

Chapter Fifteen: Aging, Death and Dying

13th edition: pages 478-491
 12th edition: pages 438-453
 (chapter fourteen)

*'live so that you don't look back
 and regret that you've wasted
 life'*

author unknown



redefining aging

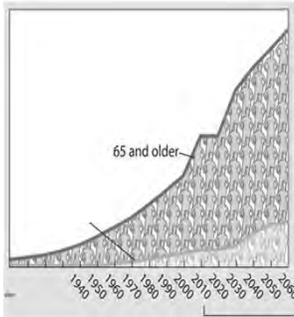
13th pp. 478-479; 12th pp. 438-39

age can be defined in several ways:

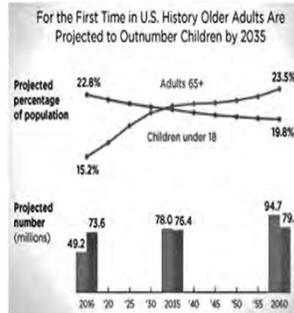
- **biological:** the relative age and the condition of the body and its organs
- **psychological:** the adaptive characteristics such as coping abilities and intelligence
- **social:** refers to the person's habits and roles such as music, politics, and entertainment
- **legal:** the most common definition. The factor determining driving, voting, drinking and retirement ages
- **functional:** how people cope of a similar age

our aging population

113th pp. 478-479; 12th p. 440

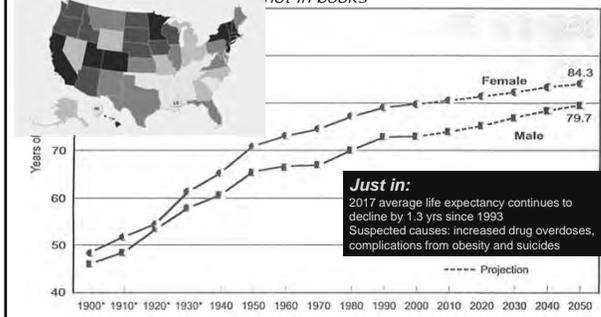


number of Americans over 65 & 85 years of age in millions



the good news... we're living longer than ever before

not in books

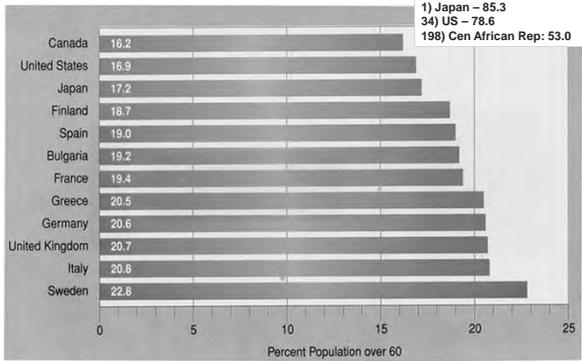


Just in:
 2017 average life expectancy continues to decline by 1.3 yrs since 1993. Suspected causes: increased drug overdoses, complications from obesity and suicides

2019 US national average: 78.6 years (women-81.1 | men-76.1)
 US is ranked 29th in industrialized nations...Japan is highest at 85.3

global aging perspective

not in books



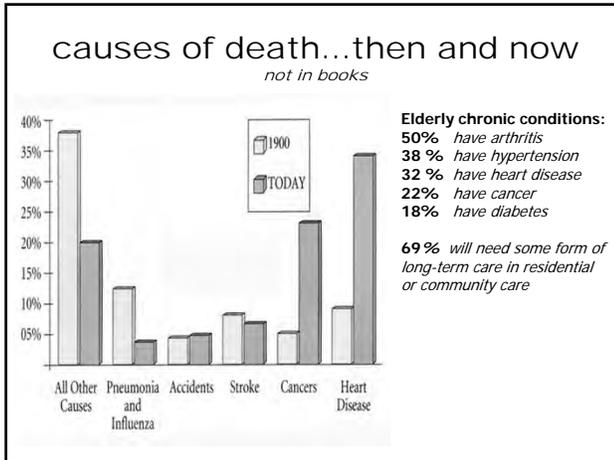
world life expectancy:
 1) Japan - 85.3
 34) US - 78.6
 198) Cen African Rep: 53.0

issues for an aging society

13th pp. 479-480; 12th pp. 439-40

as 'baby boomers', (born 1946-1960) age, many issues effect us as a society:

- 90% of health care costs are incurred in the last 10 years of life
 - 38% of health care costs are spent on the elderly
 - increased burden on government and private systems as we age
 - older Americans ave. \$5756 annually in health care, an increase of 37% since '05
- 95% of elderly never live in rest homes or assisted living, though as we age, these issues are becoming more important. The ave. cost of nursing home is \$256.00 per day or \$7700.00 per month.
- retirement programs: the federal government sees the Social Security system as becoming over burdened as we age 10,000 baby boomers retire each day!
- ethical and moral issues: organ donor prioritization, extended care options, euthanasia issues...later in presentation!



theories of aging

not in text

- **wear and tear theory:** friction and gravity have cumulative effects on our body as age
- **cellular theory:** proposes that we have only a certain amount of usable cells, and as they wear out, we age
- **autoimmune theory:** as our body's immune system declines and begins to be less robust, so as we age we can become more susceptible to disease and cancers
- **genetic mutation theory:** as we age, our genes mutate, leading to eventual dysfunction of body organs. New studies show each regeneration round the 'telomeres' shorten on our DNA causing mutation/aging.

how we age physically

13th p. 481; 12th p. 441 and class handout

- HEAD AND BRAIN:** Skull thickens and head size increases. Brain decreases in size; no indication that this affects mental function.
- HEARING:** Ability to hear high-frequency sounds diminishes.
- FACE:** Nose and earlobes become longer. Wrinkles from facial expressions and sun exposure develop.
- LUNGS:** Vital capacity declines.
- BONES AND JOINTS:** Bones become less dense. Wear and tear can cause breakdown of joint cartilage.
- URINARY SYSTEM:** Bladder's capacity declines. Kidneys filter blood more slowly.
- HAIR:** Usually turns gray and becomes thinner. Men may go bald.
- EYESIGHT:** Lenses harden, yellow, and lose transparency. Ability to see close objects diminishes.
- SKIN:** Skin becomes thinner, less elastic. Age spots develop. Fat deposits under skin diminish.
- HEART:** Stroke volume diminishes.
- REPRODUCTIVE SYSTEM:** In women, menopausal drop in estrogen levels can cause hot flashes or mood swings; vaginal secretions lessen, vaginal walls become less elastic. In men, testosterone levels drop, ability to attain and maintain an erection decreases.

how we age mentally

13th pp. 480-482; 12th pp. 443-44 and class handout

- **intelligence:** perhaps increases with age, as our brain has more 'experiential cells' to latch new experiences with
- **memory:** though daily or short term memory diminishes...long term memory seldom changes
- **adaptability:** through life experiences, often older people learn to be more adaptable and make do
- **depression:** often occurs with physical maladies and mobility and relationship issues
- **senility:** can occur at any age...often aged persons have sensory (hearing, sight) limitations which make them indecisive
- **Alzheimer's Disease:** progressive brain impairments effecting memory and normal functioning. Thought to be brought on by the brains lessening release of chemicals. *(next slide)*

Dementia v Alzheimer's

not in texts

Dementia is an umbrella term for symptoms which exhibit declining memory, cognition

- Associated with aging; caused by strokes, lack of blood/nutrient flow to the brain, and concussions from sports which damage brain cells
- Symptoms are impaired short term memory and is progressive
- Some forms are treatable to slow progression

Alzheimer's is a disease and is a specific type of dementia which causes 50-70% of dementia.

- Symptoms include impaired thought, mood swings, acting out.
- Often affect learning, and is progressive.
- Not sure of cause, though common is a change in chemical make-up of the brain.

strategies for healthy aging

13th pp. 383-484; 12th pp. 444-45

- **healthy relationships & spirituality:** family, friends, social groups enhance mental and physical health along with spiritual or church connectedness.
- **fitness:** though our body takes longer to recover when we age, regular physical activity with a realistic knowledge of the body's abilities helps maintain health
- **nutrition:** balanced eating habits with vegetables, fruit and less red meat, saturated fats, sugars and preservatives add to our body's health and antioxidants help protect our bodies
- **mental challenges:** going back to school, 'elder hostel', card or mentally challenging games help bolster the body's senses and mental acuity plus volunteering in the community

longevity 'blue zones'

not in books

In these communities people live healthy, productive lives into their 90's and 100's: Loma Linda-Ca, Okinawa-Japan, Sardinia-Italy, Nicola-Cost Rica, Icaria, Greece

Common traits of all five areas:

- Family** - Family is put ahead of other concerns
- No Smoking**
- Plant-based diet** - The majority of food consumed is derived from plants
- Physical activity** - Moderate physical activity is an inseparable part of life
- Social engagement** - People of all ages are socially active and integrated into their communities
- Legumes** - bean based meals are commonly consumed

Defining Death

13th pp. 485-467; 12th pp. 445-446

- Death:** can be defined as a 'a permanent cessation of all vital functions: the end of life'
- Brain dead:** irreversible cessation of all functions of the entire brain stem
- Dying:** The process of decline in the body's functions resulting in the death of an organism
- In the US we often are afraid and deny the inevitability of death**
 - avoiding subjects of death and unhealthy or dying persons
 - sometimes we create a stratified society
 - talking to the dying as there is nothing wrong
 - use euphemisms for the word death: passing away, etc.
 - continually planning well into the future

coping with loss

13th pp. 484-485; 12th p. 446

EMOTIONAL RESPONSES TO DEATH
 (as identified by Kubler-Ross)

- Denial** ("No, not me!"). The denial overcomes the initial shock and allows the person to begin to gather together his or her resources. Denial, at this point, is a healthy defense mechanism.
- Anger** ("Why me?!"). During this stage, the dying person begins to feel resentment and rage regarding imminent death.
- Bargaining** ("Yes, me but..."). In this stage, a patient may try to bargain, usually with God, for a way to reverse, or at least postpone, dying.
- Depression** ("Yes, it's me"). In the fourth stage, the patient gradually realizes the full consequences of his or her condition. This may begin as grieving for health that has been lost, and then become anticipatory grieving for the loss that is to come of friends, loved ones, and life itself. This is perhaps the most difficult time and the patient should not be left alone.
- Acceptance** ("Yes, me, and I'm ready"). In this last stage, the person has accepted the reality of death: The moment loss as neither frightening nor painful - only inevitable.

Several stages may occur at the same time and some may happen out of sequence. Each stage may take days or only several hours or minutes.

coping with loss

13th pp. 484-485; 12th p. 446 (different table)

not in books

How to help a dying person:

Don't worry about what to say. Your words matter less than your presence. Just being there, holding hands, is a comfort.

Listen. Dying people often need someone to listen as they talk through their feelings. Such discussions don't make them more upset but help them come to terms with what's happening.

Be genuine. Don't try to look or act cheerful. Your loved ones will see through you and feel more isolated that before. It's better to let your sadness and concern show.

Don't try to explain or rationalize what has happened, offer consolation and reassurance.

survivor's stages of grief

13th pp. 486-487; 12th pp. 447-48

This process can take days, weeks, or months...prolonged symptoms are cause for concern, and should one seek help

coping with grief

13th pp. 486-487; 12th p. 447-48

Worden's Model of Grieving:

- **accept the reality of the loss:** *traditional rituals such as funerals, memorial services, wakes may help bereaved people move towards acceptance*
- **work through the pain of grief:** *acknowledge and work through the pain or it could manifest itself in other symptoms or behaviors*
- **adjust to an environment where the dead is missing:** *learn new identity and life patterns without the deceased*
- **move on with life:** *find new life patterns while remembering the deceased*



coping with grief, *con't*

13th pp. 486-487; 12th pp. 447-48

1. **Accept your feelings** - sorrow, fear emptiness, whatever, as normal.
2. **Don't try to deny emotions.**
3. **Let others help you.**
4. **Express your feelings** - through tears, recollections, and talking with others, so that you can accept the loss.
5. **Don't feel that you must be strong and brave and silent,** though you have every right to keep your grief private.
6. **Face each day as it comes.**
7. **Give yourself time** - for the pain to ebb, the scars to heal, and your life to move on.
8. **Commemorate.** A funeral or memorial service can help you come to terms with a loved one's death and provides an opportunity to celebrate the dead person's life.
9. **Don't think there's a right or wrong way to grieve.** Mourning takes many forms.
10. **Seek professional counseling** if you remain intensely distressed for more than six months or if your grief does not ease over time.

talking to loved ones when someone dies

13th pp. 486-487; 12th pp. 449-51

- Don't let your sense of grief keep you from reaching out. Show genuine concern, and your caring show. Say you are sorry for their loss
- Be available to listen, run errands, and help with whatever they need
- Don't change the subject when speaking about the deceased person. Allow them to express their grief as it's necessary to heal
- Give reassurance using whatever you know to be true and positive about the care given to the deceased person before death
- Don't say you know how they feel...unless you've suffered a similar loss ...you don't
- Avoid comments such as 'this will be all behind you', 'now it's time to get on with your life'...be respectful of a person's time to grieve
- If a person cannot let go of disabling grief after 6mo-1 year suggest they seek help.



taking care of business, *con't*

13th pp. 486-487; 12th pp. 449-51

- **use available support networks:** family, friends, church groups
- **Hospice:** begun in the 1970's, its primary goal is to relieve the dying person's pain and offer support to the family through the entire dying and grieving process
- **organ donation:** organ donation demand has become so great, all states have uniform cards to make your wishes known before death with stipulations you are comfortable with
- **make funeral arrangements:** discuss rationally memorial arrangements, burying arrangements before a person dies to make the family's grieving process much less stressful!

taking care of business *don't wait until it's too late!*

13th pp. 486-487; 12th pp. 449-51

- **make a will:** *financial but also life ending issues such as life support and organ donation*
 - **holographic wills:** *hand written, signed and dated*
 - **legal or 'official wills':** *attorneys, hospitals, stationary stores, websites...the more assets you have, the more careful you need to be!*
- **four steps to assure your wishes are carried out:**
 - 1) complete a doctor's or advance directive (DNRs) orders
 - 2) complete a power of attorney
 - 3) discuss your wishes with family
 - 4) Make sure many have a copy of your advance directive or DNR

Terry Schivo: collapsed at age 26, and was in a coma and legal battle for 15 years before being allowed to die



Euthanasia - Assisted Suicide

13th pp. 486-487; 12th pp. 449-51

- **Active Euthanasia:** ending the life of a person who is suffering with no chance of recovery
- **Passive Euthanasia:** the intentional withholding of treatment that would prolong life.
- **Advance directives:** or do not resuscitate (DNR) orders can provide legal justification for passive Euthanasia.
- **Assisted Suicide:** is defined as suicide committed with the aid of another person, sometimes a doctor
- Legal in nine states. California legalized in 2018
- Terminally ill patient is evaluated by two medical doctors and one Psychiatrist
- If approved, a sedative is administered to slow, eventually stop the heart without pain.



***no one makes it out alive!
begin this moment to live
your life to the fullest with no
regrets, and rationally
prepare for
the inevitable***

