we’ve been trying to convince her to move back here with us, but now that she’s visited, we know it won’t work.” He searched my face as though looking for understanding. “We all love Nana, but our house just wasn’t built to accommodate her. Having her here disrupts the whole family.”

Howard and Lora are among the seven million Americans now caring for a parent or other relative. Contrary to what we might think, only a few of the elderly are in nursing homes. Although the majority live independently, they need help from their middle-aged children.

Traditionally, caring for an aging relative has been done by women, and that isn’t changing. Today, seventy-five percent of caregivers are women who spend ten to twelve hours a week on caregiving tasks: stopping by to check on Mom or Dad or Uncle Frank, taking them to church or to the doctor, helping with cleaning, handling bills and medical paperwork, and doing other tasks. About half the women have the added responsibility of a job outside the home. Like Howard and Lora, a third of the caregivers are still caring for their own children. Caught between growing children and aging parents, they are called the “Sandwich Generation.”

Add up all of a caregiver’s responsibilities and it is quite a burden, but it is one that need not be borne alone. Steps can be taken and services used that make it easier to cope when someone you love becomes someone you care for.

A Caregiver's Bill of Rights

I have the right

- to take care of myself. This is not an act of selfishness. It will give me the capability of taking better care of my relative.

- to seek help from others even though my relative may object. I recognize the limits of my own endurance and strength.

- to maintain facets of my own life that do not include the person I care for, just as I would if he or she were healthy. I know that I do everything that I reasonably can for this person, and I have the right to do some things just for myself.

- to get angry, be depressed, and express other difficult feelings occasionally.

- to reject any attempt by my relative (either conscious or unconscious) to manipulate me through guilt, anger, or depression.

- to receive consideration, affection, forgiveness, and acceptance for what I do from my loved one for as long as I offer these qualities in return.

- to take pride in what I am accomplishing and to applaud the courage it has sometimes taken to meet the needs of my relative.

- to protect my individuality and my right to make a life for myself that will sustain me in the time when my relative no longer needs my full-time help.

- to expect and demand that as new strides are made in finding resources to aid physically and mentally impaired older persons in our country, similar strides will be made toward aiding and supporting caregivers.

A Season of Loss

*For everything there is a season,
and a time for every matter under heaven.*

—Ecclesiastes 3:1

Ellen came to see me because she felt lonely and remorseful after putting her husband of fifty-five years in a nursing home. His wandering mind and deteriorating eyesight made it impossible for her to care for him at home any longer. "Charlie got stopped for his third traffic violation, and the arresting officer said he had to take the driver's test," Ellen said. "When he failed the vision exam, they took his license away. From then on Charlie went downhill very fast."

Old age is often a season of loss, a time of letting go. When losses come slowly, we can adjust to them. But when one loss follows another—as is often the case in old age—adjustment is much more difficult.

What are the losses that come with aging? For those with a family, the nest empties and there is the loss of children around the house. With retirement comes the loss of a job and a paycheck. There may be the loss of health. The company of friends and family is lost as people relocate to apartment complexes, nursing homes, or the homes of their children. Finally there are the wrenching losses that come with the death of a spouse, other relatives, and friends.

As people age, their basic personality is a major factor in how they handle loss. Those with a flexible temperament are best able to adjust to the giving up and letting go that is part of every transitional phase of life. Persons who have a religious faith that has helped them throughout their lives usually have the easiest time coping with the losses that are part of aging.

Your aging parents or other relatives may be apprehensive about their future and look to you for reassurance. But no matter how tempting it may be to tell them what they want to hear, two promises you should never make are "We'll never take the car away" and "We'll never put you in a nursing home." The best you can do is take things one day at a time and pray for guidance to make the loving and right decisions as new situations arise.

The Aging Process

I have been young, and now am old.

—Psalm 37:25

No two people age in exactly the same way. I meet some people who are old in years, yet they retain their vitality and lead active lives with little or no assistance. For others I meet, old age is a difficult time during which they require a great deal of help. An awareness of the changes that are part of normal aging can make you better able to meet the needs of the person in your care. Not every elderly person experiences all of these changes, but these are some that characteristically occur.

- Hearing changes start when we are in our fifties and sixties and are most common among men.

- Vision problems such as glaucoma and cataracts are most common among women. Both men and women experience a decline in acuity and depth perception and need more time to adapt to changes in light levels.

- Arthritis affects more than half the elderly.

- An impaired sense of smell makes it difficult to detect spoiled food, smoke, and gas.

- Changes in the metabolic rate lessen the body's ability to metabolize and excrete drugs. This can result in a harmful buildup of drugs and possible overdosing. The altered metabolic rate also changes the appetite. Often the elderly do best with small meals and snacks.

- Vital organs such as the heart and lungs function less efficiently, raising the susceptibility to chronic illnesses.

- Osteoporosis—a condition in which loss of minerals causes bones to become brittle and susceptible to fracture—is found most often in women.

- The skin becomes thinner and more vulnerable. Dryness, allergic reactions, skin cancers, and rashes may occur.

- Sleep patterns change.

- Anxiety is a prevalent emotional disorder. When it is excessive, there may be loss of appetite, irritability, insomnia, and vague physical complaints. Severe anxiety can often be successfully treated with medication and/or counseling.

- Memory and quickness of response decline somewhat, but intelligence does not lessen with age.

Although ill health might accompany growing older, sickness can strike persons of any age. Actually, people over sixty-five get fewer acute illnesses than do those who are younger. Proper medical care and good health habits allow many older people to live active, healthy lives.

Being Valued

Do not cast me off in the time of old age.

—Psalm 71:9

After Ruth's husband of many years died, she came to my office one day. In the course of our conversation, she said, "You know, one of the things I miss the most since Harry died is that no one hugs me anymore." Her remark reminded me anew that giving a hug, stroking an arm, giving a backrub, or gently clasping a gnarled hand are all ways of saying, "You are a person of worth—a person who is valued and loved."

Unfortunately, many older people do not experience frequently or at all the warmth and care that are communicated through touch. Often people will more readily hug a child they have just met than reach out and touch an older person they have known for a lifetime.

While it is true that aging alters our appearance, inside we are the people we have always been, and we have the same emotional needs and desires. Whatever our age, we want to be loved, respected, and listened to. But in a youth-centered culture the elderly are often shunned. Many people are forced to retire before they want to and before their usefulness in the workforce is over. This is particularly difficult for men, who, after age fifty-five, account for the greatest number of suicides in the United States.

We can keep aging relatives involved and feeling needed by letting them do what they can for as long as they can. Telling Aunt Harriet, "It wouldn't be Thanksgiving without your pies" or saying to a grandparent, "We need your input on the addition we're planning on the house," helps them feel valued and lets them know that they still have something to give. Older persons are very much needed in church and community organizations. Involving them for even a few hours a week makes use of the many talents they have to offer and helps give them a sense of worth.

Spirituality and the Elderly

Peace I leave with you; my peace I give to you.

—John 14:27

Julian, a man past ninety and confined to a wheelchair, told me of his firm belief that God had been with him through all the trouble and turmoil in his life. “Otherwise I wouldn’t have made it,” he said. “I trust God while I am living, and I will trust him with my soul.”

In my work with the elderly, I find that if religion has not been an important part of people’s lives in their younger years, they rarely turn to it in old age. Julian had the kind of faith that sustained him throughout his many years. But those who embrace a religion because they believe it will spare them from adversity do not experience Julian’s peace of mind. Instead, they become angry at God when faced with major difficulties. The faith that comforts is the one that looks to God for strength and courage to deal with whatever life brings.

As caregivers, we can nurture an aging loved one’s spiritual life by asking about his or her favorite scripture or prayers. We might also play hymns and tapes of inspirational books. Visits from a pastor or from another person from a church outreach program can make all the difference in an elderly person’s day.

Churchgoers usually want to be a part of the worshipping community as long as they are able and as long as they can get to church. The elderly who are unable to come to church can be encouraged to turn to religious services on TV and radio.

With fewer distractions in their lives, the elderly have more opportunities to be attentive to the life of the spirit, more opportunities to be in communion with God. In old age they have time to catch up on thinking and feeling and finding inner peace. Even though the body may be failing, the spirit can still soar.

Remaining Independent

We would like to hear from you what you think.

—Acts 28:22

After his wife died, Oscar stayed on in the home that the two of them had shared for nearly forty years. Each time I visited him, the place was more cluttered, and he was obviously growing more frail. Still, he refused to consider moving anywhere else. Often he said, “When I leave this house, they’ll be carrying me out feet first.” Oscar’s stubborn desire to remain independent and at home with his memories speaks for many of the elderly. This poem by Elise Maclay explores the feelings of those who want to be in control of their lives for as long as possible.

My Children Are Coming Today

My children are coming today. They mean well. But they worry.

They think I should have a railing in the hall. A telephone in the kitchen. They want someone to come in when I take a bath.

They really don’t like my living alone.

Help me to be grateful for their concern. And help them to understand that I have to do what I can as long as I can.

They’re right when they say there are risks. I might fall. I might leave the stove on. But there is no challenge, no possibility of triumph, no real aliveness without risk.

When they were young and climbed trees and rode bicycles and went away to camp, I was terrified. But I let them go.

Because to hold them would have hurt them.

Now our roles are reversed. Help them see.

Keep me from being grim or stubborn about it. But don’t let me let them smother me.

Aids to Independent Living

Let each of you look not to your own interests, but to the interests of others.

—Philippians 2:4

Regular Medical Examinations

- Treat physical or emotional disorders at their onset to prevent more serious problems from developing.
- Give the patient and doctor time to visit privately, but be prepared to answer questions about the person's physical and emotional status and capacity for self-care. Older patients sometimes neglect to tell the doctor all the symptoms they have and all the medications they are taking.
- Ask about the side effects of medications and what to do if they occur. Studies indicate that ten to fifteen percent of hospitalizations among the elderly are due to drug reactions. People over sixty-five are about three times more likely to be harmed by drugs than are young adults.
- Be aware of all medications being taken.

Health Care in the Home

- Insure that nutritional needs are met. Meals on Wheels or similar organizations deliver at least one meal a day.
- Put medications in stacked paper cups or in envelopes labeled with instructions—especially if the person is forgetful. You may also want to get a pill box that beeps at the time medications are to be taken.
- Stress the importance of taking medications as prescribed and of reporting unusual reactions. Even though a person may be feeling better, medication should not be stopped until the doctor is consulted.

- Mention signs of improvement. Older people don't always recognize that they have gotten better.

Memory Aids

- Post medication schedules in the kitchen or bath or in another place where they are sure to be seen.
 - Keep keys near the door.
 - Keep glasses by the bed.
 - Have a notepad and pencil or chalkboard and chalk by the phone.
 - Have a guest book for company to sign. (One caregiver's grandmother complained that no one came to visit, but her guest book told a different story. A book also gives visitors something to talk about when they see who else has visited.)

Safety in the Home

Providing some of these items can help keep everyone safe.

- Night lights
- A stool in the shower and rubber mats in the tub
- Non-slip rugs instead of scatter rugs
- Unbreakable dishes
- Handrails on stairs and grab bars in the bathroom
- Furniture that is easy to get up from
- Emergency numbers in large print beside the phone
- Smoke detectors
- Electronic devices to wear and use to summon help.

What Services Are Available?

*I suffered distress and anguish.
Then I called on the name
of the Lord.*

—Psalm 116:3-4

No one person can be all things to an aging loved one. But Fran thought she could—and should—meet her mother’s every need. “It took an incident with my nine-year-old son to make me realize that something had to give,” Fran told me. “One afternoon I missed his school program because I was taking my mother to the doctor. When I got home, he was in tears and yelled, ‘You never have time for me anymore. Everything is Gramma, Gramma, Gramma!’ ”

That outburst led Fran to check on caregiving services available in her community. After a lot of investigating, she was able to get help from various services that she felt good about. The new arrangement allowed Fran to give her son the attention he needed, and her mother continued to live in her own apartment until her death a year later.

The number and type of services available depend upon where you live. It is important not to give up. Keep calling. Keep inquiring. Ask for referrals. Although the names of organizations and programs vary from state to state, the services provided are essentially the same.

- Homemakers shop, cook, and perform household tasks.
- Home health aides assist with medication and bathing. (Homemakers and health aides are sometimes combined into one service.)
- The Visiting Nurse Association provides intermittent nursing care, medication supervision, and overall nursing support for the homebound.

- Volunteer grocery shoppers take an elderly person shopping or do the shopping themselves and deliver the groceries.

- Grocery stores that deliver can still be found in some communities.

- Meals on Wheels utilizes volunteer drivers to deliver one and sometimes two hot meals a day. Participants are asked to make a contribution based on ability to pay.

- Congregate meals are served in some cities and in many small towns.

- Senior Citizens' centers—sponsored by churches and communities—are places where the elderly go to socialize and sometimes to eat congregate meals.

- Telephone reassurance programs utilize volunteers to call people each day to visit and check on their well-being.

- Door-to-door transportation services use specially equipped vans and buses to take the elderly to doctors' appointments and shopping.

- Day care programs provide meals and therapy for those who can move about independently.

- Homeshare arrangements allow for another—usually younger—person to live with an elderly person in exchange for free or reduced rent or for a modest salary.

- Protective services offer bonded legal expertise and accounting assistance.

To locate services in your community, contact your local church, Office of Human Services, or other government agency. Save time by using the telephone instead of going from place to place. Explain your need and ask what help is available. If the organization or agency does not offer the help you need, ask for a referral.

- The internet has additional resources and information providing emotional support, legal assistance and a voice for the those needing assistance and those seeking to care for their aging family members.

Involvement in Decisions

Do to others as you would have them do to you.

—Matthew 7:12

“My mother had been living alone and getting along pretty well,” Fred told me, “but after she turned ninety, she developed a lot of health problems. I investigated a few places for her to live and was about to make a decision when my mother reined me in.” Fred shook his head and smiled at the recollection. “I can still see Mother shaking her finger at me as she said, ‘Just remember, Sonny, no matter how old I get, I’ll still be the mother and you’ll still be the child. So don’t get to thinking you’ll be doing all the decidin’ for me.’ ”

Because the needs of the elderly sometimes seem like those of a child, we may think our role is to parent our parents. That seems like a loving thing to do, but such role reversal is unhealthy and demeaning. The desired relationship between a parent and an adult child is that of one adult relating to another. Unless mental incapacity makes it impossible, the elderly should always be involved in decisions regarding their welfare.

A housing counselor at a high rise for seniors says, “When decisions have to be made about living arrangements, they should be discussed with the parent whenever possible. The elderly need to be kept involved and encouraged to make decisions so they feel they have some control over their lives.”

Whether in large matters such as housing, or the small matters that make up the details of daily living, the elderly who are mentally competent should be consulted. It is both a right and a courtesy that we would want extended to us if we were in their place.

Holding a Family Conference

How wonderful it is, how pleasant, for God's people to live together in harmony!

—Psalm 133:1, TEV

Beth had single-handedly assumed the care of her aging mother even though she had brothers and sisters who could have been called on for help. Things went well until her mother broke her hip. Beth knew then that she would have to involve other family members in her mother's care.

When Beth came to talk with me, it became clear that she was a take-charge person who had unwittingly discouraged other family members from being involved. After her mother's accident, Beth no longer felt she had everything under control and resented that the others had not stepped forward to help. I advised Beth to call a family conference. When she expressed concern about what might happen when everyone got together, I agreed to be a facilitator.

For families unaccustomed to expressing their feelings or openly discussing family matters, a conference can be difficult. Unresolved conflicts create tension and even angry confrontations. Not surprisingly, Beth's family started off by focusing more on incidents from the past than on the business at hand.

Beth was the youngest child and was viewed by her brothers and her sister as their mother's favorite. They resented the close relationship Beth had with their mother—a relationship that seemed to leave them out. At the conference, they all had a chance to air their feelings. After a good deal of discussion, they came up with a caregiving plan in which they made individual commitments regarding what they would do and what they would contribute financially. The shared concern the brothers and sisters brought to the conference helped them renew the family's bond of love.

Conference Guidelines

In planning a family conference you may want to consider inviting persons outside the family. For example, do friends or health-care professionals provide much of the care for the disabled person? Would it be helpful to have a clergy person or a counselor to act as a facilitator? If distance makes it impossible to gather immediate family members and others who would be directly affected by caregiving decisions, a conference phone call may be the answer.

These guidelines can help insure that the time a family spends together is harmonious and productive.

- 1. Include the person who requires care.** If this is not possible, make sure that his or her wishes are made known.
- 2. Give the floor to all.** Invite everyone to state his or her feelings, to offer suggestions, and to explain personal views.
- 3. Identify the main problem.** There are often many problems, so make a list to establish priorities.
- 4. Share the facts.** Present medical reports, professional opinions, the financial situation, personal findings, and any other information needed to make wise decisions.
- 5. Discuss contingency plans.** Then if the health of the elderly person deteriorates, you know what steps to take next.
- 6. Make commitments.** Once problems are identified, decide how they can be addressed. Be realistic about what responsibilities each family member will assume.
- 7. Reach an agreement.** Compromise is usually necessary. Make sure it is understood that decisions made at your meeting represent a caregiving plan you have approved and are committed to as a group.
- 8. Join in prayer for the person in your care and for the strength and patience to carry on as caregivers.**

Where Will They Live?

You guide me with your counsel.

—Psalm 73:24

The best time to investigate alternative living arrangements for the elderly is before circumstances require immediate action. A move usually comes when the aging person needs to live in a place where services are provided and where help is readily available.

Like many older people, my parents' first move was from their long-time family home to a condominium where they no longer had to be concerned about shoveling snow and maintaining a house. When more services are needed, they can take advantage of programs that provide meals, housekeeping, and medical attention. The goal is to allow them to continue living as independently as possible.

Money is often the determining factor when deciding on a housing facility. Some housing for independent living is subsidized, and the cost is based on ability to pay.

Selecting an Assisted Living Facility

- Check with your church and community agencies that deal with aging to find out what options and facilities are available.
- Respect the person who will be making the move. As much as possible, involve him or her in investigating the facilities and in making the final decision.
- Visit places that appear promising. If possible, take your elderly relative along. Eat lunch there, tour the grounds, and talk to other residents. Get as much information as possible.

Moving in with a Relative

About thirty-seven percent of the elderly move in with a relative. Most often they go to live with one of their adult children. This inevitably creates some stressful situations. The

following guidelines can help keep resentments from building and tempers from flaring:

- Give the relative a room of his or her own.
- Assign the relative tasks and responsibilities to the extent possible.
- Establish rules regarding responsibilities for cooking, cleaning, and laundry at the outset of the living arrangement.
- Involve children in caregiving. (They might, for example, help the person eat, or they might read the paper to him or her. As children grow, reevaluate their role. Let them talk openly about their feelings. Lack of privacy will likely be an issue.)
- Arrange for family members to get a break from their caregiving responsibilities. This is especially important for the primary caregiver.

If you are the primary caregiver, you will have less time for your spouse, family, and friends. Your energy may be low, and your interests will probably have to be put on hold. Financial strains might also arise. Just being aware that such stresses may occur will help you face them one by one. Working together as a family is the best way to adjust to a new living arrangement and to make it work for the benefit of all.

Selecting a Nursing Home

Persons who need medical or nursing supervision twenty-four hours a day or those who are so emotionally unstable that they are a threat to themselves or others require the protective environment of a nursing home. Even though the need for nursing home care is obvious, putting a parent in one is a very difficult experience and is sometimes a divisive issue in families. Often the disagreement is between those directly involved in caregiving and those who do not deal with the day-to-day problems. Friction is eased if agreement is reached in a family conference, particularly if the person who will be making the move is involved in the decision.

Ideally, new residents visit the nursing home prior to moving in. Some families ask their pastor to go along if they

think this companionship will make the transition easier. If illness or mental confusion makes it impossible to involve the elderly person in decision making, the family—in consultation with a doctor—makes a decision on the person's behalf. When there are no financial resources, or when assets have been depleted to an amount established by law, the government covers the cost of nursing home care. A quality nursing home offers:

- good medical attention.
- provisions for maintaining the individuality and dignity of residents. (For example, residents should be allowed to bring in some belongings to personalize their living space.)
- activities to help residents feel productive and needed. In a quality home the emphasis is on keeping residents busy, not keeping them quiet. Some care facilities give residents responsibilities and encourage them to participate in decisions that affect them.
- good meals served in pleasant surroundings.
- opportunities to socialize.
- religious services.
- intellectual stimulation such as the opportunity to pursue hobbies.

The elderly tend to view the nursing home as the last place before death. To keep a relative who lives in a care facility from feeling discarded and forgotten, continued contact with the family is critical.

How Will the Bills Get Paid?

Give deliverance to the needy.

—Psalm 72:4

Limited finances are often a problem for the elderly. Even people who have accumulated substantial savings find their assets quickly depleted when faced with long-term care. This in turn becomes a problem for the caregiving relatives on whom the financial burden falls.

Local agencies that deal with concerns of the elderly can provide information about how financial obligations can be met and about the sources of help available. Persons with substantial assets will benefit from the services of a financial advisor or an attorney who specializes in working with older people. These are some of the programs and options available to help the elderly.

- **Supplementary Security Income (SSI)** and other kinds of public assistance are available through the Social Security Administration.

- **Veterans' benefits** may be available.

- **Fuel and weatherization assistance** programs are sponsored by state and local governments.

- **Low-income loans and rent grants** are available through local housing or housing and human resource agencies.

- **Home equity conversion** allows people to use the equity in their houses without moving out. Information can be obtained from banks and mortgage lenders.

- **Term insurance policies** can sometimes be cashed for a percentage of their value if the owner of the policy is terminally ill or is in a nursing home. Conditions and terms are set by individual companies and by each state.

- **The spouse of a nursing home resident receiving Medicare** has some legal protection for his or her income,

home, and other assets. The protection is outlined in the **Medicare Catastrophic Coverage Act of 1988**.

- **Nursing home or long-term insurance** covers all or a portion of daily expenses, depending upon the policy.

- **Property tax deferral programs** permit individuals to defer payment in exchange for giving the state a lien on their property.

- **Income tax credits and property tax exemptions** are available for those over age sixty-five.

Adult children who have the financial responsibility for their parents can often take advantage of one or more tax provisions. If you are paying more than half of an elderly relative's support, you may be eligible for a dependent exemption. In order to take this deduction, careful records must be kept to show what is spent on housing, food, clothing, medical, and dental needs. To keep current with the law, check with the IRS and other relevant government agencies before claiming an elderly parent as a dependent.

If you have considerable funds to work with, investigate the pros and cons of setting up an irrevocable trust. This provides a parent with income and has certain tax advantages.

When aging parents own a home, an attorney can give advice on ways to protect the equity in the house or put that equity to use. You may be able to purchase the property and rent it back to your parents. In doing so you qualify for a number of tax breaks. Because the laws are constantly changing, it is important to get professional advice before deciding on a course of action.

Tending to Practical Matters

“Thus says the Lord: Set your house in order.”

—Isaiah 38:1

Although we may know what aging relatives *should* do to put their affairs in order, getting them to do it requires diplomacy. It is difficult to suggest to Mom, Dad, or Uncle Arthur that they may one day be unable to manage for themselves. Sometimes the most persuasive point we can make is that dealing with practical concerns will make life easier for those who love them. Encourage aging persons to take care of matters such as these:

- Make a will or update an old one.
- Discuss funeral arrangements.
- Have joint access to a safe-deposit box.
- Gather insurance papers in one place.
- Get information about any pension plan.
- List bank accounts and all other financial holdings, including stocks and bonds.
- List social security and Medicare numbers.
- Detail debts: car loans, home mortgages, etc.
- Indicate when payments must be made on homeowner’s insurance and property taxes.
- Let it be known if there is a living will and give the doctor a copy.
- Establish a durable power of attorney whereby you or another designated individual is empowered to pay bills, deposit and withdraw money, and sell assets for needed cash. The person being cared for continues to handle financial matters until he or she is no longer able to do so.

If advance planning is put off and your relative becomes incapable of handling legal and financial matters, incompetency hearings may be necessary. These put a strain on the family and humiliate the older person. Advance planning makes such hearings unnecessary.

When They Want to Die

Thy will be done.

—Luke 11:2, KJV

Hilda, a farm woman who couldn't stand "just doing nothing" lived an active life well into her nineties. But then her health failed, and she had to go to a nursing home. After that she spent most of her time in bed gazing at the ceiling or out a small window. On one of my visits she confided, "Every night when I go to sleep, I pray that I won't wake up in the morning."

Often when the elderly express a wish to die, people unwittingly respond, "You really don't mean that." The comment—usually said out of uneasiness—denies the person's feelings and cuts off honest communication. What might we say instead to those who are old and weary and see death as preferable to living?

This is a time to acknowledge how difficult life is for them just now and how it is understandable that they feel as they do. I have found that the subject of death is often avoided when, in fact, it's what the elderly most want to talk about. We are virtually certain to get them talking if, in a private moment, we ask gently, "What do you think death is going to be like?"

Opening the subject leads to related matters. Have you planned your funeral? If not, would you like to talk about arrangements? Is there an unresolved issue? Would you like to talk about it with me or with a pastor?

Sometimes in such personal conversations, an elderly person feels a compelling need to confess a shameful thing he or she did or to reveal something awful that was done to him or her. Some persons feel that before they die they need to tell about painful experiences such as abuse that they have never talked about before. Although what they tell may be difficult to listen to, it is important that you hear them out and not pass judgment. With old issues resolved and arrangements made, the elderly are then ready to go whenever God calls them home.

A Life Review

I remember the days of old.

—Psalm 143:5

We all need to be able to look back and see that our lives have value. In my counseling, I find that when the elderly tell their stories, they are trying to understand themselves and to make sense of the past. Looking at old photos is one way to get aging loved ones to reminisce. Another way is to guide them through a life review that is either tape recorded or videotaped. My own parents resisted doing this until I convinced them that their history would be a rich legacy for the grandchildren. Consider having family members talk about these topics.

- Birth information
- Family: places lived, parents' livelihood, relationships with siblings, difficulties faced
- Education: teachers, friends, subjects studied, awards, activities
- Medical history: surgeries, illnesses
- Fads and humorous experiences in childhood
- Teen social life; dances, dress, dating
- Vacations and travel
- Religious life
- Military service
- Jobs: successes, failures, unusual experiences
- Marriage and family: courting and marrying, children, family traditions
- Historic events
- Changes in lifetime: cars, fashions, fads, morality
- Greatest joys and sorrows

The more personalized the life review, the more interesting and valuable the taped memories will be when elderly loved ones are no longer here to tell us their stories.

A Caregiver's Prayer

Thank you, God of all creation,
for gathering us into families.

Now that someone I love
has become someone I must care for,
grant that my family survives
the moments of pain and frustration.

When I am angry,
let me feel your peace.

When I am weary,
let me sense your strength.

Most of all,
fill my heart with patience and love
as I try to be a faithful caregiver.
For this I pray in Jesus name. Amen.

About the Authors



Ron DelBene has been doing spiritual direction and leading programs in the areas of prayer, spirituality and personal development since 1963. Ron holds a Master's degree in Theology and a Doctor of Ministry in Spirituality and Organizational Systems. He has done additional post-graduate work in education, psychology, and counseling. He is an author, poet, artist and Episcopal priest. He was an assistant professor of theology, director of a campus ministry center, and national consultant in religion for an education division of CBS.

Since 1980, Ron's organizational system's leadership has been primarily in churches, empowering them in understanding their mission, goals and structure for effective and creative ministry. Ron and his spouse, Eleanor, reside in Trussville, Alabama, and have two grown children and two grandchildren.

Mary and Herb Montgomery are full-time writers who have created numerous books and educational projects to help both children and adults grow in faith. The Montgomerys live in a Minneapolis suburb.

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