

# 2nd Opinion: Respond to the cry of the elderly

November 2, 2016

Four decades ago, theologian/author Frances Schaeffer forecast the next throw-away segment of our society after abortions would be the elderly by euthanasia. Physician aid in dying, or assisted suicide, is now legal in Washington, Oregon, California and Vermont. Schaeffer's gloomy prophecy has become reality.

Noted geriatrician Robert N. Butler told of tragedy following Sept. 11, 2001, in New York City: "Animal activists evacuated dogs and cats within 24 hours after the World Trade Center was attacked, while disabled or older persons were abandoned in their apartments for up to seven days before ad hoc medical teams arrived to rescue them." Christians must not let this fast-growing segment of our society become dispensable.

This devaluation of our seniors is serious, but equally concerning is that their needs are outpacing resources.

In 2050, the U.S. population aged 65 and older is projected to be 83.7 million, almost double the 2012 estimate of 43.1 million. Statistics and trends of an aging population are driving the rapid increase in care facilities—many which are understaffed—and the economic burden on the younger population.

The dramatic rise in the number of people reaching 65 has expanded classifications into three sub-populations—the "young old" (ages 65-74), the "old" (74-84) and the "oldest-old" (85 and older).

The "young old" is the first wave of Baby Boomers who reached full retirement age in 2011. [Over the next 20 years](#), 74 million Boomers will be

retiring. Because of increased longevity, a wave of aging Baby Boomers will expand the “old” category. The “oldest-old” is the fastest-growing segment of the total population, with a growth rate twice that of the “old” and almost four times that of the total population. They now represent 10 percent of the older population, but that is about to skyrocket.

These are more than mere “fast facts.” They are a call to ministry and must shape our response as Jesus-followers.

### **Ministering to the elderly**

Emotional problems of the elderly often increase with physical decline. Care facilities are full of residents/patients with deteriorating sight, hearing and mobility. Result? There is a huge need for Christian ministry to the aging and dying, to the lonely and lost and their families.

We cannot assume doctors and technology will resolve everything. In his must-read book, *Being Mortal*, Atul Gawande examines the inadequacy of doctors and their practices to meet the needs of our seniors. He writes of a conversation with Felix Silverstone, a geriatrician, who said: “Mainstream doctors are turned off by geriatrics, and that’s because they do not have faculties to cope with Old Crock. The Old Crock is deaf ... has poor vision ... and a somewhat impaired memory. And the Old Crock doesn’t just have a chief complaint—the Old Crock has 15 chief complaints. How in the world are you going to cope with all of them? You’re overwhelmed.”

### **The medical model is inadequate**

Gawande captures the purpose of his book: “We’ve been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really, it is larger than that. It is to enable well-being. And well-being is about the reasons one wishes to be alive.”

He does more than daunt us with the size of the problem. He effectively

traces the transformation of geriatric care from the “nursing home” to brighter alternatives like assisted living and multi-level life care. He lets us peek into the lives of senior citizens whom he has learned can be engaged rather than warehoused, who can experience renewal and who can build and retain vibrant relationships. He clearly educates about the value of aging, the kinds of relationships patients have with doctors and how all caregivers can encourage a fuller life.

His book also sharpened my view of end-of-life issues, hospice and palliative care, clarified the matter of life expectancy, and helped me identify the myths I may have accepted. Drawing upon his own medical practice and experiences, he challenges some of the conclusions our culture has embraced about unnecessarily and artificially prolonging life at any cost. (Gawande implies he would endorse euthanasia if he could, a view which I do not share.)

Referring to drawn-out medical treatments as “a long tail of possibility,” he writes: “The trouble is that we’ve built our medical system and culture around the long tail. We’ve created a multimillion-dollar edifice for dispensing the medical equivalent of lottery tickets—and have only the rudiments of a system to prepare patients for the near certainty that those tickets will not win. Hope is not a plan, but hope is our plan.”

Interfacing with senior citizens provides profound opportunities for compassionate Jesus-servants to shine.

When I visit my mother in assisted living, attendants often mention how few residents have visitors. Walking those hallways can be depressing, but it should nudge us into service, to be the hands and feet of Jesus to these special seniors. Even the “oldest old” can become interactive, even though they seem dull, overmedicated or prone to sleep most of the time.

One woman on my mother’s wing who seemed withdrawn and quiet was

sitting in a common area reading her Bible. I began to engage her, asking about her reading habits and her spiritual background. From then on, she always lights up when I approach. We have some great dialogues.

### **Caring for the caregivers**

“There has been increasing concern about the current and future supply of acute and long-term care workers, especially nurses and paraprofessional staff, such as certified nurse assistants, home health aides and personal care attendants,” the [International Journal of Epidemiology](#) reports. “Unskilled paraprofessionals, who provide the bulk of long-term care services, are overwhelmingly women and disproportionately drawn from racial and ethnic minorities. Low wages and benefits, hard working conditions, heavy workloads and a job that has been stigmatized by society make worker recruitment and retention difficult.”

So, here is another segment of our culture that is begging for Christian outreach and touch. Supervisors, nurses, aides, kitchen helpers and cleaning personnel may comprise some of the most unappreciated and unnoticed vocations in our culture. I make it a point to know them, call them by name, joke with them, encourage them and minister to them. The response is very positive. We must personify the Great Commission and Golden Rule to these people, too.

What can be done to minister to the elderly and their care givers?

- Initiate visits to facilities for the elderly. Ask the staff which residents need special attention.
- Volunteer. Helpers are welcomed in all areas.
- Be certain your congregation has an outreach to the elderly. The “young old” often are looking for meaningful service and gladly assist those a bit older who are more limited.

- Pray especially for and with the elderly. Offering prayer is such a vital outreach.
- Develop an adopt-a-senior initiative, either personally, as a church or both. Celebrate special days, help with note writing, run errands, read aloud, pray with them and especially listen.

Take a moment to hear the muffled cries for help coming from our senior citizens.

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