

*Scriptural Wisdom and Practical Help*

**...AND THOU MAYEST LIVE  
LONG ON THE EARTH**

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# ...AND THOU MAYEST LIVE LONG ON THE EARTH

## Introduction

From the earliest days of his commandments to his chosen, God committed children to honoring their parents. Exodus 12:20 tells us to "honor thy father and thy mother that thy days may be long upon the land which the Lord thy God giveth thee. " The Lord did not modify this admonition when he initiated the new order and the new covenant in the New Testament as evidenced by Paul's words to the Ephesians, "Children obey your parents in the Lord: for this is right. Honour thy father and mother; which is the first commandment with promise; that it may be well with thee and thou mayest live long on the earth." (Ephesians 6:1-3).

Even our oft-used prayer begins with our honor to our father which art in heaven. Further evidence can be found of the admonitions for family life as given in the Old Testament, "train up a child in the way he should go: and when he is old, he will not depart from it. " (Prov.22:6), as well as in the New Testament "and you fathers provoke not your children to wrath: but bring them up in the nurture and admonition of the Lord. "(Ephes. 6:4). Time brings many changes in the interactive relationships between the many levels of intergenerational families. Babies grow to children, and children marry and have additional children, parents become grandparents, and all of their lives are in a state of constant change. It seems imperative that we note in a discussion of these interactions that God also initiated a new order of involvement and responsibility when he blessed the marriage of man and woman, "therefore shall a man leave his father and mother, and shall cleave onto his wife and they shall be one flesh" (Gen:2:24).

Christ continued that bond when he said "what therefore God has joined together, let not man put asunder" (Mark 10:9). Today's extension of longevity and increasing complexity are regularly the subjects of much of what we read or listen to today. Man's desire and capability to live longer has not necessarily been accompanied by the ability to live better. The world's experts tell us that today 12 % of the U.S. population, or

to 14%, or 39 million by 2010. The projections beyond that stage climb even more rapidly. The world recognizes the problems which will result from this trend but is often at a loss to recognize the appropriate manner to resolve the problems which it will create. There is already a recognition that a very large percentage of the workforce is affected by the necessity for being caregivers for elderly parents and/or relatives. Research studies in various workgroups yielded the information that as many as 35 to 37 % of employees of various companies were providing caregiving services to elder relatives giving as much as 12 to 14 hours of such care per week.

☞ These changes have resulted in many problems for many individuals on both sides of the caregiving spectrum. Time is lost - there are additional worries, distractions can cause even job jeopardy due to tardiness or absence or poor performance. There are stress factors and increased costs. These problems can produce a "wedge factor" between other family members and relatives. Attention can become largely focused upon negative matters rather than positive matters. It is equally true that individuals involved in these difficulties can find a considerable change in their ability to study, support ecclesial activities and serious difficulty involving spiritual attitudes and commitment. Since 80% of all care for the elderly is provided by family members, the demands of such caregiving can leave any individual physically, emotionally, financially and spiritually drained.

☞ Although there are many theories about how families interact, there does seem to be in God's original creation something we could call a "system". Deviations from the original concept of the Almighty quite often seem to have been caused by that which we lump into the phrase "human nature". The final result is that as individuals age and become more affected by the aging process, it upsets the "system". This is almost inevitable. The variation comes in the degree of affect upon individuals, and to a greater extent, the attitude of the individuals being affected. In addition, as the numbers of the elderly and their ages increase, there seems to be a dramatic increase in the number who are affected by illnesses (and there are several) which we call **DEMENTIA**. This problem destroys all possibility of logical management and is utterly devastating to the family "system" and many of the individuals touched by these factors. There is no doubt that this can have an absolutely wrenching affect upon the dedication, commitment, and faith of many who are touched by this problem.

# ...AND THOU MAYEST LIVE LONG ON THE EARTH

## Part 1

### Spiritual Help

There is so much to be gained from the interaction of families with intergenerational components. The "hoary head" can bring us, by example and by interaction, the benefit of years of study, wisdom and experience which can provide tremendous inspiration for those who follow. However, it is equally true that traumatic intervention of illness or incapability can lead to serious problems of antiquity (a quality of being ancient) antipathy (aversion or dislike) and antagonism (hostility or opposition) which can lead to a lessening of the abilities of any of the interacting parties.

Growing old is a process of both body and mind. Medical science is able to help many of the body's ills, and a positive spiritual outlook can also help the mind, "the hoary head is crown of glory, if it be found in the way of righteousness" (Prov. 16:3 1). The apostle Paul suffered many of the vicissitudes of the body but was able to encourage us with his words, "Not that I speak in respect of want: for I have learned in whatsoever state I am, therewith to be content (Phil.4:11). And further, "Rejoice in the Lord alway: and again I say, rejoice" (Phil.4:4).

God's strength can certainly make up for our human weakness. We recall the example of Moses and how Aaron and Hur were aided by God's strengthening power when their own physical capabilities were at risk as they watched Joshua and the Children of Israel in their battle with the Amalekites. We are reminded in the story from Exodus 17 that as Aaron and Hur supported Moses' arms, the battle went in favor of Joshua and the Children of Israel. It is appropriate to note that these patriarchs were all at least 80 years old at the time. Moses and his closest "supporters" fought a weaponless battle, and with God's help they won!

Job set an inspiring example of unquestioning confidence in the Almighty, even in seemingly unbearable adversity and he was abundantly restored and blessed." Then said his wife unto him, dost thou still retain thine integrity? Curse God, and die. But he said unto her, Thou speakest as one of the foolish women speaketh. What, shall we receive good at the hand of God, and shall we not receive evil? In all this did not Job sin with his lips" (Job 2:10). "Though he slay me, yet will I trust in him: but I will maintain mine own ways before him (Job 14:15).

"And the Lord turned the captivity of Job, when he prayed for his friends: Also the Lord gave Job twice as much as he had before. Then came there unto him all his brethren and all his sisters, and all they that had been of his acquaintance before, and did eat bread with him in his house: and they bemoaned him, and comforted him over all the evil that the Lord had brought upon him: every man also gave him a piece of money, and everyone an earring of gold. So the Lord blessed the latter end of Job more than his beginning..." (Job 42:10-12).

Also, David's life and writings give us hope that our shortcomings can be forgiven and our burdens lightened. "As the hart panteth after the water brooks, so panteth my soul after thee, Oh God. My soul thirsteth for God, for the living God: when shall I come and appear before God? My tears have been my meat day and night, while they continually say unto me, where is thy God? When I remember these things, I pour out my soul in me: for I had gone with the multitude, I went with them to the house of God, with the voice of joy and praise, with a multitude that kept holy day. Why art thou cast down, Oh my soul? and why art thou disquieted in me? Hope thou in God: for I shall yet praise him for the help of his countenance" (Psalm 42:1-5).

Psalms Chapter 103 is a worthwhile exhortation on God's mercy. "But the mercy of the Lord is from everlasting to everlasting upon them that fear him, and his righteousness unto children's children; to such as keep his covenant, and to those that remember his commandments to do them" (Psalm 103:17,18).

"Truly God is good to Israel, even to such as are of a clean heart. But as for me, my feet were almost gone; my steps had well nigh slipped. For I was envious at the foolish, when I saw the prosperity of the wicked. For there are no bands in their death: but their strength is firm. They are not in trouble as other men; neither are they plagued like other men. Until I went into the sanctuary of God; then understood I their end. Surely thou didst set them in slippery places: thou castedst them down into destruction. How are they brought into desolation, as in a moment! they are utterly consumed with terrors. As a dream when one awaketh; so, O Lord, when thou awakest, thou shalt despise their image. Thus my heart was grieved and I was pricked in my reins. So foolish was I, and ignorant: I was as a beast before thee. Nevertheless I am continually with thee: thou hast holden me by my right hand. Thou shalt guide me with thy counsel, and afterward receive me to glory. Whom have I in heaven but thee? and there is none upon earth that I desire beside thee. My flesh and my heart faileth: but God is the strength of my heart, and my portion forever"(Psalm 73:1-5; 17-26).

Continued study and application of scriptural principles can be of great help throughout our personal "ages" whether we be the giver or the receiver of needed support.

## Part 2

## Aging Takes Time

This is not a great revelation. However, in so many instances it seems that the wrong measurements are used to discuss who is elderly, old or very old! An experienced gerontologist has said that it takes 69 years to get ready to be 70. Obviously, this formula can apply at most any age. There is not much real research or information on individual development after we reach adulthood; as a matter of fact, there is not much consensus about what it means to be adult.

Perhaps one of the most practical suggestions one could make is that we have to continue learning throughout our lives and one area of great neglect is learning how to **SLOW DOWN**. We spend very little time studying for, or preparing for, how to get older. It therefore seems to follow that we can assist both ourselves and those with whom we come in contact if we create an atmosphere of relaxed communication about the necessary practice and preparation for slowing down as time passes.

As tools for interaction in these matters we might ask such questions as what is important to you as a person? How would you describe yourself? How would you describe your life goals, your involvement with job and community and family? Who are the important people in your life? Why were these people important, what was your relationship with them, what did you gain by your relationship? What do you want to get out of the balance of your life?

What part does money play in your life? Then one might suggest a leap forward to some appropriate period of time in the future, such as 15 years, 20 years, 30 years ahead and try to develop an understanding of these same questions either in oneself or in the perspective of an individual with whom we are having interaction and contact. Imagine what we would "look like" as we would then answer those same questions.

Of course, there are additional matters relative to how one will support oneself and what the economic circumstances will be. The object of such exercises would be to try to develop some thinking toward, or planning toward, major changes that may be important to each individual. There is a tremendous volume of social myth regarding what an "elderly person" is or can be. Those who are reaching the status of this classification now have a background that includes living through several wars, serious depressions, recessions, inflation and other large social forces – and they survived them all!

It is not necessarily true that everyone that is older is sicker, unable to work, not interested in sex and/or difficult to understand or get along with. In reality, only 5 % of the elderly population resides in nursing homes, the balance being either independent or in some form of living circumstance with some assistance from friends or family.

The myth that every older individual is forgetful can be dispelled in two ways:  
Research

indicates that only 10% of the elderly are seriously forgetful, and one needs only ask those who are what we usually classify as "mature" to determine that a bit of forgetfulness is not confined to those classified as "old".

The world abounds with individuals who have reached the status of "elderly" and have continued to provide us with the benefit of their maturity and creativity. We must be cautious that we do not provide a setting such as one experienced by one elderly individual who felt that he had to take a friend with him when he visited the dentist so that his friend could tell the dentist that he did not have a hearing problem and keep the dentist from talking too loud and talking "down" to him.

It is not really a difficult exercise to try to advance our own thinking into the future years, especially if we have reached the level of caregivers to the elderly, and to try to imagine what we would want if we were making decisions for ourselves or for others. Living alone may or may not be a preference for what we might call "social reasons." It may be more a matter of economics and fear of financial disaster for an aging individual to remain in circumstances that are not the best but are perceived as affordable for the maximum period of time. There is enough experience in social perceptions to realize that the elderly who have to deal with fixed and limited incomes become fearful of the future and more concerned about change. Such uncertainty may even lead to suspicion of those who try to counsel them to make such changes.

Often they perceive their financial circumstances as something which is attached entirely to their feeling of self worth and the respect they feel that they share with others.

Upon interview, one individual was asked what they wanted to have or to do with the rest of their life and the answer was that they needed security, a roof over their head, and someone to take care of me. This is perhaps an oversimplification, but it may well provide a solid basis for our consideration of how to deal with those we must assist in whatever manner we are able to provide. Most interactions could be fit into this simplistic categorical need for self assurance.

There is a tremendous need for us to allow individuals to do things for themselves. It sometimes escapes us to realize that if we do too much for our friends or relatives, they may well forget how to do things for themselves. In this manner, we can be guilty of creating a dependence in an individual whose earnest desire is for independence.

Since we are extremely "blind" to our own failings and foibles in life, as well as our own differences from what others may think is the appropriate behavior, we find it no shock that when individuals must make major changes, they simply don't understand WHY? This may lead to the feeling of complete

**We can believe the words but we find it difficult to make it part of our our emotional understanding**

abandonment by those whose desire is the exact opposite; one of being of assistance. This is especially true when major changes must be made in the residential setting of the elderly. The dramatic gap between intellectual understanding and emotional acceptance of any factual information is a problem throughout our life time. We can believe the words but we find it

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difficult to make it a part of our own emotional understanding or feelings about a given subject. It is a rare instance when a change of living circumstances is a desirable change on the part of the individual involved.

We spend much of our life not sharing family secrets or family decisions, since that seems to be the way we normally function. This is a difficult mould to break, but one that needs to be seriously reviewed when we are dealing with difficult changes in the life pattern of those we love. Institutions have a program called a "care plan conference" which brings together all of the disciplines involved in care, feeding, recreation, therapy and counsel around the table to discuss the various factors that may be of assistance in developing the overall program of care for an individual. It would not be at all out of place for families or church groups or just those who constitute the friendship circle of an individual who is going through one of these crisis-like changes to sit down and discuss candidly some of the factors involved and most assuredly the methods of concern and support that may be expressed to give the individual a feeling of worth and to continue as much of their feeling of independence as possible.

## Part 3

## Success Can Be Achieved

I suppose one must qualify any discussion of "success" by indicating that we seldom achieve what we think is 100% success in matters involving "ourselves". However, there have been enough partial successes, if that is an acceptable term, to give us encouragement that our problems may be subject to at least reasonable resolution.

We have seen the examples of couples who have experienced illness of one spouse after many years of companionship followed by the loss of a husband and the difficult deterioration of the 90 year old wife in keeping up a single family residence. This led to the necessity for transfer to a small apartment in a retirement facility which served to continue some independence for a period of time. The apartment was attached to a nursing home. This had been part of the decision to move to this location "just in case". As time would have it, after a period of two years in the house and approximately two years in the retirement center, it did become necessary to make a permanent transfer to the nursing home itself. This has proved successful in the sense that there is now physical stability in day to day well-being and has even resulted in some increase in personal weight which was much needed. Part of the reason for the success in this instance is that there is a considerable family support group who assure regular attention and attendance at church affairs, as well as telephone and personal contacts to avoid the feelings that can come from being in a nursing home full of "lonely people".

We are reminded of the scriptural example of the prophetess Anna "and there was one Anna, a prophetess, the daughter of Phanuel, of the tribe of Aser: she was of a great age, and had lived with an husband 7 years from her virginity; and she was a widow of about fourscore and four years, which departed not from the temple, but served God with fastings and prayer night and day. And she, coming in that instant gave thanks likewise unto the Lord, and spake of him to all them that looked for redemption in Jerusalem" (Luke 2:36-38).

Many would know of an English brother whose wife was stricken during a missionary placement and spent 30 years with serious illness yet encouraged her husband to travel throughout the world to present his own unique insight into the word of the Lord. The brother involved ceased his plans for a lifetime of missionary work but continued to make pilgrimages from time to time with his wife's strong encouragement to not only travel, but since he was deprived of a career as a missionary, she suggested that he spend time writing. His legacy of literature is a monument to the encouragement of a handicapped person seeing a brighter side to what might otherwise have been viewed as a lifetime's disaster story. The brother himself had seriously deteriorated eyesight, and when he considered canceling one of his last trips to provide encouragement to others, his spouse "shipped him off" with her suggestion that he didn't need to see that much since he could present his marvelous encouragement and his own viewpoint "with his eyes shut". He went on the trip, and it was a complete success.

Another of the dramatic scriptural examples would be that of the old testament character who became an Israelite, though that was not his origin. His name is sometimes translated as "all heart" and he certainly displayed that as he lived through the wanderings of the children of Israel in the wilderness, and was one of the few who entered into the "promised land" and continued to be an able and undaunted leader throughout his life. It is an inspiration to recall that when all ten of the spies returned from their visit to report with great pessimism on the prospects in the promised land, it was Caleb who stilled the people and put forth his faith by saying "we are well able to overcome it" (Numbers 13:30).

We must marvel, when we recall that Caleb, during his wanderings with his compatriot Joshua, had to have viewed the death of one and all of his colleagues and friends to complete the punishment that God had rendered to the children of Israel. We must be impressed with the strength of character that Joshua displayed through his middle age and in his advanced years to leave us a story of such victorious success over the tragedies of old age and life itself. Surely we must take heart from Calebs words at age 85, "as yet I am as strong this day as I was in the day that Moses sent me: as my strength was then, even so is my strength now for war, both to go out and to come in. Now therefore give me this mountain, whereof the Lord spake in that day: for thou heardest in that day how the Anakims were there, and that the cities were great and fenced: if so be the Lord will be with me, then shall I be able to drive them out, as the Lord said" (Joshua 14:11,12).

Another example of success in overcoming the vicissitudes of physical ill health and emotional stress is that of a sister who lived in circumstances barely above poverty level for many years. At a time when she and her husband and family were about to break out of the bonds of near want, the husband tragically died leaving the sister with a family only part of which was old enough to be out and independent from the household. She continued to maintain her independence in her own home for a considerable period of time, but eventually was forced to sell her house and move into a small apartment which (fortunately) she was able to secure in the facilities owned by one of her daughters and son-in-law. In this setting she continued to play the role of the ultimate grandmother in spite of a series of health problems that would have discouraged many. She was an individual who brought smiling joy into the hearts and minds of her many friends and family contacts. Because of a large group of family support individuals, she was able to live a fruitful and happy existence and to continue without complaint to be mother, grandmother and great grandmother and a constant inspiration to all who knew her.

The circumstances which surround encroaching age make a considerable difference in attitudes and outcomes, as can be expected. Being financially needy versus being financially independent can make a great deal of difference in the physical circumstances and the decisions that are involved. One instance of relative success in the spiritual or emotional sense was largely possible because of a degree of financial independence which led to the construction of what amounts to a "second house" attached to the home of children. This plan was originally conceived as the solution to a problem of an aging grandfather who was suffering what may have been Alzheimer's disease. The almost providential factors which led to the securing of a house which had belonged to the contractor who was to build the new home involved his misfortune in having a marriage separation and therefore deciding to sell a large home which had an unfinished area that could quickly be converted to space for grandparents. Ironically the

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grandfather passed away before the project could be completed. However, the grandmother, who herself suffers a debilitating disease, was able to occupy the facility and is today involved in the loving and sharing with all of the rest of the family members while enjoying their support and continuity of contact which the family sees as so "natural" that they do not feel that what they have done is in the leastwise unusual. Their expression is "it's just the way it should be"!

Although it is not always possible, it is marvelous to behold when the young and old alike can reach a conclusion for problem-solving which is both shared and mutually beneficial.

One of the interesting comments relative to youth and old age was made by Pearl S . Buck, a noted author, who wrote in her 80th year: "young and old for me are meaningless words except as we use them to denote where we are in this stage of being. Would I wish to be "young again"? No, for I have learned too much to wish to lose it. It would be like failing to pass a good grade at school. I have reached an honorable position in life because I am old and no longer young. I am a far more useful person than I was 50 years ago, or 40 years ago, or 30, 20, or even 10. **I HAVE LEARNED SO MUCH SINCE I WAS 70**".

## Part 4

## Honour Widows Who are Widows Indeed

In his letter to Timothy, the Apostle Paul stated: " If anyone does not provide for his relatives and especially for his own family, he has disowned the faith and is worse than an unbeliever. " 1 Tim. 5 vs 7 RSV. " Honour widows who are widows indeed" he admonishes in an earlier verse.

Rarely in the United States and Canada, are there destitute elderly brethren and sisters lacking food, clothing, medical care and other basic essentials for life. Even when there are no immediate family members close by, the "safety net" of social services provides practical help when there is a need. [Unfortunately this is not always true in other parts of the world.] However, the area of greatest need is often overlooked; that of loneliness and spiritual isolation.

Old age inevitably brings losses: loss of spouse, family members, job, roles and responsibilities in the ecclesia, health. Perhaps the most dreaded is the loss of independence and control. Older people, both in our community and the world fear becoming dependent, whether physically or financially. From birth, we are taught to be self sufficient and independent. Our elderly brethren and sisters want to maintain their independence as long as possible, and for this reason, many continue to live alone, either in their old home, or in an apartment, with the assistance of social services , family members, or kind neighbours. The last move to a Retirement Home or Nursing Home can be both difficult and yet a relief, if the taking care of life's basic needs has become a burden. Yet through the years, and the inevitable losses and changes, the need to be a part of the ecclesial family drawing spiritual strength and support from the fellowship and love of the brethren and sisters does not diminish. The need for spiritual sustenance, the need to love and be loved, to feel useful and valued becomes even greater .

## Part 5

## Practical Suggestions for Ecclesias

- **ASSESS THE NEED**

Are there elderly brethren and sisters living alone or in an institution who are dependent on others to bring them to ecclesial activities? Are there shut-ins with little or no contact with ecclesial members from one Sunday to the next? If they are living alone in their own home, is there a need for snow shoveling, or lawn cutting, or basic repairs? The young people in the ecclesia can be particularly helpful in a very practical way. Talk and visit with your elderly brother or sister ask them what is their greatest need. Remember, they are very reluctant to ask for help. If eyes have grown dim, someone to do the readings with them could be their greatest wish.

Is there a family caregiver, who needs help but is reluctant to ask?

- **PLAN**

Identify those within the ecclesia that would be able and willing to help. A schedule of visits, or phone calls shared by even a small group can bring great joy and comfort. Even the young moms, at home with little ones, could phone a shut in, or adopt an auntie who is alone. Write up a car pool schedule so that a ride is available without asking for Sunday meetings, Bible classes and other ecclesial activities. Plan CYC activities to include twice a year visits to the elderly and shut ins. Assign responsibilities, for the needs to be met; someone should be accountable. Most ecclesias have a visiting brother and sister who could be the organizers. Other ecclesias have Pastoral Care Committees. It is a recognized fact amongst health care professionals, that loneliness, social isolation and lack of physical and mental stimulation are far worse than the physical changes associated with aging.

- **DO IT**

In the constant activities in our very busy lives our elderly brethren and sisters continue to be living stones in God's house. We need them in our midst, involved in our ecclesial families, for as long as they are able, as much as they need our fellowship and love.

*Sister Joy Metcalf*

## Living Will

The following is reprinted by permission from the *CENTRE FOR BIOETHICS*, University of Toronto.

- ***WHAT IS A LIVING WILL ?***

A living will is a written document containing your wishes about life-sustaining treatment. You make a living will when you can understand treatment choices and appreciate their consequences. It acts as the record of your wishes when you cannot

There are two types of living will: an instruction directive, and a proxy directive. An instruction directive indicates what life sustaining treatments you would or would not want in various situations. A proxy directive specifies who you want to make treatment decisions on your behalf. Because instruction and proxy directives are complementary, if possible, your living will should contain both.

- ***WHO SHOULD COMPLETE A LIVING WILL ?***

Anyone who is at least 16 years of age can make a living will. To make a living will, you must be able to consider the prospect of your own death. If this is too distressing, you should not make a living will at this time. However, without a living will you will have no control over your medical care if you become unable to make treatment decisions.

You may complete an instruction directive, a proxy directive, both or neither. When you are healthy, you may find it difficult to anticipate the treatment decisions you would make if you were very sick: in this case, you may not want to complete an instruction directive. If you do not trust anyone to make treatment decisions on your behalf, you may not want to complete a proxy directive.

- ***HOW DO YOU MAKE AN INSTRUCTION DIRECTIVE?***

An instruction directive indicates what life sustaining treatments you would or would not want in various situations. The common situations of sickness, and the treatments that doctors may use in these situations are described on page 4.

If you do not receive the treatment when you need it, it is likely you would die. If you do receive the treatment, it may or may not be successful. However, for the purposes of this living will, assume that if you receive treatment then it is likely you would remain in the situation described.

You may want to draft your instruction directive yourself, but we strongly advise you to review it with your doctor. Your doctor can modify the general information about the situations and treatments in this living will to your specific circumstances.

- ***HOW DO YOU MAKE A PROXY DIRECTIVE?***

A proxy directive specifies who you want to make treatment decisions on your behalf, if you no longer can do so. The proxy should be someone you know and trust, like a spouse, partner, close friend, brother, sister or child [ who is at least 16 years old ]. The person should be willing to be your proxy. Because a proxy is responsible for carrying out your wishes, you should discuss your wishes about treatment with your proxy. More than one person can be your proxy, but your proxy directive should state how these persons will make decisions together.

- ***WHAT SHOULD YOU DO WITH YOUR COMPLETED LIVING WILL?***

Since your living will speaks for you when you are not able to speak for yourself, other people have to know it exists. Give copies of your living will to your proxy [ if you have one ], doctor, lawyer and family members. If you review your wishes with these people and give them the opportunity to discuss your wishes with you, it will be less likely that there will be confusion about your wishes when decisions need to be made regarding your medical care. It will also be less likely that others will contest your wishes later > Keep a copy of your living will in your purse or wallet, in your car, and with your prescription medicines, because your doctor may ask your family to bring these medicines to the hospital if you become sick.

- ***WHEN SHOULD YOU UPDATE YOUR LIVING WILL?***

Your living will is a record of your current wishes concerning your medical care. If you change your mind about your treatment choices, or about your proxy, then you should change your living will. Sign and date the new living will, and send the new one to the same people to whom you sent the old one. You should also review your living will if: your medical condition changes; you are admitted to hospital [discuss your living will with your doctor there ] your proxy is no longer available; you are separated or divorced; you move; or when you revise your estate.

### *IS A LIVING WILL "LEGAL"?*

At present, there is no legislation in Ontario regarding living wills. However there is support for them in legal decisions. The University of Toronto Centre for Bioethics Living Will has been written to conform with proposed legislation in Ontario. To make a living will a person must be at least 16 years of age. So must his or her proxy. A living will must be witnessed by two persons. The following persons cannot act as witnesses: the proxy and his or her spouse; the spouse of the person making the living will; any person treated as his or child by the person making the living will or by the proxy; any agent of a facility in which the person making a living will lives; a business associate of the person making the living will; anyone with property or person under guardianship; and any person less than 18 years of age. The witnesses must inquire into whether the person making the living will has the capacity to do so. The witnesses must then sign a written statement that they have no reason to believe the person is incapable of making a living will. For more details about the legal status of living wills, consult your lawyer.

### **ABOUT THE CENTRE FOR BIOETHICS**

The University of Toronto Centre for Bioethics, established in 1989, is an interdisciplinary group of health care professionals, lawyers, philosophers and others. The activities of the Centre include bioethics, research, education and consultation.

If you would like copies of this living will or more information about the Centre, please contact

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# PART 7

## Situations

### **Dementia**

The most common cause of dementia is Alzheimer disease. A person with dementia is conscious but has trouble thinking clearly, recognizing people, and communicating. A person with mild dementia may be forgetful but able to live at home. A person with severe dementia can no longer care for themselves; they may need to live in a nursing home. Dementia usually gets worse over months or years.

### **Temporary Coma or Delirium; Continuing Physical Impairment**

This is frequently the result of a stroke. A person in this situation is temporarily unconscious [coma] or confused [delirium]. Eventually, the person regains consciousness and the ability to think clearly. However, they never regain normal physical functioning. The person may remain paralyzed on one side of the body or have trouble communicating. If the impairment is mild, the person may be able to live at home; if it is severe, he or she may need to live in a nursing home. Continuing physical impairment stays the same for the rest of the person's life.

### **Permanent Coma**

This usually results from a period of insufficient blood flow to the brain, for example, as a result of a car accident or a cardiac arrest. A person cannot eat or drink and needs to be fed by tube to stay alive. They may need to live in a nursing home. With tube feeding and proper nursing care, the person can stay alive for many years, but will never regain consciousness.

## **Coma or Delirium: Full Recovery**

This can result from many causes, for example: drug overdose, brain infection, minor stroke, heavy bleeding, severe lung disease, or cardiac arrest. A person in this situation is temporarily unconscious [coma] or confused [delirium]. Eventually the person regains consciousness and the ability to think clearly. He or she makes a full recovery. This does not necessarily mean that the person's health is perfect; rather, it is exactly the same as it was before the temporary coma or delirium started.

## **Temporary Coma or Delirium; Continuing Thinking Impairment**

This can result from the same causes as permanent coma, except there is less damage, or from a stroke or brain infection. A person in this situation is temporarily unconconscious [coma] or confused [delirium]. Eventually, the person regains consciousness. However, his or her ability to think clearly remains impaired. If the impairment is mild, the person may be able to live at home; if it is severe, he or she may need to live in a nursing home. Continuing thinking impairment stays the same for the rest of the person's life.

## **Temporary Coma or Delirium; Terminal Illness**

This is often the result of a brain tumour or any of the causes of temporary coma or delirium with full recovery. A person in this situation is temporarily unconscious [coma] or confused [delirium]. Eventually, the person regains consciousness and the ability to think clearly. However, the person also has a terminal illness [such as cancer] which does not respond to treatment. The person will likely die within six months.

Bleeding, severe lung disease, or cardiac arrest. A person in this situation is temporarily unconscious [coma] or confused [delirium]. Eventually the person regains conscious

## GENERAL RESOURCES

### In Canada

The following list of resources are for Ontario. However, many of these programs and social service agencies can be found across Canada. Since the majority of these agencies and programs are dependent on funding from local and provincial governments, United Way, and private donations, the existence, quality and scope of services will vary widely. Often, just knowing who to ask for information is the first step!

### In the Community

**FAMILY PHYSICIAN:** *If you* have concerns about your elderly relative's health, mental state or ability to manage independently, the family doctor should be your first source of information. Go with your relative for a scheduled appointment, or make an appointment to talk with the doctor, identifying who you are and why you are worried. Write down your questions before you go, and don't be too embarrassed to take notes! Doctors are often busy, and you might feel rushed. Ask for a list of the medications the doctor has prescribed, and why.

**GERIATRICIAN:** A geriatrician is a physician who specializes in the normal process of aging and the diseases associated with old age. This is a relatively recent specialty in medicine. For many years, health professionals assumed that the elderly could be treated like any adult. However, research has found that the process of aging affects all the body organs, and that a knowledge of the normal aging process is essential in the diagnosis and treatment of the elderly patient; just as a knowledge of the normal process of growth and development in children, sometimes requires the skill and training of a pediatrician. There are geriatricians associated with most of Canada's teaching hospitals, i.e. McMaster - Hamilton, University Hospital - London, Toronto Hospital, or Sunnybrook - Toronto. The family doctor can refer.

**PHARMACIST:** Absolutely your best resource for information about medications! Most pharmacies keep a record of all the medications prescribed for each of their customers. The pharmacist can not only provide you with printed, easy to understand information on the current medication list, but also advise you on the potential problems associated with over the counter medications{ like cold or cough medicines, laxatives, antacids}. Frequently, old , outdated bottles of prescription medications are kept on medicine cabinet shelves; or what can be worse, a medication discontinued by the doctor is still being taken. If you are unsure, bring all the bottles of pills to the pharmacist for clarification. The family doctor will be called by the pharmacist if there are questions.

## Regional Programs

**GERIATRIC PROGRAMS:** In operation in large urban centres across Canada . { Ottawa, Montreal, London, Hamilton, Winnipeg, Vancouver.): usually associated with university teaching hospitals. These programs have an underlying principle in common: to coordinate the health and psychosocial needs of the elderly and to maintain their dignity and independence as long as possible. These programs provide the skills and training of geriatricians, nurses, physiotherapists, occupational therapists, dieticians, and social workers. There are a lot of resources available just in these programs alone. Ask the family physician.

**GERIATRIC OUTREACH TEAMS:** Associated with Regional Geriatric programs, but exist in other areas as well. For example, there is a Geriatric Outreach Team associated with Freeport Hospital, in Kitchener. These teams are composed of health disciplines, such as nursing, social work, physiotherapist, occupational therapist under the direction of a geriatrician. Referrals can be made to this team by any one concerned, such as a neighbour, relative, visiting nurse or doctor. One or two members of the team will visit in the home and assess the whole situation: safety, family support, ability to perform basic daily activities, as well as health. The goal of this team, is to help the frail elderly stay in their home and independent as long as possible. If you live near a large university or teaching hospital, look in the phone book to find the services offered or ask through switchboard.

**REGIONAL HOME CARE PROGRAMS:** Listed in the phone book, usually in the section under county or regional services: i.e. Brant County Home Care Program Waterloo Region Home Care Programs. These programs coordinate health care needs in the home, including nursing care {VON}, physiotherapy, occupational therapy, nutrition. If there are complex or difficult financial problems , there is also a social worker available. These regional home care programs are funded by the provincial health ministry, and provide acute post hospital care, long term chronic care and palliative care for the terminally ill. A physician referral is required. However information about what is available and how to access it can be obtained by calling the regional office. You will be referred to a case manager.

**RED CROSS HOMEMAKERS:** Provide homemaking, shopping, laundry assistance for those over 65 who are in poor health or handicapped. This service can be accessed through the family doctor, the regional home care program or call the Red Cross office directly.

**PUBLIC HEALTH NURSE:** You can find the number in the phone book in the section listing county or city agencies. You do not need a doctor's referral. You may call directly, if you are concerned about the health and safety of an elderly person and don't know where to start.

**LIFELINE:** An emergency call system for the home. There are several companies and agencies with differing names that provide this service. I have found brochures in Drug Stores, by the prescription counter. In an emergency situation, at a push of a button a monitor will respond and send help. This is ideal for those who have chronic medical problems and live alone. Also helpful for caregivers, who need to go shopping or keep an appointment., and are fearful of leaving their relative alone.

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**PLACEMENT CO-ORDINATION SERVICE:** Listed in the phone book under county or regional listings. This service has information about local or regional retirement homes, nursing homes, respite beds. They can not only advise you on the cost and availability, but also provide you with information about nursing homes: what questions to ask and what to look for when you visit.

**OTHER SOCIAL SERVICES AGENCIES**

- Alzheimer Society .....
- Arthritis Society
- Canadian Diabetic Association Canadian Heart Association
- Canadian Cancer Society .....
- Community Resource Centres
- Seniors Resource Centres .....
- Meals on Wheels

**TRANSPORTATION:** *Operation Lift/ Senior Ride* - There might be different names , but the basic principle is the same. This service provides transportation for the physically handicapped including frail elderly with health problems, for doctors' appointments or shopping. Requires explanation from the physician why the service is necessary. The agency and/or the driver can provide the correct form.

**HOME AIDS:** Hospital/ Medical supply stores listed in the yellow pages of the phone book , usually associated with Drug Stores, can supply: safety grab bars and raised toilet seats for the bathroom, canes, walkers, incontinent supplies, diabetic supplies, ostomy supplies, wheelchairs and even hospital beds. Often, all or part of the cost is absorbed by different provincial health programs. The store personnel will have the correct forms.

**CAREGIVER SUPPORTS:** By coming into the home to assist with the care of the elderly, many of the agencies and services listed above, also can provide relief for the caregiver . In addition, in many areas there are Day Care Centres for the elderly, Alzheimer Day Care Centres, and Day Hospitals. These centres are not just " elder sitting". They provide health assessments, activities and even rehab therapies.

Respite beds provide respite for the caregiver for a weekend or longer vacation. Placement Coordination Services described previously will have information. These beds, usually in nursing homes, offer a secure, comfortable , safe environment for the elderly for short periods, allowing the caregiver a vacation or rest.

## In Hospital Resources

When there are concerns about the ability to cope at home following a serious illness or surgery, your best resource while in hospital is the Discharge Planning Department and/or the Social Work Department. You can call them yourself, or ask the Nurse Manager [Head Nurse], or the RN supervising the bedside care. It is best to do this as soon as possible after the hospital admission, so that plans can be made and assistance in place in time for discharge.

## Nursing Home Resources

Nursing homes are licensed and funded by the provincial health ministry. If you have concerns about the care of an elderly brother or sister in one of these homes, you should speak first with the Nurse Manager or Charge Nurse who is supervising the care that day and that shift. Other sources of assistance are the Resident Council, Director of Patient Care, the Administrator of the home, or the Social Work Department. If a problem persists, send a letter to the Director of Patient Care and keep a copy.

## Ecclesial Resources

This should not be listed last! Unfortunately, the ecclesia is often the last resort for a number of reasons. The elderly themselves want to maintain their independence as long as possible, and are reluctant to be "a burden". The caregivers also are frequently reluctant to express their exhaustion, loneliness and frustration. In our Christadelphian world, those feelings are not considered acceptable. The ecclesia must be sensitive and alert to signs of strain and weariness. Following is a summary of activities that some ecclesias have undertaken to relieve not only the elders loneliness and spiritual isolation, but the needs of the brother or sister who is in the primary caregiver role.

## Helpful Books

**UNDERSTANDING CANADIAN PRESCRIPTION DRUGS --** A Consumer's Guide to Correct Use

KEY PORTER BOOKS LIMITED  
70 THE ESPLANADE  
TORONTO, ONTARIO M5E 1R2

Available in Canadian bookstores. Easy to use, read and understand. Written by a pharmacist

**THE 36 HOUR DAY --** A Family guide to caring for persons with Alzheimer's Disease, related dementing illnesses and memory loss in later life.

1981 JOHNS HOPKINS UNIVERSITY PRESS  
BALTIMORE AND LONDON

A very well known publication. Provides information about these problems as well as practical suggestions for coping every day. You might find it in the Public Library, or order through a bookstore.

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**ALZHEIMER'S: A CARE GIVER'S GUIDE AND SOURCE BOOK**

1992- JOHN WILEY & SONS INC.  
NEW YORK - CHICHESTER - BRISBANE - TORONTO - SINGAPORE

This guide book, not only provides families and professionals with a better understanding of the disease and the victim's behaviour, but suggests ways to cope effectively with the stress and demands of caring for the Alzheimer's victim. I found this book in a hospital medical library. Could be ordered through a bookstore.

**AS OUR YEARS INCREASE: Loving, Caring, Preparing: A Guide**

PYRANEE BOOKS  
ZONDERVAN PUBLISHING HOUSE  
1415 LAKE DR., S.E.  
GRAND RAPIDS, MI 49506

The author writes of the years from retirement to death, speaking frankly not only about the joys of old age but also of the realities, in a very gentle, perceptive way. Family ties and support are emphasized. Although this is not a Christadelphian publication, the author refers to scripture about the resurrection.

## Video Resources

The National Film Board of Canada has produced four new videos called "*THE CAREGIVERS COLLECTION*".

**WHEN THE DAY COMES** addresses the physical and psychological problems of the caregiver and the cared for. It deals with the lack of support and recognition for the caregiver by the community and the government.

**PILLS UNLIMITED** advocates that responsibility for seniors medications be assumed by seniors themselves, those close to them and related organizations.

**LIVING AND DYING** shows what its like to care for a terminally family member at home.

**DON'T TAKE MY SUNSHINE AWAY** portrays the gift of caring and the individual human spirit as crucial variables for enhancing life, regardless of circumstances.

All four videos are available at \$26.95 each. Rental prices are also available. Contact:

NATIONAL FILM BOARD OF CANADA,  
CAREGIVING, ENGLISH MARKETING, D-5,  
PO BOX 6100, STATION A, MONTREAL, QUEBEC, H3C 3H5

## Success Stories ! !

*A Care Network: Among the Toronto ecclesias associated with Ossington Ave.*

A printed carpool schedule with dates and names of brethren and sisters responsible for picking up seniors, who live alone or in nursing homes on Sunday mornings and Bible Class nights.

CYC evenings with the seniors twice a year. The CYC members, in groups of two or three with a plate of homemade cookies and squares, visit a senior who lives alone or in a nursing home. They do the readings together and visit.

Monthly breaking of bread services, with responsibilities rotated among the brethren, for those seniors who are not able to travel outside their home. This is an excellent opportunity for younger brethren who are not yet comfortable on the platform.

An older retired sister stayed with a bedridden very old sister every other week for a morning, allowing the daughter, herself 70 years old, the opportunity to attend Sisters Class. A neighbour provided the same relief on Sunday mornings.

An older couple for several years have had two elderly brethren to their home for supper and the readings, at least once a week. One of these two brethren is a widower, the other has a sister wife in a nursing home with Alzheimer disease. This same couple, at least twice a year has a special Sunday dinner for all the elderly in the ecclesia

An elderly couple have been able to stay in their own home, to a great age because of the support of their whole family: not just children, but grandchildren, daughters - in - law, great grandchildren. Everyone shared the love and the responsibilities.

In the April 1993 Christadelphian magazine is a report of a meeting entitled "The Challenge of Old Age", co-sponsored by the West Birmingham Ecclesia and the Christadelphian Care Group. Two sessions were held on "Coping at Home" and "No Longer Independent Speakers" addressed the practicalities of coping at home, and when appropriate, choosing residential or nursing home care. The meeting was planned specifically for older brethren and sisters and those supporting them.

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## Part 9

## Resource Information

1. Most state or provincial governments will have a Commission on Aging, a Department on Aging, or an Office on Aging which can be located by researching the telephone book under state or provincial government. Undoubtedly every one of these agencies would be able to provide booklets and/or information on a wide variety of subjects that may be helpful to those who have difficulty with the legal and other problems involving the elderly.

The American Association of Retired Persons has produced information through their Special Projects Section, at 1909 K. Street, NW, Washington, D.C. 20049. One of their excellent publications is entitled, "A Matter of Choice: Planning ahead for Health Care Decisions". They have many booklets covering many subjects related to the elderly.

3. There is a national telephone source for information regarding Medicare carriers who can supply handbooks and other publications of interest to those who have Medicare health problems in the U.S. This number is (800) 772-1213.
4. Much information can be secured by contacting the Business Office or Social Service Department of almost any hospital in the U.S. or Canada. These contacts can provide help covering subjects such as health insurance, advance directives (.U.S.), instruction directives (Can.), living wills, powers of attorney for health care, nursing homes, senior housing, retirement homes, home care, home nursing, adult day care, homemakers services, insurance, social security, counseling, support groups, meals-on-wheels, shut-in telephone networks, community (senior) centers, etc.
5. It is likely that some of the above headings will either be easy reference points for a personal contact or may even provide the basis for research in your own phone book in the Yellow Pages.
6. A large variety of government agencies exist covering just about every subject one might name centering around the general title of departments of aging. It is always possible to contact information services of the national government, the state or provincial government, or the city, to determine what departments cover these problems and may have assistance available and/or literature which can be helpful.
7. A word of advice -- sometimes it takes a fair number of phone calls to get an answer to specific questions. The advice is - be persistent - keep plugging and asking - until you

find the information that you need.

8. We also advise that, as a practical matter, you have to be aware that not all "advice" is realistic, or even true. It is suggested that you double check any information which is given to you in order to avoid misinformation and sometimes serious disappointment. It should be noted that the elderly tend to believe (like the rest of us) mostly what they want to believe. What is thought to be "fact", is not always accurate.

## Part 10

### Brotherhood Contacts

Margaret (Mickey) Joyce,R.N.  
103 Versailles Court  
Bloomington, Illinois 60108  
(HM) 708-351-3889

Arlene Johnson,R.N.  
RR 1, Box 181 Bloomington,  
Illinois 61704

Tara Kaiser, CSW  
RR 2, Box 642 Bloomington,  
Illinois 61704 (HI) 309-378-  
2119

Glen Zilmer  
380 Argyle Avenue  
Elmhurst, Illinois 60126

Norman Zilmer  
1000 Mohawk Drive  
Elgin, Illinois 60120  
(HI) 708-741-5253

Joy Metcalf, R.N. 6  
Stodola Drive  
Brantford, Ont.,Canada N3R 6J5  
(HIV) 519-754-0902

## BRINGING FORTH FRUIT IN OLD AGE

"The righteous flourish like the palm tree  
and grow like a cedar in Lebanon.  
They are planted in the house of the Lord,  
they flourish in the courts of our God.  
They still bring forth fruit in old age,  
they are ever full of sap and green.,  
to show that the Lord is upright:  
He is my rock, and there is, no unrighteousness in Him. "  
*Psalm 92: vs 12-15 RSV*

"Remember the days of old,  
consider the years of many  
generations; ask your father and he  
will show you; your elders, and they  
will tell you. "  
*Deut. 32: vs 7 RSV*

Our elderly brethren and sisters, are vital members of the ecclesial family, often to a great age. Our older brethren, who have served their ecclesias faithfully for many years, long past their allotted " threescore years and ten ", continue to be a source of wisdom, scriptural knowledge and spiritual strength. The older sisters also, now aunts, grandmothers, and great grandmothers, after many faithful years of service teaching Sunday School, and opening their homes in loving hospitality to young people and visitors, continue to be a rich source of spiritual guidance for the young, even though hands and bodies have become frail and unsteady. Finally, when failing health brings dependency on others, our elderly brethren and sisters continue to faithfully attend. Quieter now, perhaps a little hard of hearing, they wait patiently by the door, surrounded by chattering children and adults, waiting for a ride home. The ecclesia has been their spiritual home and family for many years; there is no where else they would rather be.

In the Western culture in which we live, youth is idealized, and age is feared and avoided. However, it is usual to find within our ecclesial families, that our elderly brethren and sisters are respected and loved. This is one of our many strengths as a community. All ages, from tiny babes in arms to the very old, share Bible Schools, Sunday School entertainments, picnics , happy times and sad times together.

It is also true, that the society in which we live can exert a profound influence on our lives and thoughts. " There is never enough time " is a familiar complaint. Jobs, family responsibilities, ecclesial responsibilities, and school demand every hour of every day. Young families, young brethren and sisters and those into middle age, lead increasingly busy lives.

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