

C CAREGIVER CHRONICLE

Connections for Caregivers

Dr. Alan Goldblatt and Palliative Care

By David Greenberg

Dr. Alan Goldblatt could have continued to practice general internal medicine but his life's path took him to palliative care. And that's good news for this community.

Goldblatt is the medical director at the Senior Healthcare Center at Crown Pointe. He watched in the early 1990s as his patients aged, and he became more interested in geriatric medicine. He was not happy with what he saw.

"Patients were reaching a certain point and being institutionalized," he said. "It was

not compatible with what I considered good medicine. I started taking care of them, and I guess I became an activist."

As a result, he became an expert, and as the concept of palliative care grew, his passion for treating patients this way increased.

"It's very simply about making patients feel better," he said. "There are many different definitions of palliative care. For me it is an interdisciplinary field in medicine designed to deal with quality of life issues



for patients with progressive illness. We are concerned with the global state of the patient – physical, psychological, social, even spiritual."

One thing palliative care is not, says Goldblatt, is a replacement for curative measures. It's also not hospice care. Instead it is a part of a continuum.

"It can be provided in addition to curative methods like chemotherapy or when you are dealing with end-stage lung disease or end stage heart failure for example," he said. "It can also be part of the home care and can be integrated with hospice if and when that's advisable. It is not used instead of hospice but in cooperation with hospice."

For palliative care to be effective, it needs to be part of a team approach including the patient, family members,

A Message From Cheryl Robinson



Spring is the time for renewal, rebirth, and rethinking. Our feature article about palliative care challenges us to rethink some ideas about what we refer to as end of life care. Palliative care is a change in our thinking, in our philosophy, in how we view our later years. It is a way to empower

us all with new choices for our care. It is a partnership with our healthcare team. And it's not just for end of life but perhaps more a way of living. A palliative care approach helps to ensure that our individual choices and goals about what is most important to us will be realized and respected. So, during this new springtime, consider the palliative care philosophy and think to include this when talking about your life wishes and advance directives.

Cheryl Robinson, LCSW

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Dr. Alan Goldblatt

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other physicians and anyone else involved in the patient's care.

"Patients begin to see, and are often the first to see, that procedures and tests are less and less likely to make a difference in how they feel," said Goldblatt.

"As doctors, we are trained to cure. But patients will reach a point where they want doctors to focus on the symptoms. Most patients don't know this option exists, or they mistake it for hospice care. Family members have to be clear to doctors. They have to advocate for the patient."

And there are often misunderstandings of what constitutes palliative care. As an example, Goldblatt talks about an 89-year-old patient who is lucid, mobile and has good family support. But she has horrible pain from arthritis.

"We are looking at palliative hip replacement," he said. "There are risks to the procedure. While it appears to be aggressive, it really is designed to reduce pain."

Palliative care can be done at home or in the hospital. It can even start in ICU or the emergency room. It is all about looking at the situation and making the best decision for the patient, says Goldblatt.

"The primary purpose is to see the patient as a whole person," he said. "As a doctor, I sit with someone at the end and discuss what's important to them. It's an extremely rewarding part of my practice. It's a difficult conversation. It's rewarding – not in dollars and cents and time but in other ways. It elevates a person, and it is a component of healing – even among dying people."

Calendar of Events

Law in the Library with Sam Boone

A series of talks covering legal issues on May 12th at 6 p.m. Event will be held at the Headquarters Library, 401 E. University Avenue, Gainesville

Becoming a Savvy Caregiver

Savvy Caregiver Training is a free six week training course for persons who are caring for family members and friends with dementia and/or Alzheimer's Disease.

Wednesdays: 1:00 – 3:00 pm, beginning June 25 in Ocala

Wednesdays: 1:30 – 3:30 pm, beginning Sept.3 in Starke

Thursdays: 1:00 – 3:00 pm, beginning Sept. 4 in Gainesville

Mondays: 1:00 – 3:00 pm, beginning Sept. 8 in Trenton (at Ayers Rehab)

Class size is limited to 15. Register by calling Tom Rinkoski at (352) 378-6649, extension 126, or via e-mail torinkoskit@agingresources.org.

Dementia in the Movies

6-8 p.m. at the offices of Elder Options, 100 SW 75th Street, Suite 301

Tues., May 27 *Away with Her*

Tues., July 29 *Savages*

No charge and popcorn provided. To register contact Tom Rinkoski at (352) 378-6649, ext. 126 or via e-mail at rinkoskit@agingresources.org

Community Coalition for Older Adults

Second Friday of the month, Senior Recreation Center, 5701 NW 34 St. Contact Shirley Bloodworth at sgblood@bellsouth.net for information.

From the Desk of Sam W. Boone, Jr.:

Financial Elder Abuse Part 2

By Sam Boone

Editor's Note: This is part of a series of columns that will be presented in this newsletter by Sam W. Boone, Jr., a local attorney whose primary practice areas include elder law, estate planning, probate and trust administration. It is hoped that the information will be valuable for caregivers and family members dealing with issues related to elder law.

In the last issue we wrote about the growing epidemic of financial elder abuse. Now we are offering some remedies.

Every state has an agency that serves as a first responder when it comes to reporting financial elder abuse outside a long-term-care setting. And a separate long-term care ombudsman investigates the complaints of residents of nursing homes, assisted living facilities, personal care homes or other community living arrangements.

Here the Florida Department of Elder Affairs is committed to ensuring the safety and well-being of the elders in Florida. It works together with the Department of Children and Families (DCF) Adult Protective Services and the Aging Network to protect disabled adults or elderly persons from abuse, neglect or exploitation. Services provided may include protective supervision, placement and in-home and community-based services. To report elder abuse in Florida call 1-800-96-ABUSE (1-800-962-2873) or go online to www.elderaffairs.state.fl.us/doea/report_abuse.php.

Not all states recognize financial elder abuse as a distinct crime, but instead focus on basic criminal laws. But in Florida the law may be getting stronger with the passage of new legislation during the current session. Locally, exploitation can be reported to the Gainesville Police Department at (352) 334-2400 or the Alachua County Sheriff's Office at (352) 367-4000. Of course if it is an emergency, call 911.

The growing number of cases crossing state lines presents additional challenges. Coordination among local law enforcement authorities in multiple

jurisdictions, both domestic and international, is difficult. In the federal government alone, as many as seven different agencies or departments can be involved.

Creating a team of those interested in the person's welfare – estate planning attorney, elder law attorney, geriatric care manager, life-care planner, investment advisor, government benefits specialist,



home-accessibility specialist, accountant, household manager, bookkeeper and elder mediator – could be of great help.

The use of the elder's general durable power of attorney (GDPOA) can also minimize the potential for elder financial abuse so long as the person appointed to act is a trusted individual. Another alternative is a funded revocable living trust (RLT). The RLT technique requires that title to the elder's assets be held in the name of the trustee of the RLT during the elder's lifetime. If these informal options for handling the finances of an incapacitated elder are unavailable or ineffective, it may be necessary to secure a court-appointed conservator for the elder.

Elder financial abuse is a pervasive problem that impacts persons in all social classes and economic levels. Educating the general public, as well as the multidisciplinary professionals who serve our elders, is a critical first step toward stemming the rising tide of elder abuse.

Sam W. Boone, Jr. is a Gainesville-based attorney practicing elder law and estate planning. He is past-president of the Academy of Florida Elder Law Attorneys. To learn more about elder-law issues, go online to [www. http://boonelaw.com](http://boonelaw.com), or call (352)-374-8308.

How Can Private Duty Care Help Your Loved One?

By Sally Dahlem

When a family or patient decides to enroll in hospice or palliative services, they may not receive the full care that is needed for the activities of daily living. A hospice agency might only provide services for an hour or so at a time. However, as a client's needs increase with age, a private-duty home care agency should be considered. These agencies can work in conjunction with the family, the patient, and the hospice in order to understand all of a client's needs. Caregivers can provide services that are necessary in everyday life and provide assistance beyond the availability of hospice care.



Private duty caregivers provide respite care, which can be provided for as little as four-hour visits, to 24-hour assistance. Their services are available during the day and night, to ensure a patient's safety and to provide a family with ease and rest. Caregivers are

prepared to assist with bathing, eating, and managing toileting or incontinence. Agency administrators work closely with the family and the hospice organization to adjust services as the patient's needs change. Many clients decide to introduce private duty services into their lifestyle with only short-term, weekly support. Over time, many clients increase these services as their needs expand, or as their relationship with the caregiver develops.

The cost of a private duty agency ranges from \$18 to \$22 per hour, and is usually paid privately or through long-term, care insurance. There is no need for a long-term contract to be signed, so services can be discontinued if a client is admitted to a care center or if the hospice provides end-stage, around-the-

clock care. In this way, clients and families need not feel tied down by binding contracts. This is important for many patients, as the services they require may change over time.

With private duty services, families and clients can feel secure that they are in good hands. Caregivers are certified nursing assistants or home health aides, and many of them have attained additional training on the issues that affect a hospice client. Through the use of a licensed agency, clients can be sure that caregivers have a level two (FBI) background check, CPR certification and reference checks, and are supervised by the private duty agency.

When hospice care is not enough, private duty care through an agency can provide full services to ensure that a client's needs are entirely met. With the assurance that a caregiver is available on a complete, daily basis, patients can feel relieved of stress, have their wishes followed, and have their needs met.

Sally Dahlem is the co-owner of Home by Choice, which is a licensed home-health agency that specializes in private duty care. She has more than 25 years of experience in Gainesville healthcare services including home care, skilled nursing homes and assisted living facilities.

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Spousal Caregiving

By Tom Rinkoski

Recently, I watched the movie *Iris* with a group of caregivers. The movie convincingly portrays the complex dance of emotions that can unbalance the best of relationships. *Iris* is the story of the famous English novelist, Iris Murdoch, an extraordinarily gifted writer and professor at Oxford. She is portrayed by Dame Judy Dench.

James Broadbent, playing Iris's husband (John Bayley), expresses the difficulty many spouses have in dealing with the role changes that happen in being the caregiver for your life partner. He struggles with anger, frustration and guilt. As might be expected, denial appears first, as Iris' husband, a professor of English Literature, insists her confusion is only her fine mind a 'tad' muddled by the pressures she suffers because of her gifts. Denial is an amazing emotion that surfaces in chameleon ways. When we become trapped there we can quickly lose perspective and patience.

When we came to the scene of John Bayley screaming at Iris in bed, it was met by stark silence. He had reached the peak of frustration at trying to be husband and wife, scheduler, shopper, house maker, cook, as well as caregiver. He simply could not be all these things, and it poured out in uncharacteristic rage. A major dilemma of caregiving is the increasing rush of responsibilities that stack up like dirty laundry waiting to be done, littering your landscape. You see the resulting lost look in his face as he attempts to deliver a eulogy for his sister, but is reduced to

rambling.

The movie cleverly uses flashbacks to invite us to consider how important our memories are. Kate Winslet portrays Iris' younger self. It is ironic – isn't it – that just as dementia is robbing us of the stories we hold dear, that robbery is part and parcel of the emotional falling apart of those near and dear to us.

Learning to cope with the depth and breadth of our emotions is a place to begin. Acquiring tips and techniques on self-calming are also important. Having friends and not isolating (as is portrayed in the movie) is vital. There are ways to speak to the perils of caregiving. That is what we teach in Savvy Caregiver Training. I admit, it is not easy, but at the same time I insist it is not impossible.

I think movies, like all good storytelling have the capacity to open us up to reflect on our situation. On May 27 we will be watching another movie – *Away With Her* – that also features dementia in the storyline. Consider joining us for the movie and a brief discussion afterward. It is a free gathering for caregivers. We meet at Elder Options, 100 SW 75 St. in Gainesville from 6-8 pm. Although there is no cost for the evening, I need a reservation to know how much popcorn to make! Call me at (352) 378-6649, extension 126 or via computer at rinkoskit@agingresources.org.

Tom Rinkoski is the Caregiver Coach for Elder Options in North Central Florida assisting people who are offering care to friends and families with dementia.

The Caregiver Chronicle is now available online at www.caregiverchronicle.com.

We also have a Facebook page.

Check it out at

www.facebook.com/CaregiverChronicle.

Like the page to get notices about events and activities between our print issues.

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Useful Resources

Alzheimer's Association – www.alz.org/cnfl/index.asp

Elder Affairs – www.elderaffairs.state.fl.us/index.php

Comparing health plans, nursing homes, etc. – www.floridahealthfinder.gov

SHINE (Serving Health Insurance Needs of Elders) www.floridashine.org

Medicare – www.medicare.org

State of Florida – www.myflorida.com

National Institute on Aging (free publications) – www.nig.nih.gov

Caregiving – www.parentgiving.com

Respite locator – www.respitelocator.org

Caregiving – www.rosalynncarter.org

Driving – www.thehartford.com/talkwitholderdrivers/driversatrisk.htm

United Way – Alachua, Bradford & Putnam counties – www.unitedwayncfl.org

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Caregiver Support Groups

Alz Place/Harbor Chase
3rd Thursday of the month at 9am
Open to all caregivers
Contact Robyn at 352-375-3000 for address

Alterra Clare Bridge
3rd Thursday of the month- 6pm
4607 NW 53rd Ave, Gainesville, FL 32653
Contact Gail at 376-5151

The Cancer Center at NFRMC
Heart of Healing Support Group/Meditation
Tuesdays 12-12:30pm
Call Joanie at 386-853-0162

Community Cancer Center
Living With Cancer Supports
www.cccnf.com for more information

Haven Hospice
Bereavement Supports
Call 692-5123 for more information

Hospice of the Nature Coast
Wings Community Education Center
Grief Support Group- High Springs
Call 386-454-1338 for more information

Lake Area Caregiver Support Group
4th Tuesday of the month from 1-2:00pm
Melrose Senior Community Center
307 SR 26, Melrose, FL 32666
Call 352-475-5347 for more information

Park of the Palms
2nd Monday at 2pm in the Library
Contact: Gail Haynes RNC - 352-246-5601

Park Meadows Health and Rehab Center
3250 SW 41 Pl, GV
Call the Alz Helpline at 1-800-272-3900 for
more information

Senior Healthcare Center at Spring Hill
3rd Tuesday of the month- 2:30-4:00pm
3720 NW 83rd Street, Gainesville, FL 32606
Contact Flory at 336-3050

NF Mind Matters Stroke Support Group
4th Thursday of the month from 1-2 pm
South Tower, 4th floor Conference Room-
NFRMC
Call 1-800-611-6913 for more information

United Church of Gainesville
1624 NW 5th Ave, GV
3rd Tuesday of the month from 7-8pm
Open to all caregivers
Contact Lynda at 352-219-3023

VA Caregiver Support
Mon-Fri- 8am- 11pm, Sat. 10:30-6pm
Call 1-855-260-3274