

# “We Need to Talk.”

by Diane Cameron

Those of us who work in aging services do a lot of talking. We talk about medication and money and housing and hospitals; we talk about caregiving and caregivers and finances and politics. But the thing we don't talk about often enough is talking.

We rarely talk about how critical talking is in tackling the issue of aging with dignity. Of course we say the words; we say that seniors must talk to their families, and we offer brochures that tell seniors what to tell their kids and what children should ask parents. We remind caregivers to speak up and ask for what they need. But then we quickly move on to other topics because, we too, are uncomfortable with talking.

Many of us have suggested that families use holiday gatherings to start the conversations about things like living wills and money and how they want to live later. But we forget to mention how many times you have to try that conversation before it “takes.”

Talking is where those of us who work with seniors fail. Despite the many fall prevention workshops, we who work in aging are falling down on the job because we are just not talking enough about talking. Why?

We are talking about feelings---messy and uncomfortable feelings. The realm of emotions is gray and most of us prefer black and white. We'd rather talk about aging protocols and best practices and we can get very worked up about Medicaid and nursing homes, but we regularly avoid the one thing that can make a big difference in the dignity of people's lives: Talking and listening and talking some more.

“Aging in Place” is the current buzzword. At a recent workshop sponsored by the Albany Guardian Society, we talked about the services available, the options for money and housing and caregiving help. But the sad truth is that none of those strategies are viable unless spouses and parents and children are talking about this hard stuff frankly, directly, and repeatedly. The bottom-line of aging in place is this: You must talk to the point—and well past the point—of being rude, boring and annoying. And that is not easy for a senior to do unless we as providers back them every step-- and every word-- of the way.

Denial, as they say in AA, is not a river in Egypt. It is the central issue in aging. We're Americans; denial about aging and death is built into us. We need to be frank about this: The only healthcare fact you need to know and that all research confirms is this: You will age; you will become less able and you will die. Given that, who do you need to talk to?

These conversations are not easy or comfortable, but if you want to have a say on the last years of your life then talk about that now. There is no time for family planning in a crisis.

Here is what I learned from years of being a family care giver: You think you'll get some warning; you think aging will happen gradually kind of like the way your hair gets gray, a little at a time. But no. It's very fast. One phone call, one bit of blood, one screech of the tires, one slow motion slide as your foot goes the wrong way on a scatter rug. Your life – and the life of every family member around you – is drastically rearranged. Yep, you meant to talk about healthcare proxies and end of life measures and where you would like to live if you ever got disabled.

The family chat must happen long before you meet your discharge planner—and since we don't know when that is going to be: You have to talk now. Discharge planners are amazing professionals. Their job is hard logistically and emotionally, but they can't facilitate the conversations that seniors should be having now.

Those of us who work in aging are at fault too. We keep talking about making houses aging-friendly and “patient navigation”. But no one will ever get the benefit of those if they don't first talk and talk and talk to family.

Shame on us for not insisting that every senior have those talks. Anyone who works in aging should be saying, “Did you talk to your kids?” when they get a call from a senior, and “Have you sat down with your parents?” every time we get a call from an adult child asking about services. And we should not accept excuses like, “I can't talk to my parents about their money.” Yes you can or you'll be talking about it with a complete stranger in the cramped office of the nursing home you didn't pick.

One more big thing we need to say is, “Never say never.” At some point a family member will be your caregiver. Start talking now about whom that might be and how you can make this work best for them. If you are lucky and plan ahead, you can have a say in this – otherwise no. Don't waste time disagreeing. Who will it be?

If you had to choose which of your children you'd prefer to live with, talk about it now while everyone is calm and has time to go away and come back to the conversation again. Married children need to talk to their spouses and their kids and even their in-laws. It can take several conversations to get through those layers. If there are siblings there will be sibling issues. They don't go away because we get older and even the best families have to tread this tricky terrain.

At the end of the day – or the end of your life – the issue