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H E L P I N G T H O S E W H O H E L P O T H E R S

Plugging the Eldercare Dollar Drain

How Long-Term Care Policies Can Benefit Family Caregivers

By Paula Sanders McCarron

It's a question without an easy answer, a question asked every day by many and often hauntingly left unanswered: How can I continue to care for my aging parents when I can no longer afford the financial sacrifice?

And it's ironic, really: Family who offer to help an aging or ill loved one are often met with reluctance or downright resistance from the loved one who fears becoming a burden. And yet the reality is that while family caregivers give their help freely and lovingly, they are creating their own burden through mounting out-of-pocket caregiving expenses and forever-lost wages from time away from work or having to leave the workforce entirely.

But there's at least one under-tapped source of hope in this dilemma—if your loved one has long-term care insurance. Still, the answers about what, if any, coverage is available to offset costs lies in knowing the details of your loved one's plan, including what is covered, to what extent, and how payments are made.

The first step is to learn if your loved one qualifies to receive benefits. Jesse Slome, executive director of the American Association of Long-Term Care Insurance, ►



Editor's Note: Caregiving is a costly proposition in the United States, not only for our elderly and the government, but for elder-caregivers themselves, typically those adult children who sacrifice financially in many ways to care for their parents. In fact, asking how to best deal with this cash crisis is by far the most frequent question we receive. In this feature series, Plugging the Eldercare Dollar Drain, we will highlight ways caregivers might find compensation in a society that doesn't yet readily address their need.

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An (LTC) policy holder might request that a family member receive compensation for care received at home to avoid being moved to a nursing home or assisted living facility that would result in higher cost to the insurance company.

How Long-Term Care Policies Can Benefit Family Caregivers *Continued from page 1*

offers background on this important issue: "There are actually two applications for long-term care insurance. The first, to acquire insurance protection, and the second, the application for benefits. Therefore, it is important as part of the initial application process to get a clear definition of how benefits are received."

Most LTC benefits begin when a policy holder requires assistance in two or three "activities of daily living" (i.e., toileting, dressing, eating, bathing, transferring from bed to chair, etc.) and/or if cognitive impairment prevents one from managing safely or independently. Most companies require that a physician certify that long-term care is needed. Eligibility for benefits may also hinge on whether criteria such as waiting periods or prior hospitalization are met.

Three Types of LTC Plans

Next, you'll need to know what kind of LTC insurance your loved one holds. Basically, there are three types of LTC plans: reimbursement, indemnity and cash benefit.

Reimbursement plans pay for services up to the stated policy limits but only for actual incurred expenses. For example, the plan might allow up to \$80 a day for in-home care services, but an individual might actually be paying only \$50 a day for services. The insurance company will then reimburse for the actual \$50 expenditure once receipts for approved services are submitted.

Indemnity plans pay out a fixed-dollar amount regardless of the actual cost of service. For example, an insured may be receiving home care services at a cost of \$50 a day, but the plan may offer a fixed-rate of payment at \$80 a day. Under this program, the insured receives the fixed payment of \$80 and can use the balance of \$30 any way he or she chooses.

Cash benefit plans make payments that can be used any way an insured desires. No receipts are required. No services need to be received. The payments begin once an individual meets the eligibility requirements of the plan. These plans offer the greatest flexibility and, not sur-

prisingly, are among the most expensive of all LTC policies.

In some cases, the insured may be able to transform a traditional reimbursement policy into a cash benefit policy by purchasing a policy "rider," according to Marilee Driscoll, author of *The Complete Idiots' Guide to Long Term Planning* (Alpha 2002). "But the rider increases the cost of the policy, and it must be applied specifically on the application, meaning it's not a part of the base contract—it is added," says Driscoll.

She also cautions that supplementing or replacing any existing policy to obtain cash benefit coverage will come with "real sticker shock," especially for those who purchased their LTC plans five years or more ago.

Some Plans Cover Caregivers

Within traditional plans, Driscoll says some LTC policies will pay for the services of a family caregiver, but only if the family member is licensed and hired through a sanctioned agency. In addition, these policies have very specific definitions for "family member" or "home care services." For example, some policies may exclude compensation for a family caregiver who lives in the same household as the insured. Other policies may provide for—or exclude—such services as cleaning, cooking or laundry, even though these kinds of services are necessary for the benefit and care of a loved one.

Driscoll notes the appeal of policies that pay out under a benefit known as "alternate plan of care." This benefit allows an insurance company to pay for services that are not normally covered within the contract. A policy holder might request that a family member receive compensation for care received at home to avoid being moved to a nursing home or assisted living facility that would result in higher cost to the insurance company. Approval to use the "alternate plan of care" benefit is solely at the discretion of the insurance company.

Meredith Pensack, a certified long-term care specialist, stresses that family caregivers benefit even if there is no compensation available for their services. As she points out, many of the

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Can Dad Still Vote?

A Look at Elderly Rights Involving Competency

By Kelly D. Morris

Can Dad still vote even though he's been diagnosed with Alzheimer's? Can Mom still drive even though her doctor says she's suffering from dementia? What about the bushel-basket full of other rights that we all take for granted because we're not in a state of diminished mental capacity? The answers are anything but clear cut.

In a nutshell, it all depends on the actual level of competence Mom or Dad still enjoys. Suffering from dementia does not automatically mean someone is incompetent. It does not automatically erase a person's right to vote or enjoy other freedoms. But the line between rights retained and rights lost due to mental acuity is pretty grey.

Let's take a look at it on a case by case basis.

Is Dad allowed to vote even though he has Alzheimer's? Well, Dad *can* vote. There is no law saying he can't, even if he is confused about it. But if Dad's dementia is getting severe, he probably won't show much interest in voting. And he probably won't understand who and what is on the ballot.

A recent study conducted by the Department of Clinical Neurosciences at Brown University in Providence, Rhode Island, found that people suffering from dementia were far less likely to vote than elderly people who were not cognitively impaired. Those with Alzheimer's or other disorders that cause dementia were less interested in voting and had little knowledge about who was running for election.

Elderly people with little or no dementia, however, were most interested in voting. They tended to have at least general knowledge about who they want-

ed to vote for and why.

A number of accommodations have been made for the elderly and infirm who want to vote. They can vote from home, or in some cases they can even vote online. As long as Dad remains interested in current events, it's probably a good idea to encourage him. Maintaining an active interest in the world around him can help prevent depression and help him remain more alert.

What about driving? Is it time to take away the keys? And am I legally allowed to take away Dad's keys? Legally, you don't really have the right to take his keys, although adult children often do just that. When the parents of a 19-year-old mentally ill woman (no names are given here in order to protect the privacy of the family) became concerned about her driving and tried to take her car away, the young woman phoned the police. The police explained to her parents that they had to return the car or they could be arrested and charged with a felony.

There are, however, a number of legal ways elderly people might be prevented from driving, if they are no longer able to do so safely.

In some states, the elderly must take a written and/or road test before renewing their license. Check with the Department of Motor Vehicles in your state to see if this applies to your loved one.

If his doctor agrees that it is no longer safe for Dad to be driving, or that he should only drive during daylight hours, or that any other restrictions apply, the doctor can notify the DMV. In most states, doctors are not required to report unsafe drivers, so you should talk to your loved one's doctor and ask him or her to make such a report, if that's what you feel is warranted.



In addition, every state provides a process by which you can report your loved one as being an unsafe driver due to a medical condition such as Alzheimer's. Call your local DMV to find out how to do this in your state.

A judge can also take away dad's license, but unfortunately, the court usually does not get involved until there has been a serious accident.

Mom is having more and more trouble doing the ordinary things of daily living. She leaves the stove on, hides food in strange places around the house, and one day wandered outside and sat down in the snow wearing only her nightgown. She insists, though, that she is not going to a nursing home. Can you make her go?

Well, it's often easy enough for grown children to push their parents into accepting decisions like nursing home placement, *continues on page 7*

STATES AND ELDERLY DRIVING

Here's a sampling of state laws regarding elderly drivers:

- Only Illinois and New Hampshire require a road test for drivers 75 and older. In Illinois, drivers over age 81 must renew their license every two years, and those over 87 must renew their license every year.
- In Tennessee, drivers over 65 do not have to renew their license at all.
- In North Carolina, drivers 60 and older get to skip the parallel parking part of the road test.
- California is the only state in which doctors are required to report drivers who are impaired due to illness or disability to the DMV.

How Long-Term Care Policies Can Benefit Family Caregivers

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services covered under LTC plans directly benefit family members by helping them maintain their regular employment, provide better care for a loved one, and even get some help with their day-to-day caregiving.

Additional Caregiving Benefits

Pensack suggests that family caregivers look into these benefits: adult day services, the provision of care coordinators who will help assess, locate and coordinate services, respite coverage providing family caregivers with relief from their caregiving duties, and payment for minor home modifications or medical equipment that can ease the physical demands of providing care.

She says most individual plans do not have provisions to compensate family caregivers for their services, but some group plans do. Plans providing compensation to family caregivers often offer a reduced payment, at times covering only 25% as opposed to 80% or more of what would otherwise be charged when using licensed outside providers.

While older LTC policies tended to focus on hospitalization and nursing home care, Slome says two trends are shaping today's long-term care insurance market: "People want to remain in their own homes when they need care, and they want flexibility in how and from whom they receive care. That includes the ability to pay family members who may have to forgo jobs in order to provide care on a full- or part-time basis."

And as Pensack sagely adds, "By working in concert with long-term care insurance companies, even if no direct payment is available for family caregivers, family caregivers can help provide longer and better care to their loved ones." ■

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Peripheral Artery Disease

The Most Dangerous Little-Known Disease

By **Melissa A. Goodwin**

Billie, a petite and active 78-year-old living in Scottsdale, Arizona, did everything within her power to safeguard her health and independence. She rode her bike 10 miles every morning, swam daily, ate carefully, and saw her doctor regularly. Billie's sister had a stroke at age 60, so she knew that her family history placed her at high risk. Billie was determined to do everything she could to stay healthy.

Billie often experienced painful leg cramps after bike riding and during the night. Her doctor recommended that she drink tonic water and take calcium before bed. Other suggested remedies included eating bananas to increase potassium intake, taking quinine sulfate tablets, and stretching out her muscles after exercise.

It wasn't until tests showed blockage in the carotid artery in Billie's neck that the true cause of her leg cramping became evident. Tests showed that Billie also had blockages in the arteries and veins of her legs. It was these blockages that were causing her painful leg cramps—not a lack of stretching or adequate vitamins and liquids.

We've all heard of coronary artery disease, which affects the arteries to the heart, and carotid artery disease, which affects blood flow to the brain. Both of these diseases are known to be leading causes of heart attack and stroke. But peripheral artery disease, or PAD, which affects the blood vessels and arteries in the legs, is an equally dangerous condition that frequently goes undiagnosed and untreated. Dr. Alan Hirsch, chair of the P.A.D. Coalition, calls PAD, "The most dangerous disease that most Americans have never heard of."

Between 8–12 million mostly elderly

Americans are affected by PAD. A person with PAD is 6 to 7 times more likely to suffer a heart attack or stroke—a risk equal to that of someone who has already experienced one. In very severe cases, PAD can eventually lead to gangrene and amputation.

What is PAD?

PAD is a narrowing of blood vessels and arteries leading to the legs. It is caused by the same thing that causes coronary and carotid artery disease—fatty plaque that builds up and leads to narrowing of the arteries. The difference is that with PAD, the arteries affected are those that supply blood to the legs.

Who is at Risk for Developing PAD?

The risk of developing PAD increases with age, and becomes more prevalent after age 70. However, people over age 50 who smoke or have a history of smoking, or who have diabetes, are also at high risk. African Americans with a family history of stroke or heart attack, or who have been diagnosed with arterial disease in other parts of the body, or who have high blood pressure or high blood cholesterol, are also at high risk for PAD.

What are the Symptoms of PAD?

The most common symptom of PAD is leg pain, or a sense of fatigue or discomfort in the legs. This discomfort is known as claudication. The pain occurs because not enough blood is flowing to the muscles,

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PREVENTING PAD

Strategies for preventing PAD are similar to those used to treat other arterial diseases and include:

- Immediate cessation of smoking
- Eating a heart-healthy diet
- Lowering blood pressure and cholesterol
- Exercise
- Controlling diabetes
- Maintaining a healthy weight
- Understanding family medical history

RISK FACTORS FOR PAD

You are at higher risk for PAD if you:

- Are over age 70
- Are a smoker or have a history of smoking
- Are African American
- Are diabetic
- Have a family history of stroke or heart attack
- Have high blood pressure
- Have high cholesterol
- Are overweight
- Do not exercise regularly

PAD STATISTICS

- One in 5 people over age 70 has PAD
- One in 3 people over age 50 with diabetes has PAD
- PAD is the leading cause of amputation in patients with diabetes
- African Americans are twice as likely to develop PAD as Caucasians
- Smokers have a four times greater risk for PAD than nonsmokers

and it can often be severe enough that a person has to stop walking after a block or two and rest.

Billie's leg cramps finally became so severe that she had to go to the emergency room in the middle of the night. "The cramps were so painful that I was literally in tears," she said. "I didn't think I could even stand up, let alone walk. I called a friend, who drove me to the emergency room. After that, it seemed clear that my leg pain was being caused by something more serious than vitamin deficiencies or lack of stretching."

Why PAD Goes Undiagnosed

We all get tired sometimes, especially as we age, so it is easy to see why a patient might dismiss feelings of tiredness or pain in their legs after exercise as merely signs of the aging process. It's understandable that they might not think their symptoms warrant telling their doctor, or why a doctor might underestimate their significance. As in Billie's case, the initial response to a patient's description of leg cramping or pain is often an attempt to treat the cramping symptoms, rather than to look further for other, potentially more serious, causes.

PAD often goes undiagnosed because its symptoms seem unrelated to those typical of other arterial diseases. Most people make the connection between chronic chest pain and the possibility of heart attack. But few people would naturally make a connection between leg pain and heart attack or stroke. It can also often be that a person with PAD experiences no symptoms at all.

A study published in the *Journal of the American Medical Association* showed that, of the 7,000 participants, 29% had PAD—but half of those with PAD had never been diagnosed. Even those who had been diagnosed were not always being treated. In fact, overall, three-quarters of those who had PAD were not being actively treated for it.

How is PAD Diagnosed?

PAD is easily diagnosed using a test called the ankle-brachial index (ABI). Blood pressure cuffs are applied to the arm as in a typical blood pressure test. Then blood pressure cuffs are applied to the leg on the same side, at the upper thigh, lower thigh, upper calf, and ankle. The doctor compares the blood pressure readings from the arm with those on the various parts of the leg. A

drop in blood pressure between the arm and leg readings implies restricted blood flow and could indicate the narrowing of an artery in the leg—or, the presence of PAD.

How is PAD Treated?

There are three facets to PAD treatment: lifestyle changes, medication, and surgery. As with other arterial diseases, PAD patients who smoke should stop immediately. Dietary changes to manage fat and cholesterol are recommended, along with a walking program for exercise.

Aspirin is usually prescribed to prevent blood clots. Blood pressure and cholesterol lowering medications may also be prescribed. Several drugs, including Trental and Pletal, are available to help with the discomfort and pain of claudication.

If an artery is badly blocked, surgical procedures such as angioplasty may be used to reopen them. During angioplasty, a catheter is inserted into the artery, and a small balloon on the tip of the catheter is inflated to open up the artery. In more severe cases, a stent may be inserted to keep the artery open. Other types of surgery involve replacing a deteriorated artery with a section of vein from another part of the body.

A diagnosis of PAD means that deterioration of the arteries has already occurred. Still, an early diagnosis is an opportunity to prevent future illnesses that could lead to reduced quality of life or even death. The bottom line? Anyone who experiences leg pain, cramping, fatigue or discomfort after walking a block or two should mention it to a doctor and ask to be tested for PAD. ■

READER RESOURCES

P.A.D. Coalition

This alliance of leading health organizations, vascular health professional societies and government agencies is united around a common purpose—to raise public and health professional awareness about PAD.

www.padcoalition.org

Vascular Disease Foundation

www.vdf.org

American Heart Association

www.heart.org

National Heart, Lung, and Blood Institute

www.nhlbi.nih.gov



Keeping Everyone Up-to-Date

New Tools Help Caregivers Update Friends and Family

By Ursula Furi-Perry

It's the absolute last thing you want to do after a long day of elder-care-giving: talk with several friends and family about your loved one's health, repeating yourself time after time. Yet you appreciate everyone's concern and understand family and friends' need for—and right to—information about your loved one's health and well-being, so you endure it.

"The hardest part is always the time you spend on the phone, giving the same details over and over," says Steve Winning, creator of TellTheFamily.com, a service that provides free web pages to families caring for a loved one. "It's trying and time-consuming for the caregiver, and (also comes with) emotional difficulty."

As a caregiver, "you're overwhelmed; you don't even have time to look after yourself," says Eric Langshur, CEO of TLContact, Inc., the creators of CarePages, a national service that offers free and easy-to-use web pages to help families communicate when a loved one is receiving care.

Fortunately, in today's liquid world, it is increasingly easy to keep everyone up-to-date on your loved one's status, thanks to a number of innovative technological methods. Services like CarePages and TellTheFamily provide useful tools for caregivers, who can set up a comfortable online environment and post messages about their loved one's status to keep in touch. Friends and family can either check in on the website or receive updates about the loved one via email.

Unlike popular general networking and open communications websites, the family gets a private username and password, Winning explains, which can be given out selectively to friends and family. Because communication with family often involves sensitive health information and other private matters, both CarePages and MeefTheFamily pay special attention to

members' privacy. The services are also designed to be easy—Langshur jokes that he made CarePages easy enough for his grandmother to use—and CarePages offers round-the-clock, live customer support for anyone who's lost online.

CarePages was created amidst its founder's own personal crisis: Langshur's son Matthew was born with a congenital heart defect and underwent three open-heart surgeries. To fill everyone in on Matthew's progress, Langshur decided to create an interactive website—one he could use to provide periodic updates to everyone, and one that could be used by friends and family to leave Matthew well-wishes.

"It was a wonderful tool, not just for us to reduce the stress, but also because people could leave messages of support," Langshur says. "It became a big part of the healing process."

Soon, the site was getting 2,000 hits per day, and Matthew's cardiologist encouraged Eric to expand, offering similar services to other families in need. Both Langshur and his wife quit their jobs and invested their time and efforts in bringing their product to other families, Langshur says.

Winning tells a similar story: he first created a website for his sister-in-law, whose husband cared for her during her brain surgeries after an aneurysm. Family members and friends flooded the husband's answering machine with concerned messages, so "he asked us to build the website...to help pass on all the information about his wife," Winning says. "This freed him up to go to the hospital and spend time with her, and it also freed up the nurses who were getting phone calls in the ward."

As families continue to spread out and as lives get busier by the minute, services like CarePages and TellTheFamily can alleviate some of the geographical challenges and time constraints families

face when caring for a loved one. "People are thirsty for communication," says Langshur, and it's easier for everyone when the community can be rallied around one website. And keeping everyone updated likely alleviates or solves some of the family arguments that often pop up when those who care about the loved one feel like they're left out of the loop by the caring sibling.

In addition to keeping everyone up-to-date, the services can provide tremendous support for the caregiver. The majority of people who create web pages are caregivers, says Scott Baum, TLContact's vice president of operations.

Baum recalls the story of his own mother, who was moved from Ohio to Tennessee to be cared for by her daughter. "CarePages provided the most support to my sister," Baum says. "Whenever she needed support, she continually went to that page to read the messages." CarePages even has an online service where family and friends—or a loved one—can send a thank you to a caregiver.

In addition to websites that keep family and friends up-to-date and offer communal emotional support, a number of other sites are dedicated to safekeeping and safely sharing your loved one's health records. HealthRecordsOnline.com, for example, is a Canadian company that allows members to collect and store their medical records in one centralized location, and then to quickly share information with new medical provider—so if you're taking your loved one out of town or visiting a new doctor, you won't have to wait for her medical records. Similarly, MediKeeper.com allows you to store and quickly access your loved one's medical information.

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And in addition to keeping everyone informed, these websites can also offer important information for caregivers and their families. TellTheFamily.com, for instance, provides up to four definitions of medical terms—so instead of the caregiver having to explain what a particular medical procedure is, friends and family can look up the term while browsing the loved one's website. MediKeeper offers a personal calendar to keep track of appointments, a medical library resource, and a risk assessment system. And CarePages provides frequent articles, tips, and news briefs on health and caregiving.

But most importantly, the websites are there to support caregivers, loved ones, and those who love them. "It's emotional support, the feeling that you're not alone and your community is there to help," Langshur says. ■

RESOURCES:

CarePages: (888) 852-5521
www.carepages.com/caregivershome

TellTheFamily: (604) 591-5629
www.tellthefamily.com

Health Records Online: (204) 857-3834
www.healthrecordsonline.com

MediKeeper: (858) 486-6007
www.medikeeper.com

A Look at Elderly Rights Involving Competency *Continued from page 3*

but legally it's a different matter. Unless Mom has been judged incompetent, she has the right to do what she wants. If she is suffering from dementia and you believe she might be a danger to herself, you can ask an attorney to begin the process of you being declared her legal guardian. Mom's doctor can help with this process.

It's best if you can get Mom to complete the legal paperwork to set up a durable power of attorney for health care before she needs help making such decisions. Many people don't like to think they may have trouble making decisions for themselves as they age, but the power of attorney set up while still competent is really the best way to make sure their wishes are met as much as possible.

Mom has cancer, but now she says she doesn't want any more chemotherapy. What are her rights? Can you make her continue treatments?

Probably not. People are allowed to stop medical treatment, even if their doctor advises them not to. Unless Mom has been declared incompetent by a court, the decision is up to her. If you think Mom is unable to make decisions for herself, ask her doctor about having her competency evaluated.

Even if Mom is found incompetent, if she left a living will (a legal document stating when she wants to stop medical treatment in the event she is unable to make an informed decision at the time) her wishes will most likely be followed.

Dad may also make decisions for Mom that their adult children or health care workers disagree with, but generally a spouse has the right to make those decisions unless a court says otherwise.

When Alma Bernstein was diagnosed with terminal cancer, she and her husband Bill decided they wanted to keep her at home. As time went on, Alma became bedridden and could no longer express her wishes. Since Bill was elderly and not in great physical condition himself, home health care workers recommended that he place Alma in a nursing home. However, Bill had the right to make decisions for Alma, and he decided to keep her at home—it was up to him.

What about Mom's money? She's wasting it, buying all sorts of junk from

home shopping channels and infomercials.

Unfortunately, this is not uncommon among the elderly. And, unless they've been judged legally incompetent, they can spend their money any way they want.

However, one way to avoid such problems is for your loved one to complete the legal papers necessary to appoint someone to manage their finances when they become unable to do so themselves.

What is incompetence, anyway? What should I do if I think Mom or Dad is incompetent?

In short, one can be considered incompetent if he or she is not able to think clearly and make rational decisions. Not everyone who is affected by some forms of dementia or Alzheimer's is incompetent. Incompetence can be used as a medical word, but can also be a legal term.

With an attorney's help, you can ask a judge to appoint a guardian for your loved one if they are unable to care for themselves and cannot make decisions on their own. This can be an ugly process, though, so it's best if you can get Mom and Dad to complete the legal paperwork ahead of time, appointing someone to make decisions for them when they can't. If you wait and they become too confused, they won't be able to complete the process.

You can get a free form online for your loved one to appoint someone to make decisions for them at www.ilrg.com/forms/powatrny.html. You can get a free form for your loved one to complete a living will at www.ilrg.com/forms/livingwill.html. You can also contact an attorney to help you complete the process.

If you think Mom or Dad is incompetent and you want to start legal proceedings that will allow you to make decisions for them, you'll need to contact an attorney.

The bottom line is that people with dementia still have all the basic rights that others have, unless their condition prevents them from exercising those rights. It's up to you to set the stage for their care now, when they can still work with you to outline their wishes.

Kelly Morris is a former social worker and home health and hospice worker whose freelance writing has appeared in a number of health-related journals. She lives in Mansfield, Ohio, and can be reached at multihearts@hotmail.com.

COMING UP IN NOVEMBER

- Understanding how family caregivers can recover financially from their labor's dollar drain haunts most caregivers. In the second installment of our series *Plugging the Eldercare Dollar Drain*, we'll look at pay-for-service contracts caregivers and their elderly can use to ease the pinch.
- Stroke is a silent killer, the third leading cause of death in the U.S. We'll tell you how to guard against stroke, both in yourself and your elderly loved ones.
- We'll have 7 tips for hanging on to hope, an essential ingredient for caregiver and elderly alike.
- Children see caregiving, aging and illness through a unique lens, not always understanding but always loving. We'll explain how caregivers can best work with their children through these trying times.

Put ICE on Your Cell Phone

Programming Phones with Emergency Contact Information



When an emergency strikes, how will medical staff know who to contact if you or your loved can't help? The ever-ubiquitous cell phone may hold the answer—literally.

A program just unveiled is being adopted to give medical emergency staff quick, predictable access to vital patient contact information. ICE—an acronym for "In Case of Emergency"—can be quickly and easily set up by individuals who program important emergency contact information into their cell phones.

By programming in the name and contact information (phone numbers, etc.) of who the cell phone holder wants to be contacted in case of an emergency and by designating it as "ICE" in the cell phone directory, emergency workers will know to check the cell phone for emergency contacts under ICE when a patient can't respond.

The idea is the work of Dr. Dennis

McKenna of Albany Medical Center in Albany, New York. McKenna recently unveiled the program, along with results of a study on its acceptance and effectiveness, at the annual meeting of the American College of Emergency Physicians.

In their testing, McKenna's group found that of 178 people waiting in an emergency department who had cell phones with them and listened to an educational session, 129 agreed to have an emergency contact designated on their phones using the acronym ICE. Of those 129 people, 58 did it themselves, 36 had a family member do it, and 35 allowed hospital staff to do it for them. Researchers explained how important it is for physicians to be able to contact a family member or friend when an emergency patient is unable to communicate that information.

"We often are struggling to reach fami-

ly members when a patient cannot speak to us, and the first place we might look is a cell phone," said McKenna. "A family member or friend is one of our best resources for learning about the patient's medical history. Our study shows that people are very willing to program their phones as long as someone tells them why and how to do it, or even does it for them."

McKenna also said emergency physicians sometimes have opportunities to educate patients and their families while they are waiting in an emergency department.

"Once a visitor is in the emergency department, we can make the most of his or her time by teaching something valuable," said McKenna. "In the future, patients with ICE on their cell phone may help us give them the best possible treatment in a timely fashion." ■

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