



CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging

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Dear Caregiver,

Most of us caring for an older loved one will, sadly, experience the passing of our care recipient. It's hard to realize that our "retirement" as caregivers will come as the result of our loved one's death, but that's often the truth of it.

Knowing what's ahead (for all of us) gives us the opportunity to talk with our loved ones about their—and our—wishes for end-of-life care and other matters related to death and dying. Those conversations can be difficult, and they can bring up some uncomfortable feelings, but they can also be immensely meaningful and rewarding.

This issue is about talking about death, both in a general way and, specifically, with loved ones whose deaths we are likely to witness. We hope it helps inspire you to have the conversation—perhaps many conversations—about this important topic.

Take care.

The Editors



Caregiving with the End in Sight

by Marty Coffin Evans

We knew something wasn't right; there were too many clues. We had dealt with health challenges and hospitalizations before now. This time, it was different. What did it all mean, we wondered, waiting for the doctor to tell us the news: "I'm so sorry, but this is terminal."

"Oh, NO!" What do we do? How do we live this chapter? We always knew one of us would leave first, but ... now, so soon? We're not ready yet. Or, are we ever?

Back in our home we looked around and took stock. Could we convert the downstairs TV room into one with a hospital bed? What about getting to doctors' appointments or treatments? Could we do that without help? Yes, and then we could always ask for help from friends.

These and countless questions flooded our minds. Initially, they consumed our conversations as we talked and then talked more about living this last chapter of our life together—one we wanted to live with no regrets. Maybe in our darkest, private times, we held tight to the unspoken, unanswered questions. How much time do we really have?



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How bad is this going to get? Our mutual hope was for the ending to occur in our home with its comfortable surroundings and our dogs. Should palliative care be called for, we'd balance alertness and comfort. If needed, we'd have help from some home health care agency.

"What do we want to do with the rest of our time together?" we asked each other. Yes, one of us was dying sooner than the other, but still, how should we live these days? Could we take the trip to our condo in Taos? What about going out to a movie, concert, or to a friend's house for dinner? Depending on insurance, we might only be allowed freedom from home for a doctor's visit, a haircut, or to go to church.

I remember asking two dear friends, who'd lost their spouses, how they'd dealt with this chapter. They became my role models about living through and beyond the loss of a loved one. Little did I realize I'd be following their lead soon.

What about managing the declining days? A number of decisions, of varying degrees of importance, needed to be made. Should I cancel my different activities and become the full-time caregiver at home? We decided I should stay involved and bring back all the stories from the "outside world." I became the window on the world for us. If one of my activities took too much time, we had to decide if I would go or not. Sometimes the answer was yes, other times no. During those yes-times, I'd fix lunch, and invite a friend to stop by to eat and be with my spouse for a few hours. I had my independence and so did he, along with some companionship.

We had decided that having friends in for meals was doable. We could control the timing, menu, and how many would join us. That only meant switching out the placemats, washing the dishes, and figuring out something to serve. They didn't need to know we were having repeat menus!

While we could plan and organize what we wanted for ourselves, others wanted to help. "I just left a container of soup on your back ledge," one friend said. Another wisely advised us to keep a list of who brought what in which container. That eased returning containers to the rightful owners. Still another friend, eager to help, wanted to be sure we had enough food. A quick look into our freezer assured her we were well-provided for.

Soon we learned not everyone was comfortable being around someone who's dying. Visiting in the hospital or home during



recovery is different than when a return to good health is not possible. What do you talk about? Do you dodge this issue of your friend's pending death? How do you say goodbye?

Sending news to family and friends out of the area, either through emails or phone calls, helped keep the information going. What a good time to call someone from our past, connect with a long lost friend, or even ask for or offer forgiveness for another.

On the good fortune side, we'd long ago made our decisions and written wills, living wills, and all the important documents associated with end-of-life situations. How much easier it was having that discussion off the table.

Having our own quiet faith sustained us. Clergy friends came to visit where others might request a chaplain's support.

When the end finally came, one more 911 call was needed. With a grandson at my side and a clergy friend across the bedside, we sang "On Eagle's Wings," told him we'd be okay and kissed him gently goodbye. We had managed to live those days without regret. He would have called his death a "good one," knowing he'd lived life to the fullest, including its last chapter.

Marty Coffin Evans, of MACE Associates, LLC, is a former caregiver, TRU Community Care board member, and a previous member of the Care Connections Editorial Advisory Committee.

"It began in mystery, and it will end

in mystery, but what a savage

and beautiful country lies in between."

— *Diane Ackerman*

Talking Sooner Rather Than Later

by *Constance Holden*

C*an't We Talk About Something More Pleasant?* is the name of a book released in May by, of all people, Roz Chast, the celebrated cartoonist for *The New Yorker* magazine. Her book is poignant and sad, yet infused with moments of her characteristic humor as it deals with the impending deaths of her parents. They both lived in denial of the seriousness of their illnesses. Their unwillingness to discuss their wishes with Roz led to numerous hospital stays that Roz felt could have been avoided had there been more frank discussion about the reality they were facing.

The world followed the long, drawn-out dying of Nelson Mandela. It is reported that he received months of life-sustaining care in his home, which had been transformed into an intensive care unit. Some statements made by the former President Mandela led others to believe that he would not have wanted to live (or die) in this manner. Unfortunately, he had not made clear who his decision-makers should be and what decisions he wanted made. The rancor in his family extended into decisions about his final resting place.

From the late 1950s until 2009, the great voice of Casey Kasem was heard over the airwaves, announcing America's Top 40 tunes. That voice has been stilled, but not before a family-destroying battle, waged over terminating artificial nutrition and hydration of this well-known celebrity with end-stage dementia. He had issued an advance directive some years earlier, which read: "If the extension of my life would result in a mere biological existence, devoid of cognitive function, with no reasonable hope for normal functioning, then I do not desire any form of life-sustaining procedures." He had appointed his daughter, by a previous marriage,



to be his decision-maker. His wife objected to her plans to honor her father's wishes. There were many family dynamics at play in this situation but, perhaps, had he gathered his children and his wife together and discussed his wishes, it might have been easier for all concerned to have honored them. It took a visit to court before he was allowed to die as he had requested.

The Conversation Project in Boulder County, modeled after the national initiative founded by *Boston Globe* columnist and author Ellen Goodman, aims to "foster meaningful and effective conversations about end-of-life care." Goodman and her staff at the Institute for Healthcare Improvement have developed a Starter Kit which guides thinking and discussion of values related to care at this tender time of life. It is always best to have these discussions while we still can. Completion of the Starter Kit and a family discussion will help you identify your decision-maker and articulate your wishes and preferences to your family.

Should your loved one no longer be able to go through this process, a family meeting with the physician about decisions that will likely need to be made should be arranged early, so that they are not being made at the hospital bedside in a time of crisis. It may be possible to use your loved one's previously-stated values and comments as a guide.

And, even if you, the caregiver, are well now, providing clarity to family members about *your* wishes is a gift that they will be ever so grateful for.

Constance Holden is Co-Founder of The Conversation Project in Boulder County. See "Community Resources" (page 8) for information on an upcoming presentation on The Conversation Project.



Go Gently

by Mary Kathleen Rose, B.A., L.M.T.

In 1951, the Welsh poet Dylan Thomas published his famous poem, which begins with the line "Do not go gentle into that good night." The poem was written for his dying father. In it he encouraged his father to "Rage, rage against the dying of the light." Though written decades ago, his words reflect a prevailing sentiment today, as professional and family caregivers encourage those in their care to "fight," through all means possible, the progression of chronic illness, disability, or dysfunction.

Modern medical treatments can now significantly prolong the prognosis of once terminal illness, and for this, we are most grateful. People can experience both a greater quality and quantity of life. But what about the time when treatments bring more discomfort and pain than healing and ease? What about the time when the patient decides it isn't worth fighting anymore? Pondering these questions, I took another look at Thomas's poem and wrote my own version (in the same meter, rhyme, and syllabic structure), reflective of my long years of association with the hospice philosophy of palliative care.

You can go gently into that good night,
Old age brings peaceful rest at close of day;
The sage engages the dimming of the light.

Wise ones at their end know that dark
is right,
Because their lives shone radiating light they
Can, yes, go gently into that good night.

Good women and men, tearing with
eyes bright
Wave to loved ones, part beyond words to say
The sage engages the changing of the light.

Wild ones in life, they sang and danced,
 taking flight,
 Loved, learned without regret, living
 each day,
 Now can go gently into that good night.
 Sweet elders, near death, may see the
 blinding sight
 Wash away the pain, blaze like meteors,
 be gay,
 The sage engages, reaching for starry light.
 Now, my dear one, you need no longer fight,
 Touching, blessing, letting you go, I pray.
 Yes, yes, go gently into that good night.
 Dear sage, embrace the stillness of the light.

Mary Kathleen Rose is a registered massage therapist, creator of Comfort Touch® massage, and a member of the Care Connections Editorial Advisory Committee. (Read the original Dylan Thomas poem at www.poetryfoundation.org/poem/175907.)



Talking About Dying Won't Kill You

by Kim Mooney

I have heard so often that we're a death-denying society, but actually we're a death-saturated society. It's on TV all the time. We watch tragedies on the news every night. We're swamped with movies where violence ranges from a single death to entire planets being blown to smithereens. We are fascinated with far-removed death; it's the up-close-and-this-could-happen-to-me death that we avoid.

So Death Cafés are the perfect way to begin to ease into the reality of our own inevitable demise. With over 950 around the world, Death Cafés are social gatherings (many in cafés but others may be held in libraries, mortuaries, senior centers) where people of all ages get together to

talk about dying, death, and all its facets. Some sort of cake or cookies is always included, but mostly it's just about the company.

Some people do talk about their own end-of-life care goals (or the need to at least think about them!). But walking from table to table, I hear stories about something funny that happened at Grandpa's funeral, a ritual that someone experienced when they were traveling overseas, and questions about mortuaries and green burials. People who come are surprised not only at how many different topics naturally come up, but also that it's fun and interesting, not morbid. Some people come and just listen; others find themselves asking questions they never thought they'd ask out loud.

The excitement at the Boulder Death Café sparked a monthly film series about death that rotates at different locations around the county, with movies that range from funny to emotionally deep to documentaries. They are followed by fascinating conversations (and suggestions for new films are always welcome).

The Boulder Death Café meets once a month on a Monday afternoon; there will soon be one beginning in Longmont. Check the community calendar on www.conversationsondeath.org for all future events.

The whole point of the Death Café is to gently pique our curiosity with conversation, since that is the starting point for more serious discussions about our own deaths. As I tell people, we say that we as a society don't like to talk about death, but I know that once you get people started, you can't shut them up!

Kim Mooney is the Director of Community Education with TRU Community Care (formerly HospiceCare of Boulder and Broomfield Counties).





Final Gifts

by Sherry Leach

I read the book *Final Gifts*, by hospice nurses Maggie Callanan and Patricia Kelley, during the last weeks of my father's life. The book provided me with comfort and insight. It increased my understanding of what to expect. *Final Gifts* helped normalize and universalize the nearing-death event for me with its stories of the experiences of many different individuals.

Daddy was in an in-patient hospice and while he had always hoped to live to 100, he had accepted that his death was inevitable and imminent. *Final Gifts* helped us understand that with acceptance comes detachment and drawing away. The book helped me understand that my father's detachment in no way meant that he loved us less, but that he was moving on.

Final Gifts made me more comfortable in communicating with him about his illness and death. It is difficult for many of us to know what to say, how to say it, and how much to say. The book points out that while we may feel that we've said the wrong thing, it is harder to forgive "... whether for the dying person or one's self—the failure to do or say anything. Dying people need the company of those who will listen, those willing to understand their situations, those who continue to offer love and friendship in the face of death."

An example of such a communication came one morning when I had copied down the words of "What Cancer Cannot Do" from a framed wall-hanging outside of Daddy's room. I thought he was dozing, but as I came back into his room, he asked what I had written down, so I read it to him and it became the basis for a wonderful talk. *Cancer cannot kill friendships*. We talked about the number of people who had called, dropped a note, and visited. *Cancer cannot shut out the memories*. In fact, the memories and the sharing of them were all the sweeter. A poignant memory is of my mother holding his big, gentle hand,

recalling the day they bought their wedding rings. *Cancer cannot cripple love*. We talked about the resource that love provides our family. Love was flowing to and from Daddy in abundance throughout his illness and death.

The book reiterated the importance of the family's acknowledging and accepting the reality of the impending death: "If you've conveyed reluctance to face reality, the dying person will hesitate to talk with you about death, and may feel unsupported or even abandoned by you." We will never forget the evening when Daddy signaled that he wanted us all to gather around his bed. The laryngeal cancer made it impossible for him to talk, but he clearly mouthed the words, "Goodbye. I have to go." We told him that we understood and that it was okay for him to go. Our opportunity to say goodbye and the chance to see the peace in which he died were truly gifts.

The authors of *Final Gifts* report that many dying people know when they will die and some even choose the time. As Daddy reached his last days, somehow I had a feeling that he would die on May 8. It seemed a fitting choice. May 8 is VE Day (Victory in Europe at the end of World War II). As a veteran, this date held special meaning for him. Fifty-three years before his death, May 8 was his first day back in Ft. Morgan, Colorado, after serving out of the country during the war for nearly three years. He loved Ft. Morgan—it was his home. He came home on May 8, 1945. He went home on May 8, 1998.

Being able to savor the final gifts during the nearing-death period also allowed me to reflect on and rejoice in the enduring gifts we had received from my father. I asked to speak at Daddy's memorial service, and I used enduring gifts as my theme. It was a way I could thank him and share his legacy.

Sherry Leach is Division Manager of Boulder County Area Agency on Aging. This article first appeared in the May/June 2000 issue.



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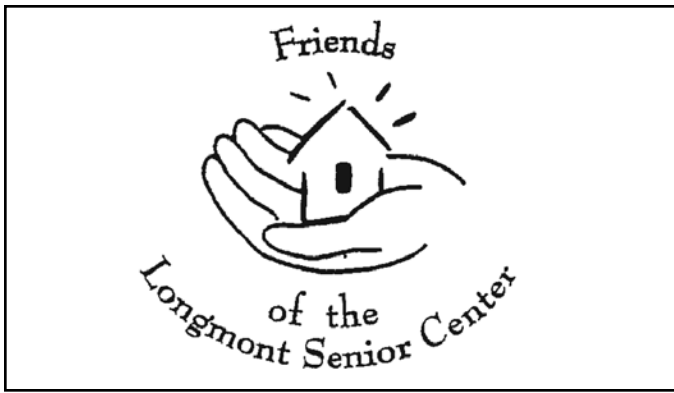
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Visiting Bernice

by Karen Alonge

As I write this, a dear elderly friend may be taking her last breaths in the bed of a nursing home thirty miles from here. Bernice and I bonded like super-glue nine years ago when her son, who is now my favorite ex-husband, brought me home to meet his mother. You know how sometimes you meet someone and you just know them—how they think, how they react, how they feel—with no need for words? That was me and Bernice.

When her son and I divorced, it was friendly and had no impact whatsoever on our relationship. She and I shared an understanding: friends for life, no matter what.

For years I would drive out to her country home to visit her every other week. We'd laugh and pay bills and take care of business and eat lunch together. Early one morning a few months ago, her legs just collapsed right out from under her and she fell, hitting her head. When her home health aide found her, she had been lying there for at least two hours, blood seeping from the cut on her scalp, body too weak to make itself get up.

After the hospital stitched her up, it was clear that she could not go home again. So when she set up a new headquarters at the nursing home, I started visiting her almost every day.

We would still laugh and take care of business together, but business became what was for lunch today, and what she would wear tomorrow, and scheduling her appointment for a perm at the in-house beauty salon because she didn't have the energy to keep doing her own hair.

I watched as the weeks passed and she gradually declined. I'll spare you the details. I have learned a few things from this experience that I

think might be important to share, so here they are in no particular order.

1) Little things matter. Smooth the sheets, fluff the pillow, fold the blankets. Bring a small treat or a flower from your garden or a sample-size hand lotion. Share pictures or a funny story. Bernice loved to hear about life outside in the world, no matter how trivial.

2) Ask what they need. The remote or phone might need to be relocated within easy reach. The clip on the call button was too hard for Bernice to squeeze, so she would hold it in her tense hand with a vice-grip until someone clipped it to her pillow. Sometimes she wanted me to comb her hair or clip her nails or take her out on the deck for some sunshine and fresh air. I'm not sure she would have felt comfortable requesting those things outright if I had not asked what I could do for her.

3) The TV is often their only link to anything in the outside world. That dang television remote would give her fits all the time—so many small buttons, and her arthritic fingers would hit too many at once. (Note to some inventor out there: can you whip up a remote that only has power, channel, and volume with BIG color-coded buttons?)

4) Help does not always come when you push the little button by the bed. So many patients, so little staff. Push the one in the bathroom, if possible, for a quicker response.

5) Pain medication works best when it is maintaining relief, rather than starting from scratch. Ask for pain meds before the pain gets bad. Make sure they take the regular dose at the regular time whether they think they need it or not. It's easier to keep up with the momentum of

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COMMUNITY RESOURCES

This column provides information about coming events and classes, services, and other resources that may be of interest to family caregivers in Boulder County. Please remember that it is each person's right and responsibility to research a service provider or resource before taking action. See "Information and Assistance in Boulder County" on the back page for ways to learn more about these and other resources.

Medicare Counselors with Boulder County Area Agency on Aging hold **Medicare Basics Classes** for anyone wanting to learn more about enrollment, benefits, costs, and choices under Medicare, on Thursdays, September 4 or October 2, 2 – 4 p.m., at East Boulder Senior Center, 5660 Sioux Drive (call 303-441-1546 to register); on Mondays, September 15 or October 21, 10 a.m. – Noon, at Longmont Senior Center, 910 Longs Peak Avenue (call 303-651-8411 to register); and on Wednesday, September 17, 1:30 – 3:30 p.m., at Louisville Senior Center, 900 W. Via Appia (call 303-666-7400 to register). There is no charge, but donations are appreciated.

The Alzheimer's Association holds **Conversations about Dementia**, on Monday, September 8, 2 – 4 p.m., at Frasier Meadows Assisted Living, 350 Ponca Place, in Boulder; **The Basics: Memory Loss, Dementia, and Alzheimer's**, on Friday, September 12, 10 a.m. – Noon, at Kaiser Baseline, 580 Mohawk Drive, in Boulder; and **Successful Communication**, Thursday, September 25, 10 a.m. – Noon, at Frasier Meadows Assisted Living (address above). For course descriptions and to register, go to www.alz.org/co (Select Classes & Work-

shops, then Calendar, then scroll down to Denver Metro listings and find individual classes, including those for October) or call 303-813-1669.

Longmont Senior Services offers **You Can Become a Savvy Caregiver** (the course previously sponsored by the Alzheimer's Association), for family caregivers of persons with Alzheimer's disease or another form of dementia, on Wednesdays, September 10 – October 15, 6 – 8 p.m., at Longmont Senior Center, 910 Longs Peak Avenue. This training program provides caregivers with a better understanding of dementia, increases their caregiving skills and knowledge, and helps them learn how to manage and care for themselves day-to-day. The course is taught by Jessica O'Leary, M.A., C.V.W, a Gerontologist and specialist in dementia. Attendance at all classes is required; class size is limited. A donation of \$15 to cover material costs is requested. To register, call 303-651-8411.

Connie Holden, R.N., M.S.N., and Jean Abbott, M.D., co-founders of The Conversation Project in Boulder County, present **Living a Good Life Includes Preparing for Death: Isn't This Part of Your Legacy?**, about fostering meaningful and effective conversations about end-of-life care, on Wednesday, September 10, 7 – 9 p.m., at The Academy, 970 Aurora Avenue, in Boulder. Register with Susan at susan@theacademyboulder.com or 303-938-1920. (For more information about The Conversation Project, see the article on p. 3 or go to www.TheConversationProjectinBoulder.org.)

Age Well (formerly PrestigePLUS) offers **Advance Directives Workshops**, about considering and clarifying one's wishes for medical treatment in the event of incapacitation, with Program Coordinator Peggy Arnold, M.A., on Thursdays, September 11 or October 9, 9:30 – 11 a.m., at Longmont Senior Center, 910 Longs Peak Avenue (\$5 fee for Longmont residents; \$6 for non-residents). Register at 303-651-8411. Age Well also sponsors an ongoing **Chronic Pain Support Group**, for anyone suffering from the stress of chronic pain, on the first Tuesday of each month at Longmont Senior Center, and on the third Saturday of each month at Longmont United Hospital, both 1 – 2:30 p.m. For more information, call group facilitator Jen Radke, R.N., at 303-678-4910.

Boulder County Area Agency on Aging Wellness Program offers **Matter of Balance**, a course that helps older adults decrease fear, increase activity levels, and make changes to reduce the risk of falling, on Tuesdays, September 16 – November 4, 1:30 – 3:30 p.m., at Longmont Senior Center, 910 Longs Peak Avenue; on Wednesdays, October 1 – November 19, 10 a.m. – Noon, at West Boulder Senior Center, 909 Arapahoe Avenue; and on Thursdays, October 2 – November 20, 1:30 – 3:30 p.m., at Louisville Senior Center, 900 W. Via Appia. There is no charge; donations are appreciated. For more information or to register, call 303-441-3599 or email mp Pruitt@bouldercounty.org.

Boulder County Area Agency on Aging presents a **Project Visibility General Training**, for senior care providers and anyone wishing to learn more about the lives of LGBT (lesbian/gay/bisexual/transgender) elders, on Thursday, September 18, 8:45 a.m. – Noon, at Boulder County Clerk and Recorder – Houston Room, 1750 33rd Street, in Boulder. There is no charge.

Register by September 16, at 303-441-3583 or InfoLGBTelders@bouldercounty.org.

Boulder County Partners for Falls Prevention sponsors the third annual **Falls Prevention Week** September 22 – 26, with fun and educational events held throughout the county, including the **Falls Prevention Resource Fair for Older Adults and Family Caregivers**, providing information about resources in the community that can help protect older adults and family caregivers from costly falls, on Tuesday, September 23, 5 – 7 p.m., at West Boulder Senior Center, 909 Arapahoe Avenue. There is no charge for the resource fair; for more information, call 303-441-3599. An optional dinner is available 5:30 – 7 p.m. at Café Classico for \$6; to register for the meal, call 303-441-3148. For the full schedule of events during Falls Prevention Week, check at your local senior center or go to www.bouldercountyfallsprevention.org (available by first week of September).

Boulder County Area Agency on Aging offers the **National Caregiver Training Program**, a 21-hour course (meets once a week for 3 hours), taught by a registered nurse, that helps family caregivers acquire the skills needed to provide safe, confident home care for frail older loved ones, on Wednesdays, October 8 – November 19, 1:30 – 4:30 p.m., in Boulder; and **Powerful Tools for Caregivers**, a 15-hour course (meets once a week for 2 ½ hours) that gives family caregivers the “tools” to help ensure they take care of themselves while caring for older loved ones, on Thursdays, October 16 – November 20, 1:30 – 4 p.m., in Boulder. There is no charge for either course, but donations are appreciated. Financial assistance for respite care (substitute



elder care during class periods) is available. For more information or to register, call 303-678-6116 or email InfoCaregiver@bouldercounty.org.

Louisville Recreation/Senior Center holds a **Senior Services Wellness and Resources Fair**, with various service providers offering resource options to assist with caregiving, on Friday, October 10, 9 – 11 a.m., at 900 W. Via Appia. There is no charge, and pre-registration is not required. For more information, call Diane at 303-335-4919.

For a list of all **Caregiver Support Groups** that meet in Boulder County, email InfoCaregiver@bouldercounty.org or call 303-678-6116.

To share information about a resource for family caregivers, email InfoCaregiver@bouldercounty.org or call 303-678-6116. The deadline for the November/December 2014 issue is September 26.



Visiting Bernice

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relief than trying to get pain back under control after the meds have worn off.

6) Stay with them for meals sometimes. Get to know the other residents, grease the wheels of conversation, look for common ground, and help to plant the seeds of friendships. It's easier for them if you are the one to break the ice.

7) Get to know the family members of the other residents. My first dinner there I met the daughter

of another resident, and we agreed to keep tabs on each other's moms.

8) And, of course, get to know the staff. Learn their names, ask about their weekend and their family. Nursing home staff are so overworked and underpaid it's almost obscene. They deserve nothing but our gratitude and empathy. They have hearts of gold and an undeniable calling to serve, or they would be working somewhere, anywhere, else. A smile or touch of thanks counts for so much. Be as kind and gracious as you can to them. They hold your loved one in their hands in so many ways.

9) Please do not ever tell a loved one that their decision to enter hospice or stop interventions is a sin or a mistake. Their life is their domain; your life is yours. The last thing a terminal patient needs is to be judged or criticized for reaching their personal limit. Please do whatever it takes to reach a place where you can honestly tell them that you love and support them in making whatever decision they think is best for them.

10) If your loved one has six months or less to live, I have three words for you: hospice, hospice, hospice. I cannot say enough. They know pain control and comfort measures like no one else. They can move mountains on behalf of their clients, and they assist the regular caregivers. Everyone benefits. Please.

11) Life is not as fragile as we sometimes think. It can take a while for the body to get the memo that the heart and soul are ready to let go. Cultivate patience.

12) Make plans now, before anything happens to you. Take care of your family by having a will, designating a person to make medical decisions for you with durable power of attorney for health care, setting up a trust, etc. Grief alone is enough to deal with. Spare your

family from also having to make a bunch of decisions that you could have taken care of ahead of time. Bernice and her husband, Walter, planned every detail of their memorial services, right down to the hymns and flowers. We can simply honor their wishes. What a gift.

13) Let them go in peace. Don't cling to them in fear and insecurity. Release them and let them know that they have earned a deep rest, and that you will be okay.

14) At the end of your life, it simply comes down to you. As much as her family and I love Bernice, we simply cannot be there all the time to keep her company. I think it's a worthwhile investment of time and energy when you are young and healthy to make peace with solitude and cultivate some kind of relationship with your concept of a higher or deeper power. We come in alone and go out alone. It is helpful if alone feels good.

15) You can't take any of it with you. It all goes. At this point, a tiny morsel of Bernice's personality glimmers in her eyes when they flutter open ever so briefly, but she is hardly recognizable. Her body has melted away, leaving just a wrinkled bag of skin and bones. Death is the great leveler, and being in such close proximity with it reminds me that this is all temporary anyway, and that it is a waste of time and energy to get too worked up over anything.

16) Touch matters. It reminds us that we are still a body, and that we can make contact with other bodies. Bernice calms right down when someone holds her hand.

17) Sound matters. It is often the last sense to retreat, so they know you are there by your voice long after they can acknowledge you. Keep talking to them. Don't say anything in front of them that you don't want them to hear. When you run out of words, sing. You know what will

comfort them: hymns, chants, even pop songs. It is the tenderness in your voice that they will hear and understand.

18) Love matters. In the end, it's the only thing that remains. When I showed up a couple days ago, Bernice grabbed my hand in great distress, telling me that someone needed to show her the way home. I told her to look for Jesus and her husband, Walter. She protested that she had been looking, and she could not see them anywhere. I suggested she look with her heart, not with her eyes. She found them that way and relaxed into sleep once more.

19) You matter. Your presence matters. To them, and to you. Spend time at their bedside, even if it seems they do not know you are there. They do. And you will face no regrets later.

Life and death are mysteries. I don't know that any of us will ever fully understand them, nor am I sure that we are meant to. But what I do know is that something goes on after the body is put to rest. Today Bernice could no longer speak coherently to me. The last clear communication we had was when I leaned over to kiss her goodbye on Saturday night, and I told her I would see her the day after tomorrow. She smiled and squeezed my hand and said, "Well, if I'm not here, don't worry. I'll find you." And I have no doubt whatsoever that she will.

This article first appeared in the May/June 2007 issue, at which time Karen Alonge was an intuitive counselor and parenting consultant.

**“All the art of living lies in
a fine mingling of
letting go and holding on.”**

— Henry Ellis

CARE Connections
Boulder County Area Agency on Aging
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Boulder, CO 80306



INFORMATION AND ASSISTANCE IN BOULDER COUNTY

Within Boulder County, there are several ways to access information and assistance about resources and services for older adults and their family caregivers:

- Check out **Network of Care for Seniors and People with Disabilities**, a comprehensive online service directory, at www.BoulderCountyHelp.org
- Call the **ADRC Help Line**, at 303-441-1617, and Boulder County Area Agency on Aging staff will respond to your message.
- Call the **Resource Specialist** in your community (numbers below). Services vary by community but include identifying needs, exploring options, finding solutions, and providing in-depth assistance.

Allenspark area	303-747-2592
City of Boulder	303-441-4388 (bilingüe: 303-441-3918)
City of Lafayette	303-665-9052, ext. 3
City of Longmont	303-651-8716 (bilingüe)
City of Louisville	303-335-4919
Erie	303-926-2795
Lyons area	303-823-9016
Nederland area	303-258-3068
Niwot area	303-652-3850
Superior	303-441-1617

