

Alaskan Seniors Living Longer Growing Stronger

from the Alaska Commission on Aging

November 2002

The mission of the Alaska Commission on Aging is to ensure dignity and independence for Alaska's seniors and to assist them, through programs and services funded by the Commission, to lead useful and meaningful lives.



**Alaskan Seniors:
Living Longer,
Growing Stronger**
is a monthly
publication of the
Alaska Commission
on Aging (ACoA)

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A scene from the Administration on Aging's *Spotlight on Aging: Who Are the Caregivers?* airing on public television stations across the nation during National Family Caregiver Month.

State, National Observances Focus on Senior Issues

November is National Family Caregivers Month and National Alzheimer's Disease Awareness Month. Governor Knowles has proclaimed Alzheimer's Disease Awareness Month in Alaska and Alaska Family Caregivers Month.

Each year, over 100,000 Americans succumb to Alzheimer's disease, making it the fourth leading cause of death in adults after cancer, heart disease, and stroke. In Alaska, approximately 4,000 people suffer from the disease.

The Alzheimer's Disease Resource Agency of Alaska is underwriting the PBS program: *Alzheimer's: Is There Hope?* It will air on Alaska Public Television stations on November 18th at 10:00 PM. They will hold an open house at their Fairbanks office (Regency Court Mall Suite 215-3) November 25th.

Family caregivers are the primary source of care for the elderly in the United States. Currently there are almost 22 million family caregivers nationwide. Most Americans can expect to be a caregiver at some time in their lives for elderly, disabled, or young family members. Many of those cared for will have Alzheimer's Disease.

ACoA Capital Improvement Grant Project Update

In August, Alaska Commission on Aging staff mailed a capital improvement survey to senior centers that could potentially submit requests for modifications to their facility that would enhance the services provided to senior citizens within their community. Twenty-nine qualifying senior centers participated with 82 requests totaling approximately \$5.5 million dollars. Requests include expansion and upgrading existing facilities and acquiring or replacing vehicles and appliances.

ACoA understands that there is a need to advocate for those senior centers and will be working with the Rasmuson Foundation and Alaska Department of Transportation (DOT) as well as other potential resources to address those needs.

If you have any questions, contact Mary Ann Gosling, Project Coordinator, at (907) 465-4874 or e-mail maryann_gosling@admin.state.ak.us.

Hearings Seek Public Input on ACoA State Plan for Services

The Alaska Commission on Aging is in the process of developing a new 4-year state plan. The plan describes how the Commission will use federal and state funds for senior services as well as design direction and goals for the future.

Scheduled public hearing dates:

Friday, January 10th in Anchorage

Wednesday, January 29th in Fairbanks

Wednesday, February 19th in Juneau

For more information about the times and locations of public hearing dates or for further assistance, call ACoA at (907) 465-3250.

The existing 2001-2003 Alaska Commission on Aging State Plan for Services is on the Internet at www.AlaskaAging.org. The draft 2003-2007 state plan will be available at the same site by mid-December.

You may request a copy of the current state plan, and/or send comments regarding the state plan at any time by e-mail to Mary Ann Gosling at Maryann_Gosling@admin.state.ak.us
Fax (907) 465-4716 or mail to:

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Palliative Care and Communication: Positive Response to the End of Life

According to Steven Pantilat, M.D., who spoke at the 10th Annual *Care of the Elderly Conference* in Sitka this fall, medical professionals in the U.S. are beginning to increase focus on palliative care. Palliative care means comprehensive, interdisciplinary care that primarily focuses on promoting quality of life for patients living with a terminal illness and for their families, assuring physical comfort and psychosocial support.

In the past, end of life care focused on curing illness. Palliative care came in the terminal phase—the final minutes, hours, or days of a person’s life. The standard phrase from caregivers was, “there’s nothing more we can do.” The new model of palliative care focuses on the reality that there’s a lot that can be done that has nothing to do with care. More and more, palliative care is ongoing from beginning, and takes an increasingly larger role as death approaches.

Ideally, most of us would prefer to die in comfort, at home, surrounded by family. Unfortunately, many of us die in pain, in the hospital, alone. Palliative care seeks to move as many of us as possible from the latter scenario to the former.

Dr. Pantilat’s presentation offered advice for caregivers, but if we consider several of his key points, we will be better prepared to help our loved ones, and even ourselves to spend our last days and hours in more meaningful ways. By doing so, the end of life can become a time of growth and development for everyone involved.

First and foremost, pain and discomfort at the terminal stage can be lessened or eliminated. Dr. Pantilat asserted that in this modern age, we should not be in pain as we die. If you or your loved one are terminally ill and in pain, tell someone! There’s no need to “tough it out.” Concerns about the addictive qualities of some painkillers like morphine are not an issue in the final days of one’s life.

Communication is essential at the end of life. Many people, including doctors, are reluctant to discuss end of life issues, fearing that they will upset those involved. Actually, many people who are dying, or are tending a terminally-ill loved one want and need to talk about death. Studies show that even those who get anxious or sad thinking of end of life issues do want to discuss them. Unfortunately, many people wait for their caregiver to bring up the subject. Don’t be afraid to broach the subject yourself if and when you feel it’s time.

Closure is extremely important at the end of life. While this may seem obvious, people who are facing impending death often miss this point until it’s too late. Dr. Pantilat stressed the importance of telling one’s story. He said that a dying person’s greatest angst is often a feeling of not having lived, or fear of not being remembered. Family members can help by putting together photo albums with their terminally ill loved one, or recording their stories with a video camera, a tape recorder, or by writing them down. Be sure to take the time to tell stories.

It may be hard sometimes to know what to say. Dr. Pantilat suggests Dr. Ira Byock’s list below, which boils it all down to the most important essentials:

Five Things to Say When You Die:

1. Forgive me
2. I forgive you
3. Thank you
4. I love you
5. Goodbye

(Concluded on Page 4.)

