



# CareTalk

A Publication of Hope Hospice, Inc.

## MEMORY CARE TIP

### The Problem of Boredom

A person living with one of the various diseases that cause dementia may experience symptoms from memory loss to speech problems and vision decline, but the greatest complaints are boredom and loneliness.

Why do boredom and loneliness top the list? In most cases, caregivers (often, family members) are at a loss of how to provide dementia-related care. Symptoms like memory loss have changed the relationship, and it's common to feel at a loss of what to do.

Many caregivers experience difficult behaviors from their patient with dementia. Examples are struggling to get the person to cooperate with eating and bathing, as well as sundowning-related problems such as agitation, paranoia, repetitive speech, and increased confusion in the afternoon or evening hours.

In a lot of cases, these challenging behaviors are a direct result of the patient's unchecked needs surrounding boredom and loneliness, which must be addressed in order to improve their quality of life. Let's review some ways to feed these emotional needs.

Dementia expert Teepa Snow teaches that most important thing to understand about meaningful activities is that a person with dementia needs more than just

(See "Boredom" on page 4)



## Legal and Financial Planning for the Alzheimer's Patient

It is important to decide how future healthcare, legal, and financial decisions will be made before things reach the crisis stage and the person with dementia can't participate in discussions. These decisions should be recorded in legal documents for two reasons:

1. to make sure that a person's wishes are honored;
2. to make sure the family has enough information about those wishes in order to make decisions on behalf of their loved one.

### Healthcare decisions and advance directives

The ability to plan for future decisions depends on the patient's ability to understand the available options and the results of his or her choices, and to communicate those choices.

In the early stage of Alzheimer's Disease, the person with dementia may have serious memory problems, but it is likely that he or she can still communicate medical treatment preferences. Because of the progressive nature of the disease, it is especially important that advance directives be considered while the person with dementia can be involved in making decisions. Once the disease's end stage is reached, it usually becomes necessary for a family member to make decisions on the patient's behalf, including whether to continue treating any illness or to begin palliative care (i.e., comfort care, not seeking curative treatment).

Without an advance directive, life-prolonging measures may still be performed, even though hope of recovery is gone. Note, if there is

(See "Legal issues" on page 2)



Hope Hospice, Inc.  
6377 Clark Ave., Suite 100  
Dublin, CA 94568-3024  
(925) 829-8770  
HopeHospice.com

### LEADERSHIP TEAM

Jennifer Hansen  
Chief Executive Officer

Jatinder Pal Singh Marwaha, MD, HMDC  
Medical Director, Hospice

Epi DeLeon, MD  
Associate Medical Director

Kuljeet Multani, MD, HMDC  
Associate Medical Director

Kshitija Kari, MD  
Associate Medical Director

Kathy Nouri, RN, BSN, MPH  
Chief of Quality Compliance

Raul Perez, RN, BSN, PHN  
Chief of Patient Care Services

Maria Iglesias  
Director of Human Resources

Jennifer Pettley, MPA  
Director of Development

Kari Rayford, LVN, CHPLN  
Director of Outreach

Michael Sinclair  
Controller

Jill Smith, RN  
Community Education Manager &  
Dementia Care Specialist

Kendra Strey  
Director of Communications

Elsei Ye-Arling, RN, BSN, CCM  
Director of Patient Care Services



Community-based and non-profit, Hope Hospice is accredited by The Joint Commission, certified by Medicare and Medi-Cal, and is a member of the National Hospice and Palliative Care Organization and National Partnership for Hospice Innovation.

© 2020 Hope Hospice, Inc.

### Legal issues *(continued from page 1)*

disagreement among family members and there is no advance directive, it may be necessary for the court to appoint a guardian to be decision maker.

### Financial matters

Financial and legal planning should include looking at income tax issues, protecting existing assets, saving for the future, and paying for care.

While the person in your care is in the early stage of Alzheimer’s Disease with functioning mental capacities, he or she should prepare a letter of instructions. The letter should list all property and debts, location of the current will and other important documents, and names and addresses of professional advisors. It should also include funeral wishes and desires for giving away personal property such as furniture and jewelry.

A letter of instructions is *not* a legally binding document; rather is an essential resource to help in preparing formal legal documents. Legal professionals with expertise in estate planning and senior issues can help with important documents. The following are terms that commonly come up:

**Will**—spells out how money and property is to be distributed after death. If a person is disabled or does not have the physical or mental abilities to tend to his or her own affairs, other legal papers are needed.

**Living Trust**—names someone (a trustee) to manage a person’s finances or assets. A trust includes advice on how to manage assets and when to distribute them. It can also protect assets from probate, which is a long legal process to make sure that the will is legal. Usually, the trust goes into effect if a person becomes unable to function well and is likely to make bad financial decisions.

**Power of Attorney**—a document that names someone to make decisions about money and property for a person who is unable to make those decisions. A person should have one power of attorney for financial management and a separate power of attorney for healthcare decisions.

**Representative Payee**—someone named by the Social Security Administration to manage a person’s Social Security benefits when that person is unable to look after his or her own money and bill paying.

**Conservatorship**—a legal proceeding in which the court names an individual to handle another’s finances when that person cannot do so.

Caregivers also need to understand the Social Security benefits and insurance policies of the person in their care. Familiarize yourself with the covered expenses, copayments, and deductibles. Also learn about the Americans with Disabilities Act and other laws that are designed to protect housing, transportation, and the like. Contact your local chapter of the Alzheimer’s Association for information and resources. ➔



*This information is not intended as legal advice. This is a general summary of the rights of capable adults to make, or arrange for others to make, regarding their healthcare decisions. Our summary does not contain all the technical details of laws in each state.*



## What Is an Advance Directive?

An advance directive is a written statement specifying a person's choices on medical treatments if he or she is no longer able to make decisions because of illness or incapacity.

An advance directive is a legally binding document, though you do not need a lawyer to complete one. In California, the document becomes legal once it bears your signature and that of required witnesses or a notary, and it can be revised or revoked at any time. (Note, restrictions exist on who may be a witness.) Advance directives can be called by different names:

A **living will** outlines to what extent you desire life-prolonging measures (e.g., tube feedings and breathing machines) if you become terminally ill or permanently unconscious.

A **medical power of attorney** (also called a durable power of attorney) appoints a person of your choosing as your proxy to make medical decisions on your behalf if you become unable to do so. A living will and a medical power of attorney can be separate documents or combined.

**Five Wishes** is an easy-to-use living will written in everyday language. It helps all adults, regardless of age or health, to consider and document how they want to be cared for at the end of life. Five Wishes allows you to appoint a proxy to make medical decisions on your behalf, so a separate medical power of attorney is not needed. Also, the booklet uniquely guides you through defining what comfort care looks like to you, explaining what brings dignity and meaning to your life, and considering how these values affect care preferences. Learn more at [fivewishes.org](http://fivewishes.org).

Physician Orders for Life-Sustaining Treatment (commonly called a **POLST Form**) are not an advance directive, but the complement one. A POLST is completed when a person becomes seriously ill or frail. Its purpose is to advise the clinical team to what level, if any, you desire life-sustaining interventions. Emergency personnel know to look for the pink POLST in the home when responding to a 9-1-1 call, yet they are not permitted to consider an advance directive. If you are not seriously ill, you do not need a POLST, but you should complete an advance directive. ➔

*State-specific advance directives can be obtained through the National Hospice and Palliative Care Organization ([nhpc.org/patients-and-caregivers](http://nhpc.org/patients-and-caregivers)).*

## QUICK QUIZ

Read the issue and answer True or False to the questions below.

1. Challenging behaviors are often a result of the person's unchecked needs surrounding boredom and loneliness.

True or False

2. Assigning the person in your care a simple job gives them a sense of purpose.

True or False

3. It's best to wait until death is imminent to communicate your medical care choices.

True or False

4. A letter of instructions containing an itemization of a person's assets and distribution choices is considered a legal document.

True or False

5. A representative payee is authorized by the Social Security Administration to receive and manage a person's benefits if they become incapacitated.

True or False

6. A living trust protects assets from probate.

True or False

7. A conservatorship is a legal proceeding in which the court names an individual's personal physician to handle the patient's medical choices.

True or False

8. A lawyer is required to sign your advance directive before it is considered legally binding.

True or False

9. An advance directive may be changed or revoked at any time.

True or False

10. A paramedic can honor wishes expressed on a POLST form.

True or False

Find the quiz answers on the bottom of page 4.

## Boredom *(continued from page 1)*

entertainment. Activities like watching TV or having too many visitors may cause overstimulation and result in fatigue. Instead, there needs to be balance of four areas that are important for all human beings: work, self-care, leisure, and rest.

**Work** is a part of daily living, and we're not talking about a career. Everyone in the household has chores and responsibilities, and including the patient by assigning simple tasks is beneficial. In a home setting, while you prepare dinner, Mom can wash and tear salad leaves or set the table. Dad can water the garden or wash the car, depending on his physical status. Giving the person in your care a job also gives them a sense of purpose.

**Self-care** is about the need to take

care of the body. Going to the beauty parlor, getting a massage, or nail care leaves the person feeling good. Exercise is important as is great nutrition, so a stroll (chaperoned) around the neighborhood can significantly boost one's mood.

**Leisure** is varied according to the person's interests. For one, it may be a trip to the symphony; for another, it's a day at the racetrack or a ball game.

**Rest** is important, too, and it is more than just the need for sleep. Rest is what one receives when they attend church, listen to quiet music, or observe nature.

Snow also stresses that we must change our expectations as the



disease progresses. What works today, might now work tomorrow—and that's okay! Almost all persons living with dementia can be engaged in meaningful activity, even in late stages, so staying flexible and trying different approaches is critical. ➤



## In-Service Training: Dementia Care

**H**ope is dedicated to helping you, your patients, and their families. We can provide in-service education to doctors, nurses, and caregiver staff.

Among our available topics is a presentation on the **positive approach to caring for persons living with dementia**.

Your team will learn from our dementia care specialists about how a patient's behaviors are his or her primary communication method, awareness of physical sensitivities and vision changes, and much more!

As a non-profit agency that has served the Tri-Valley since 1980, we are committed to providing quality, compassionate care.

## Other Available Topics

- Pain in the elderly
- Skin care of the elderly
- Fall prevention
- Agitation/terminal restlessness
- Senior nutrition
- Medication administration
- Respiratory concerns
- MRSA/C-Diff
- Body mechanics

## For More Information

Connect with our Director of Outreach, Kari Rayford, LVN, at [karir@hopehospice.com](mailto:karir@hopehospice.com) or (925) 829-8770 to discuss your team's needs.

## Family Caregivers

*Hope Hospice offers complimentary family caregiver education to the public. Learn more at [HopeHospice.com/family](http://HopeHospice.com/family).*