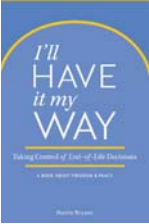



I am the founder of **MY GOLDEN RULES**

My Golden Rules is a qualified 501(c)(3) public charity tax-exempt organization dedicated to creating educational tools.

I am the author of *I'll Have it My Way* and the producer of the made-for-PBS television lecture based on the book.

I have no commercial interests in organizations in the health care industry.





Hattie Bryant, author



LEADING CAUSES OF DEATH IN THE US

- Heart disease: 614,348
- Cancer: 591,699
- Chronic lower respiratory diseases: 147,101
- Accidents (unintentional injuries): 136,053
- Stroke (cerebrovascular diseases): 133,103
- Alzheimer's disease: 93,541
- Diabetes: 76,488



Mom b. 1915 d. 1990 (75) Dad b. 1916 d. 1994 (78)

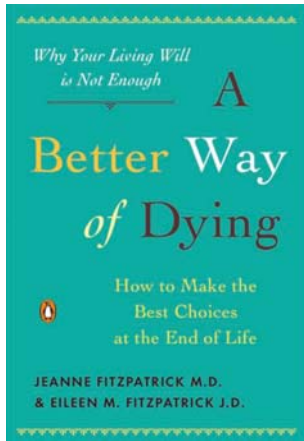
Who's my Hattie?

4 STEPS TO A PEACEFUL DEATH

- 1 REALIZE THAT EVERYONE DIES
- 2 UNDERSTAND THE LIMITS OF MEDICINE
- 3 LEARN THAT YOU HAVE CHOICES
- 4 CREATE YOUR CIRCLE OF CARE

Constance Dahlin, ANP-BC, ACHPN, FPCN, FAAN is a very famous nurse.











Step 1 is acceptance of the plain truth that death will happen to us and to all of our loved ones.

**4 STEPS
TO A
PEACEFUL
DEATH**

- 1 ACKNOWLEDGE THE INEVITABILITY OF DEATH
- 2 UNDERSTAND THE LIMITS OF MEDICINE**
- 3 EDUCATE YOURSELF ABOUT YOUR HEALTHCARE CHOICES
- 4 COMMUNICATE YOUR WISHES & CHOOSE A PROXY



Jackie Collins 1937-2015



David Bowie 1947-2016







Psycho 1960 Murder in a shower.



Osteoporosis in Women then 8,010,000 now 14,791,000
Diabetes then 11,697,000 now 13,378,000
High Blood Pressure then 38,690,000 now 52,180,000
High Cholesterol then 49,480,000 now 92,127,000



“An estimated one in four physician appointments is taken by a healthy person—aka the worried well.”



=



<http://www.cnn.com/2013/12/13/opinion/cannoli-exercise-vs-meds/> CNN

Result: The medicalization of American life is killing our souls.

Step 2 is to recognize that medicine could be ineffective and could worsen, rather than help, and in the end is always too small when up against the force of nature.



Workbook Excerpts

WHAT IF YOU...	NEVER	SOMETIMES	USUALLY	ALWAYS
No longer can recognize or interact with family or friends.	1	2	3	4 5
<i>Comment</i>				
No longer can talk clearly.	1	2	3	4 5
<i>Comment</i>				
No longer can respond to commands or requests.	1	2	3	4 5
<i>Comment</i>				
No longer can walk but can get around in a wheel chair.	1	2	3	4 5
<i>Comment</i>				
Are in severe pain most of the time.	1	2	3	4 5
<i>Comment</i>				
Are in severe discomfort (such as nausea, dizziness) most of the time.	1	2	3	4 5
<i>Comment</i>				
Are on a feeding tube to keep you alive.	1	2	3	4 5
<i>Comment</i>				
Are on kidney dialysis machine to keep you alive.	1	2	3	4 5
<i>Comment</i>				
Are on a breathing machine to keep you alive.	1	2	3	4 5
<i>Comment</i>				

*These questions are not intended to be used for research. For Research Questions on Life and Living

WHAT IF YOU...	NEVER	SOMETIMES	USUALLY	ALWAYS
Need someone to care for you 24 hours a day.	1	2	3	4 5
<i>Comment</i>				
No longer can control your bladder.	1	2	3	4 5
<i>Comment</i>				
No longer can control your bowels.	1	2	3	4 5
<i>Comment</i>				
Live in a nursing home permanently.	1	2	3	4 5
<i>Comment</i>				
Other:	1	2	3	4 5
<i>Explain</i>				

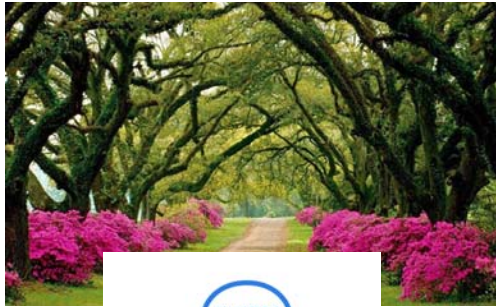
*These questions are not intended to be used for research. For Research Questions on Life and Living

Now, read the following questions and check the box that best reflects your response.

	PROCESSES YOUR HEALTHCARE TREATMENTS	HOW COGNITIVE TREATMENT AND PAIN MANAGEMENT CAN IMPROVE CARE TO SUPPORT HEALTHY DECISIONS
What would you tell your doctor to do if you had a disease that is incurable and you will become dependent on others for your care?		
What would you tell your doctor to do if you have a disease with the hope of improvement AND you are suffering with severe pain?		

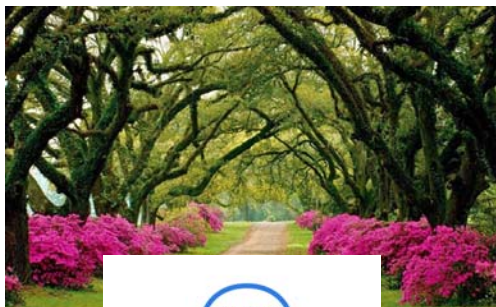
4 STEPS TO A PEACEFUL DEATH

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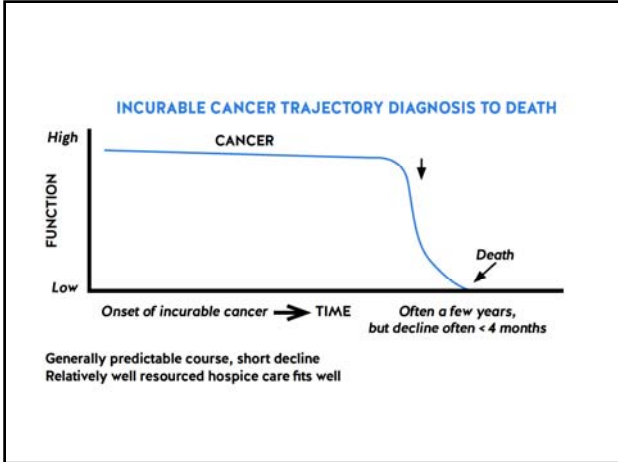


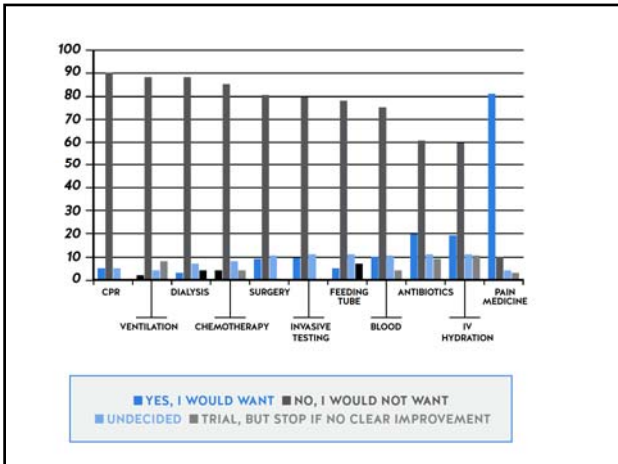
CHAPTER 3
A GENTLE PATH





CHAPTER 3
A GENTLE PATH





“I want to die like my father died. He was not big on medicine. He died at home surrounded by family.”
-Dr. Joseph Gallo



- when I can't wipe my backside
- when I can't carry on a conversation with people I know
- when I can't chew, enjoy the taste of food and swallow
- if I have burns over more than 25% of my body

They Say: Treatment
 You think: Cure.
 They think: process—procedure—protocol—usual intervention.

They say: Perhaps
 You think: Of course.
 They think: maybe but more likely not.

They say: Your cancer has responded to the chemotherapy
 You think: I am going to be cured.
 They think: There has been some effect on the tumor.

They say: We can try
 You think: It will work.
 They think: It is technically possible to do this but there is no suggestion of success.

They say: We can enroll you in a study.
 You Think: Great. I'm going to get cutting-edge treatment.
 They Think: You fit the criteria we are seeking for the research.
 You want to participate in order to add to medical knowledge.

Another way to think about it is:
palliative care=comfort care

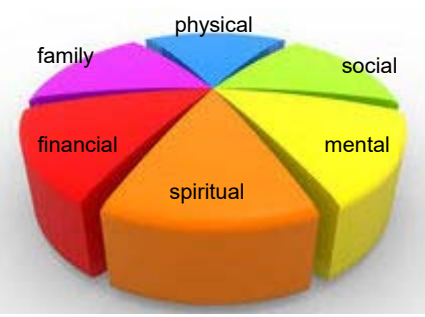


Palliative care is delivered by a team that typically includes a physician, a nurse, a social worker and a chaplain.

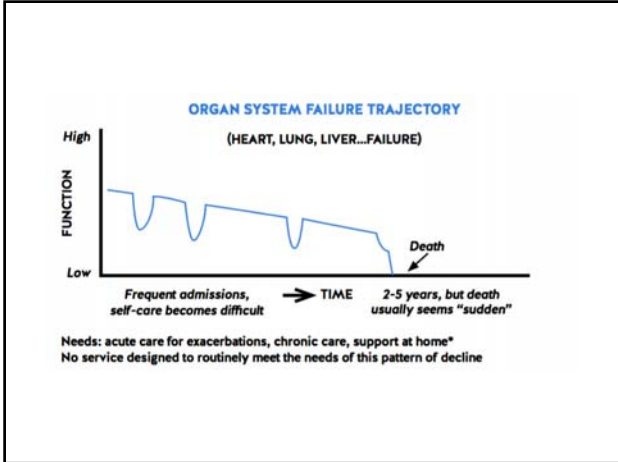
NEW TREND:
Train every clinician in palliative medicine.
I should be able to receive palliative care from my PCP, nurse and pastor.

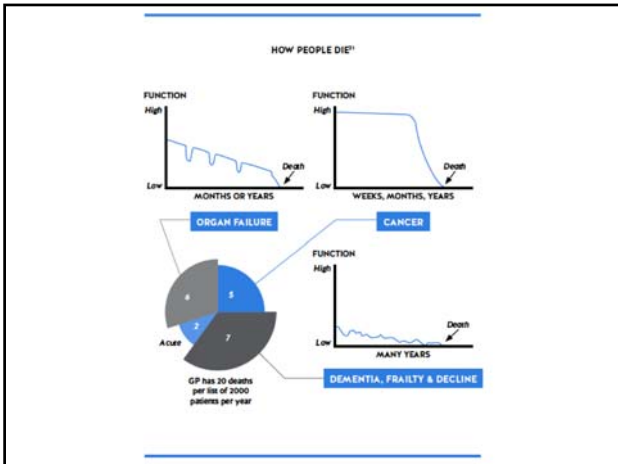
palliative care = supportive care, comfort care, compassionate care

medicine=curative care
WRONG!
curative care is part of medicine
comfort care is part of medicine




physical
social
mental
spiritual
financial
family





Step 3 is learning that we have choices. When our condition is worsening and death is near, consider the risk vs. benefit of treatments. We are not required to passively turn over the last months or years of our life to a system that insists upon surgery, stents, chemotherapy, blood transfusions, bags and lines which accompany these interventions.





The Patient Self-Determination Act (PSDA) was passed into law on November 5, 1990.

Advance Directive
Part 1: Living Will
Part 2: Durable Power of Attorney for Healthcare

75% of us have not named a proxy for healthcare decisions.

“Everybody knows I don’t want to be kept alive with machines.”

Ariel Sharon



Photo: The Times of Israel

Advanced medicine kept Ariel Sharon alive for eight years on a mattress grave. He had a feeding tube and was treated for pressure sores, blood clots and pneumonia which are a constant threat to comatose patients.

Dr. Michael Mitchell works with as many as 100 dying patients at any one time. He says,

“When someone is dying there is no such thing as a functional family.”

(Lecture at the USC Graduate School of Gerontology September 25, 2014)

Best is the proxy is not a spouse or a child.






Dr. Tarek Karaman warns us, **“Avoid choosing a granddaughter as your proxy.”**



Falyn is my 'Hattie' She is strong, smart, logical, calm, 34 years my junior, family by marriage, lives close by, has read my workbook answers, can stand up to other family members and physicians, and can be trusted to do for me what I want for me not what others might want for me

Proxies often fail the patient. Without clear instructions from the patient, family members can be paralyzed.

Step 4 — the last step— to freedom and peace is provide specific instructions to loved ones and chose one person who will speak of you when you are no longer able to speak for yourself.



Workbook
Pages 12-23

Check the statement that fits you best.

- It's OK with me if keeping me alive requires unlimited resources paid for by insurance (private/Medicaid/Medicare), my own savings/the savings of family, and makes heavy demands on the time and emotions of family and friends.
- It's OK with me if keeping me alive requires unlimited resources paid for by insurance (private/Medicaid/Medicare) and my own savings. However, I do not want my care to be a financial or emotional burden on my family. So, when my money runs out, let me go naturally. I realize that this choice means I might have nothing left to leave to my children and grandchildren.
- It's OK to keep me alive so long as it's paid for by insurance (private/Medicaid/Medicare). So, when my benefits run out, let me go naturally. That way I can leave any assets to my family.
- I am beginning to understand that keeping me alive at all costs (money and the efforts required of so many others) is not what I want for my life. I want to leave gently with people sorry to see me go rather than hoping I will go.

Quantity or Quality?

Given the research provided and how you've answered the previous questions, do you want your doctor and others in your circle of care to be focused on maximizing the length of your life or the quality of your life?

Please circle one:

Quantity

(number of days)

Quality

(the stuff of your day)

If your healthcare providers state you will never regain these functions, you are to be provided care that will keep you comfortable and pain free until you die.

In order to live the life you desire, it is important for you to retain the ability to: (SELECT ALL THAT APPLY TO YOU)

- Share your thoughts through words, gestures, or assistive devices.
- Understand what people are saying to you.
- Know that you are hungry. You are able to eat and swallow if someone feeds you.
- Chew and swallow food. Losing this ability results in the need of a feeding tube.
- Take care of your own toileting needs.
- Take a bath or shower with or without assistance.
- Interact in social settings.

*Used with permission of Dr. Carolyn Hill-Sanderson, ELP Planning Partners.

List other functions that are important to you:



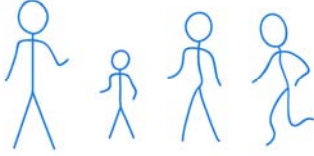
Think about people you know who...

- Would be willing to speak for you.
- Can separate their personal desires for you from your desires for yourself.
- Would take some time soon to review with you what you are writing in this document.
- Lives close to you or can travel to you quickly or work via phone, email and text with a physician.
- Is young enough and healthy enough to be around in the future.
- Is someone you trust with your life.
- Can calmly manage any conflicts.
- Can stand up to family members who may not agree with you.
- Can negotiate with physicians to achieve your stated goals and be willing to fire a physician who doesn't listen.
- Can listen to facts presented and make a rational decision.

Write your list of possibilities... (minister, adult children of your friends, nieces, nephews, neighbors, one of your own children—the one who is feisty, outspoken, strong, persistent and maybe even considered obnoxious—a godchild, a cousin, a sibling—much younger one—the spouse of a niece, nephew or your own spouse—if much younger but probably not a good choice)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Remember we discussed that it's best to name one person, not a committee. There are plenty of reasons that this person might not be your child or your spouse but at the same time, it is your choice.



The person I choose to speak for me if and when I cannot speak for myself

1. _____

If the first person I named is not available, this person will step in.

2. _____

Add your proxy choices to line one and two. Fill in the rest of the form and before you sign, find a couple of neighbors or friends to witness for you.



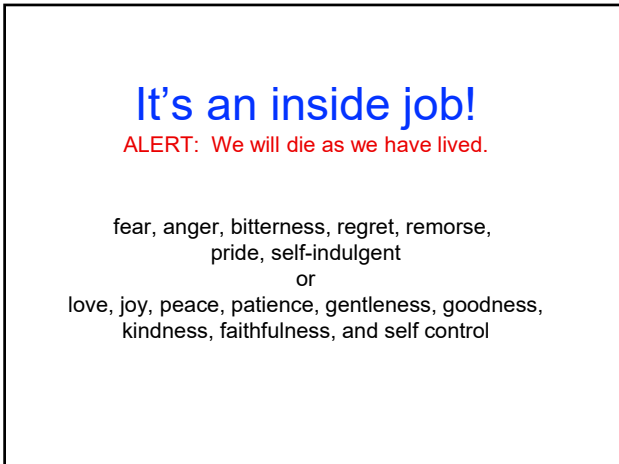
TELL EVERYONE

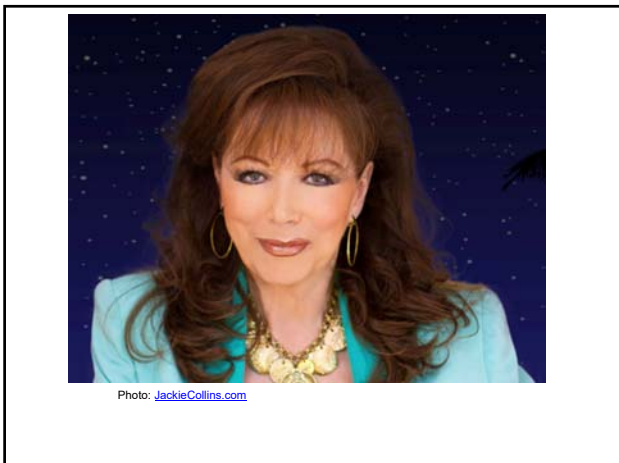
4 STEPS TO A PEACEFUL DEATH

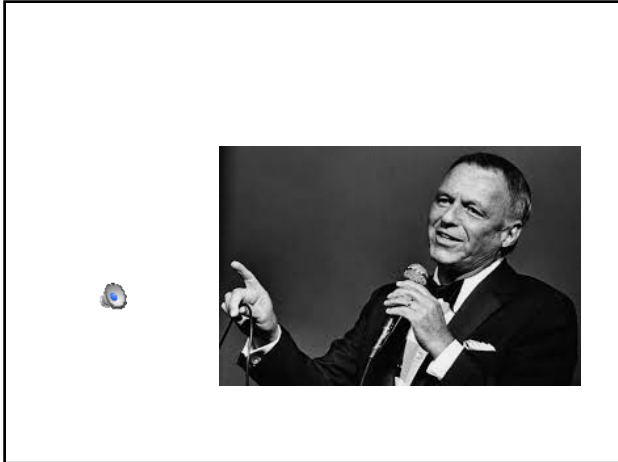
- 1 REALIZE THAT EVERYONE DIES
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WHAT NEXT?









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create clear care plans?

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Home > Medicare > Survey & Certification > General Information > CMS Federal Grant Opportunity

Survey & Certification - General Information

CMS Federal Grant Opportunity

Reinvestment of Civil Money Penalty (CMP) Funds to Benefit Nursing Homes

Overview

Federal law, Sections 1818(h)(2)(B)(i)(V)(i) and 1919(h)(3)(C)(i)(V)(i) of the Social Security Act (the Act) incorporate specific provisions of the Patient Protection and Affordable Care Act, (the Affordable Care Act, ACA) (Pub. L. 111-148), provides for the collection and use of CMP funds imposed by CMS when nursing homes do not meet the Medicare Requirements for Participation. The Act provides that a portion of CMP funds could be used to support activities that benefit nursing home residents, including projects that assure quality care within nursing home.

The solicitation for this federal grant opportunity identifies the goals/objectives for these potential CMP projects, as well providing the eligibility criteria and instructions for the application process. Applicants must address all the requirements described within the solicitation.

John E. Morley, MD

Photo: LaboratoryEquipment.com

Stop taking so many drugs; if you're over 65 eat what you want; speaking of alcohol, one drink per day for women and two for men; find a geriatrician, do a bit of aerobic, resistance and balancing exercises each day; don't get sick, don't think about getting sick and don't hang around people who are sick.

1. meditation
2. yoga
3. exercise
4. diet
5. medication



homeostasis is the soup
your heart is swimming in

Fear, anger, bitterness, regret,
remorse, pride, self-indulgence—
drip, drip, drip.



As long as we are living with fear, anger, bitterness,
regret, remorse, pride and our
it's-all-about-me adolescent demands,
then when we do become frail or hear that serious
diagnosis, we become more fearful, more angry, more
bitter, more full of regret, more remorseful, and more
demanding.

We will die as we have lived.

Fear, anger, bitterness, regret, remorse,
pride, self indulgence—drip, drip, drip.

or

Love, joy, peace, patience, gentleness, goodness
kindness, faithfulness, and self control

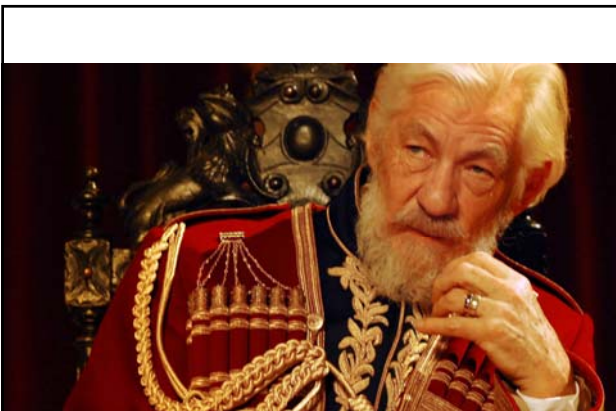


Photo: PBS.org

fear and anger
or
love and peace
