



A+ Senior Care
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Newsletter

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SPECIAL POINTS OF INTEREST:

- EOL planning is not just about hospice or other home care.
- “It’s a multi-faceted process... about documents, family conversations, and getting supportive services in place.”
- Ensuring that a valid, up-to-date will or trust document exists is important, but it isn’t enough.

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End-Of-Life Planning

End-of-life (EOL) planning is a sensitive yet necessary topic. According to the CDC’s 2007 *National Home and Hospice Care Survey*, there was an advance directive on record for only 28% of home health care patients. Janie De Leon-Male, Director of Care Coordination at the law offices of Jerold E. Rothkoff, shared with us that EOL planning is not just about hospice or other home care: “It’s a multi-faceted process...about documents, family conversations, and getting supportive services in place.”

The easiest place to start is with your loved one’s estate and finances. Ensuring that a valid, up-to-date **will** or **trust** document exists is important, but it isn’t enough. A **durable power of attorney for financial affairs** is a more comprehensive, legally binding document that identifies a trusted agent acting on Mom or Dad’s behalf financially, should they become incapacitated.

The best way to maintain your loved one’s dignity and respect their wishes is to help them consider their EOL medical care options. At the very

least, a **living will** (also called an **advance directive**) allows your relative to formally declare their wishes for either life-prolonging or life-sustaining treatment as well as refusal of medical treatment. Related directives include: Do Not Hospitalize, Do Not Incubate, and Do Not Resuscitate. A **durable power of attorney for health care** names an agent who can handle all medical decisions for your loved one when they aren’t able to do so.

Other EOL planning logistics include: knowing what legal documents exist, where such files are kept, access to online financial account passwords, and location of the safety deposit box or home safe key. Annual review of all financial and medical documents to ensure accuracy and allow for any updates is a good idea. If the thought of discussing funeral arrangements makes you uneasy, Ms. De Leon-Male suggests a respectful approach focusing on how your loved one would like to be remembered and their life celebrated. We encourage you to consult with your attorney or other professional for EOL legal guidance.



The ultimate goal is to give the people we love the best EOL care possible. “Whether you’re visiting Mom or Dad for a special occasion or just washing dishes, every year, try to have that conversation,” says Ms. De Leon-Male. Helping your loved one carry out their final intended wishes is a kindness not just to them, but to your entire family. For more legal advice on this issue, please contact Janie De Leon-Male at the law offices of Jerold E. Rothkoff, (856) 616-2923.

Resources:

- www.cdc.gov
- www.rothkofflaw.com
- www.caregiver.org



End of life from an observer by Gail Jones, Owner

It was April 7th 2011 and I was tasked with the responsibility of introducing our caregiver to our client. He was finally home after months in a long term care facility. Everyone was on high alert, his prognosis was not good.

The client's family was hopeful that a male caregiver would be a good match for he had felt uncomfortable with his female caregiver. Mr. B's doctors had discussed end of life care with his family, suggesting that he was rapidly declining. We selected Ken because he was patient and knowledgeable, and Mr. B needed those two qualities in his caregiver, as he faced the end of his life.



Mr. B's family lives on both coasts. An ex-wife and some children who live on the East coast coordinated care and shared many responsibilities. One daughter, who is living on the West coast, contributed a significant portion of the cost of care for her dad; this was her contribution. Mr. B's ex-wife visited every day and provided superb support for everyone.

The first week was as eventful as I thought it would be, there were some evening calls, some cajoling, some calls to family who lived on the East Coast, more cajoling, then all grew quiet. Our check-ins were met with, "all's fine here." Things had settled down.

I was at the home again in the middle of October as Ken was returning from a week off. Mr. B was sitting on his patio when we walked in. Mr. B seemed frail but looking almost serene, he looked up and smiled as we entered the house, Ken walked over to him and said, "I told you I'd be back." Mr. B reached up, took his hands in his and tugged him closer, Ken knelt in front of him and repeated in a soft voice, "I told you, I'd be back." With tears in his eyes, breathing with the help of a mobile oxygen tank, he grasped both of Ken's arms, lifted it palm up to his face and place them on each cheek, he gently whispered, "Thank you." As I stood with Mr. B's ex-wife in the sitting room, and with tear in our eyes, we witnessed firsthand, what patient, steady care can do for anyone and how with proper planning, end of life can be chaos free.

Mr. B passed away in his sleep in November of 2011 with Ken as his caregiver, he was grateful to the end.

Names in this article have been changed.

For more information on our caregiver hiring, selection, and placement processes, please call our office today and speak with one of our helpful staff person 609-450-1719.

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