

age in action

Activities in geriatrics and gerontology education and research

Virginia Center on Aging
Virginia Geriatric Education Center
Virginia Department for the Aging

Case Study

Ethical Concerns in the Care of Individuals with Alzheimer's Disease

Jeanne Sorrell, RN, Ph.D.



Dr. Jeanne Sorrell is an Associate Professor of Nursing in the College of Nursing and Health Science at George Mason University, where she serves as Special Projects Coordinator for the Office of Health Care Ethics (OHCE) and Coordinator of the Ph.D. in Nursing Program. Dr. Sorrell is currently carrying out a research project on *Ethics of the Care of Persons with Alzheimer's Disease*.

Educational Objectives

1. Identify important ethical concerns in the care of individuals with Alzheimer's Disease.
2. Describe the use of the *Fairhill Guidelines* as a framework for study of ethical issues related to the care of individuals with Alzheimer's Disease.
3. Discuss interventions to assist individuals with dementia and their family members in exploring ethical concerns.

Background

The approximately four million individuals with Alzheimer's Disease in the United States reflect a critical problem in our society. It is estimated that Alzheimer's Disease affects one-third to one-half of persons over 85 years; the numbers increase still higher when persons with other types of dementia are included (Post, 1995). A national survey concluded that caregivers provide an average of 70 - 100 hours of care per week for individuals with Alzheimer's Disease, often referred to as AD

persons. Many of these caregivers are family members and most have been providing this care for an average of four years (Alzheimer's Association National Newsletter, 1996). The overall national cost for this condition is estimated to be as high as \$120 billion annually (U.S. Department of Health and Human Services, 1996). The emotional cost to AD persons and family members seems beyond estimation.

Surprisingly little has been written about the *ethics* of caring for these individuals (Sorrell, 1997). The prevalence of this condition in our society, the economic and emotional cost, and the vulnerability of AD persons, however, suggest that the ethics of dementia is a critical issue to consider. Post (1995) proposes that we must develop an ethics of dementia that attaches no moral relevance to mental acuity or decline. Our society's traditional focus on the "authenticity" of the self excludes those whose self is increasingly fragmented and scattered. Post suggests that an ethics of dementia be developed not merely through moral abstractions or ethical principles,

but through active listening to AD persons, caregivers, and families as they describe the reality of living with dementia.

The following case study is intended to encourage reflection on how, through listening to stories of AD individuals, caregivers, and families, we can begin to understand their unique experiences and to identify interventions for ensuring that the care of AD persons embodies respect and dignity.

Case Study

In the following true case study (names and identifying circumstances have been altered), Robert discusses with a nurse specific ethical concerns related to the care of his wife with Alzheimer's Disease:

It's really strange in my case because some of the ones in our support group, they actually knew, they were told point blank, that their loved one had Alzheimer's. Josie just kind of evolved into the whole thing. She was only 47 when she started becoming symptomatic, and they really didn't know what it was. We actually went to four different neurologists. One thing led to another, and the next thing I know, I'm in an Alzheimer's study. But no one's actually come out and said, "Yes, she has Alzheimer's." I really denied it for awhile. But when she had to retire, I started going to the Alzheimer's support group and started comparing notes with

others.

The first thing that she lost was her ability to pay the bills. She'd get so confused, and I couldn't figure out what was going on. Everything just happened so gradually that little by little I found myself, like doing the driving, 'cause she used to do all the driving, even when we went on vacation. She didn't verbalize it, but I think she was having a problem herself and so every time I took over something, it was actually a relief to her.

One hard thing is that Josie was always such a gentle person, and now sometimes when she wants to resist things, it's like looking into the eyes of the devil. It's scary. I had never seen such hate and anger. I just try to keep things on an even keel and not worry about things that aren't really issues. She went to bed with her clothes on - well, so what? You have to deal with it that way. Once she got real upset when watching "Seinfeld" - she didn't like the way that crazy guy Kramer was acting. I mean she was about ready to kill somebody. But once we got her on the anti-depressants, it modified her behavior problems.

One concern that I have now that Josie is in assisted living is about emergency measures. I'm Catholic, and I have to see how much ethically I can do or not do. I mean I want to do anything within what's ethically correct but I wouldn't want to go

to any extreme measures. I don't think, given the dynamics of the disease, that I'd want to prolong it any more than it already has been prolonged. I think some kind of a course would be good where you really think through what would be most important. Because a lot of times I think once they start something, then it's hard to undo it. I took ethics like 100 years ago, but I don't remember all the implications. Until we started talking today I hadn't really thought of it that much. I guess I should go to the priest and see what I can and can't do. I think Alzheimer's [Association] may even offer some of those kinds of programs. I've found that once you start talking to people you find there are lots of resources out there.

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That could be my full social life, going to programs and all!

Intellectually for me, I still feel that Josie is a human being and I've tried to ensure that she has a quality of life. When I go visit her sometimes she slips in and out of being normal. I would always hope that she's still treated with the dignity that she should have as a human being. I guess what I'm saying is that, even though it seems weird, there's still a human being in there sometimes, there really is, and it's important to remember that. I can enjoy Josie now more than I could when I had her 24 hours a day. That was a nerve-racking experience, especially when there were behavior problems. She's still the love of my life.

Discussion

Robert informally outlined many of the ethical issues that have been framed in the *Fairhill Guidelines on Ethics and the Care of People with Alzheimer's Disease* (Post & Whitehouse, 1995). These guidelines evolved from discussions among a diverse group of professionals, including nurses, physicians, lawyers, ethicists, and administrators, who gathered regularly from 1993 to 1994 to listen to stories of family caregivers and individuals with mild dementia of the Alzheimer's type. The overall purpose of these sessions was to explore ethical concerns related

to dementia care. Individuals with dementia and their caregivers were encouraged to bring forward "real life" issues that otherwise might be missed with a reliance only on ethical theory and solitary reflection.

Six primary concerns are addressed in the *Fairhill Guidelines*: truth-telling and diagnosis; driving privileges; respecting choice: autonomy, capacity, and competence; dilemmas of behavior control; issues in death and dying; and quality of life and treatment decisions. Each of these six categories can be seen in the case study.

Truth-telling and Diagnosis

Robert's statement that he never actually received a diagnosis of Alzheimer's Disease for his wife is not unusual. It is important for health care professionals, AD persons, and family members to consider ethical concerns in "truth-telling" related to a diagnosis. Furthermore, although family members may object to the AD person being present, it is important to recognize that cognitive deficits do not waive an individual's moral and legal right to be present. The diversity of cultural values and traditions in our society should also be considered. In conjunction with diagnostic disclosure, health care professionals have a responsibility to assist AD persons and their families in accessing available resources, including

counseling and support group interventions.

Driving Privileges

As Robert noted, the limitation of driving privileges is often an early and sensitive problem faced by AD persons and family members. A diagnosis of Alzheimer's Disease, in itself, is not sufficient reason to prevent the AD person from driving. Driving is often viewed as an important symbol of freedom and independence; withholding this privilege unnecessarily can be perceived as unfair and demeaning. Families need guidance in informed decision-making related to driving privileges and in identifying appropriate alternatives.

Respecting Choice: Autonomy, Capacity, and Competence

Understandably, AD persons who are still capable of making reasoned decisions are distressed when they are not allowed to make reasonable choices. Robert described how he allowed Josie to make choices that would not interfere with her or others' safety, such as going to bed with her clothes on. It is important to recognize that the terms "competence" and "incompetence" refer to a person's legal status; the terms "capacity" and "incapacity" are increasingly being used to describe one's ability to make informed choices (Post & Whitehouse, 1995). Even AD persons with fairly advanced

dementia may have periodic periods of lucidity, especially in the early part of the day when they are less fatigued.

Caregivers need education and guidance in how to help AD persons feel that they have as much control as possible over their lives (Noyes, 1998).

Dilemmas of Behavior Control

Creative forms of care are often needed to ensure respect and dignity when attempting to control undesirable behaviors such as wandering and agitation. Robert described how he struggled with these behaviors that Josie exhibited. As he suggested, the cautious use of appropriate medications can aid in controlling undesirable behaviors. On the other hand, physical restraints are likely to increase agitation and may actually decrease safety. A calm environment and activities that creatively incorporate remaining abilities of the AD person can decrease problems with behavior control.

Issues in Death and Dying

One can feel the tension as Robert described his thoughts of making decisions related to death and dying for Josie. Often, AD persons with mild dementia can discuss appropriately their wishes regarding end-of-life choices; doing this early can help to avoid later disagreements between themselves and family members. Family members need to recognize their

obligation to honor wishes of the AD person and may need help - a "course," as Robert described it - to better understand ethical options and implementation of appropriate advance directives.

Quality of Life and Treatment Decisions

Too often, we equate the loss of cognition with hopelessness and uselessness. This perception leads to what Post (1995) refers to as "exclusionary ethics": too high a value placed on rationality and memory excludes individuals with dementia from the sphere of human dignity and respect and leaves them socially marginalized. Robert described Josie as still "the love of my life." Families of AD persons often express the joy that their loved ones find in simple daily activities. It is important to recognize that any "measurement" of quality of life includes a subjectivity that is not easily quantified.

Implications of a Focus on the Ethics of Dementia

Recognition of the difficulties in "measuring" quality of life, as well as the need to question our assumptions of how cognitive ability and productivity relate to quality of life, implies that we need to identify interventions with AD persons and their families to ensure that ethical concerns are addressed.

Participants in the *Fairhill Guidelines* discussions

sometimes used the phrase "quality of lives" rather than "quality of life," suggesting that an important aspect of quality is being connected to others in supportive ways (Post & Whitehouse, 1995). As we become connected with AD persons and their caregivers, we can better understand and interpret their highly individual experiences. Stephen Post summarizes this perspective: *Care, building on the foundation of solicitude, includes joy, compassion, commitment and respect: care rejoices in the existence of the person with dementia, although it need not strive to prolong that existence; care responds supportively to the needs of the person with dementia, although these needs may be largely emotional; care is loyal even as the loved one fades from the sphere of familiar self-identity and becomes almost unknowing and therefore unknown, but still remembered* (Post, 1995, pp. 8-9).

Through listening to narratives of lived experiences, we can reshape our image of persons with dementia. Through focusing on interpretation of the experience of dementia, we can help to establish an ethic of respect for the subjectivity and dignity of those affected.

Study Questions

1. Think about the kind of ethical issues you have experienced in interactions with AD persons and their family members. Would these fit within the framework of the *Fairhill Guidelines*? If not, what new category do you think would be appropriate to consider?

2. What are appropriate interventions for AD persons and family members to ensure that ethical concerns are addressed?

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From the Executive Director, *Virginia Geriatric Education Center*

Iris A. Parham, Ph.D.

The Virginia GEC has recently been involved in several national presentations regarding our distance learning programs. These programs cover our Certificates that are available via distance education, the new Ph.D. in Health Related Sciences, and our work for our funded Geriatric Interdisciplinary Team Training project. The Certificate programs are described on page 13. The Ph.D. in Health Related Sciences, which has gerontology as one of its eight specializations, is completing its first year. Applications are currently being reviewed for the second year of the program. The exciting part of this program is that it is truly interdisciplinary, involving: gerontology, occupational therapy, physical therapy, rehabilitation leadership (rehabilitation counseling), radiation sciences, clinical laboratory sciences, health administration, and nurse anesthesia. The third distance focus is our Fall, 1999 course, Geriatric Interdisciplinary Team Training, to be presented at four sites across the state of Virginia: Richmond, Norfolk/Virginia Beach, Northern Virginia, and Abingdon, Virginia. The course will focus of real and complex

geriatric cases in the acute care setting, hospice setting, home care setting, and rehabilitation setting. There will be three one-day sessions when all four sites are linked together electronically, accompanied by eight self-study videotapes. Our hope is to have not only an interdisciplinary group of teachers, but also students from as many of the 14 GEC-affiliated disciplines as possible. The first videotapes were completed with presentations by Dr. Ellen Netting, Dr. Howard Garner, and Dr. Ayn Welleford. Ms. Leigh Peyton and colleagues presented excerpts from this session at the recent meeting of the Southern Gerontological Society. In May, the VGEC will present trainings at Sentara Norfolk General Hospital and Bon Secours - Richmond on Pain Assessment and Treatment in Interdisciplinary Settings as part of the Geriatric Interdisciplinary Team Training project. So, it continues to be a busy and exciting time.

A listing of the upcoming courses, training sessions, and other programs offered by the Department of Gerontology can be found on pages 12 and 13.



From the
Director,
Virginia Center on Aging

Edward F. Ansello, Ph.D.

Caregivers and lifelong learners. Two success stories this winter. The General Assembly of Virginia passed and Governor Gilmore signed into law a historic recognition of the vital role that family caregivers play in maintaining our fellow Virginians with disabilities in our communities. When relatives have significant levels of impairment, unable, for example, to eat or toilet unassisted, it's family members who account for the overwhelming amount of care that's provided. It is family members who provide the broad base of chronic care to Virginians needing such assistance. Family caregivers are the backbone of the long-term care system and, heretofore, they have been unrecognized and, some would say, ignored. No longer. The Caregivers Investment Bill initiative is now law as the Virginia Caregivers Grant Program. Effective January 1, 2000, the Virginia Department of Social Services will administer the program to provide \$500 grants to family caregivers with adjusted gross incomes up to \$50,000 who care for a mentally or physically impaired relative of any age who has two or more impairments in Activities of Daily Living.

These small grants are both symbolic and practical. Of course, caregivers' needs and responsibilities are often nothing short of awesome, but \$500 can buy months of meals-on-wheels or appreciated days of respite. The "parents" of this Bill in the General Assembly are several, principally Senator Walter Stosch of Henrico and Delegate Frank Hall of Richmond. Delegate Hall has introduced a Caregivers Bill for the past four sessions of the General Assembly. This year Delegate John Tate of Smyth County also championed this caregivers initiative. We commend them and their colleagues for recognizing and reinforcing family care.

Success of another kind came this winter in the expansion of VCoA's lifelong learning short courses. We have been offering the overnight "Love of Learning" educational experiences near Valentine's Day for the past six years. This year we added overnight courses at the Duke of York Hotel in Yorktown on the *Peninsula Campaign in the Civil War* and on the *Chesapeake and Its Watermen*. Gifted instructors and our knowledgeable Yorktown Coordinator, Nancy Laurier, engaged our "lifetime learners" in the facts and issues, so much so that participants were reluctant to leave at the end of the programs. We plan to continue to expand our offerings of excellent teaching in settings

worth visiting. Please see the Calendar section (page 14) of this issue for details.

We wish you a pleasant Spring.

From the
Commissioner, Virginia
Department for the Aging

Ann Y. McGee, Ed.D.

I am pleased to announce that all appointments have been made to the Commonwealth Council on Aging. If you turn to the inside back cover of this issue of *Age in Action*, you will find the names of the new Council members. The purpose of the Council, as stated in the Code of Virginia, is to promote an efficient, coordinated approach by state government to meeting the needs of older Virginians.

The Council is composed of nineteen voting members appointed as follows: one member from each of the eleven congressional districts of the Commonwealth appointed by the Governor; four at-large members appointed by the Speaker of the House of Delegates; and four at-large members appointed by the Senate Committee on Privileges and Elections. The Council membership also includes the following nonvoting, ex officio members: the Commissioner of the Department for the Aging, the Director of the Department of Medical Assistance Services,

the Commissioner of Social Services, and the Secretary of Health and Human Resources, or their designees.

The Council held its first meeting on Thursday, March 18, 1999. At this meeting the Council members began the process of getting to know each other and took the first steps in becoming a cohesive and functional working body. The Council will meet in April, June, and July to learn more about each other, adopt by laws, elect officers, and become more familiar with Virginia's aging network. A strategic planning retreat is planned for the Fall where the Council will develop its plan of action. All meetings are open to the public and are announced in the Virginia Register of Regulations which can be accessed through the Internet.

Focus on the Virginia Geriatric Education Center



E. Ayn Welleford, Ph.D.

Dr. Welleford is a member of the Geriatric Interdisciplinary Team

Training (GITT) graduate course planning committee for the Virginia Geriatric Education Center. In this role, Ayn assists in curriculum development, acts as the course moderator, and is a co-instructor for one of the four broadcast sites.

Ayn currently works part-time for the Department of Gerontology and has been teaching on an adjunct basis in the department since 1997. On July 1, 1999 Ayn will begin an interim Assistant Professor position in the department. Some of her current responsibilities include teaching, student recruitment, and alumni relations. Ayn is also an Affiliate in the Department of Psychology where she currently teaches Lifespan Development, Adolescent Development, and Adult Development and Aging. Her research interests include successful aging, family relations across the lifespan, and intergenerational programs.

Ayn received her Bachelor of Arts degree in Management-Psychology from Averett College. She received her Master of Science degree in Gerontology from Virginia Commonwealth University, where she received the A.D. Williams Award for scholastic excellence and outstanding promise in the field of gerontology. Ayn also received her doctorate degree in Developmental Psychology from VCU, and was named Psychology student of the year in 1997.

Focus on the Virginia Center on Aging



David H. Harpole, Sr., M.D.

Dr. David Harpole retired in 1993 from a 30-year career as a surgeon in Roanoke, whereupon he and his wife of 46 years, Ann, moved to Richmond to be closer to their daughter and son-in-law, their grandchildren, and a weekend cottage in King and Queen County. Dr. Harpole quickly became a valued member of the VCoA Advisory Committee for his insights, creative suggestions, and sense of humor.

Since retirement, Dr. Harpole has been an energetic volunteer in public service work. He is an active member of the Richmond Academy of Medicine, the Medical Society of Virginia, and other surgical societies. He served as Medical Director of Part B Medicare of Virginia for two years. Currently, he is the president of the Virginia Sons of the American Revolution, a society of 1500 members.

Serving on VCoA's Advisory Committee provides Dr. Harpole

with "an opportunity to share in helping others" and, he says with tongue in cheek, "those other people" who grow old. He admits, however, to being old enough to have appreciated the swing music at the Center's "Love of Learning" conference (an introduction to Elderhostel) at the Chamberlin Hotel in February.

The Harpoles also have a son who is a thoracic surgeon on the faculty of Duke University Medical School, a daughter-in-law who is an internist at Duke, and another grandchild on the way.

The Virginia Handbook for Guardians and Conservators

The *Virginia Handbook for Guardians and Conservators* has been revised! The *Handbook* is a tremendous resource to those serving as guardian or conservator, and it has been revised to include information compliant with law effective as of January 1, 1998. The book may be ordered through the VGA office at (804) 828-9622. It is priced as follows: 1-25 copies, \$10 each; 26-50 copies, \$9 each; and 50+ copies, \$8 each, plus an additional charge to cover shipping. Call the VGA office to receive your order form. Everyone involved with guardianship or conservatorship will want this valuable resource.

May is Older Virginians Month

Each Spring the Virginia Department for the Aging works with the Governor to declare **May Older Virginians Month**. Based upon the national Older Americans Month designation given each May by the president, Virginia also sets aside this special time to recognize and honor our older citizens. What was once viewed as a unique accomplishment (living into old age) has today become a demographic imperative that involves an ever expanding segment of our population. The Department for the Aging and Virginia's 25 local Area Agencies on Aging join together in urging you to give some serious thought to the theme of Older Virginians Month:

"Honor the Past, Imagine the Future: Towards a Society of All Ages." This theme was developed by the federal Administration on Aging for Older Americans Month. Note that **"Towards a Society for All Ages"** is also the theme of the United Nation's International Year of Older Persons which we are also celebrating in 1999. To learn more about special Older Virginians Month events which may be taking place in your community, contact your Area Agency on Aging or call Jaci Poke at the Department for the Aging at (804) 662-9323.

New Videos Available from the Information Resources Center

Sponsored by the Virginia Center on Aging and the Virginia Geriatric Education Center, the Information Resources Center (IRC) lends aging-related videos to anyone in the state of Virginia at no cost. Two new videos have recently been acquired.

The Doctor Is In: Alzheimer's Disease offers caregivers ideas and the opportunity to see and hear experiences of others in similar caregiving situations. Three families are followed who demonstrate strategies to keep loved ones with AD involved and engaged in life and to help delay further symptoms of the disease.

When the Brain Goes Wrong: Seven Short Films about Brain Disorders offers seven portraits of individuals with a variety of brain disorders, including schizophrenia, manic depression, stroke, epilepsy, and head injury. Interviews with physicians and overviews of each disorder enhance the personal story of each individual.

These films are representative of the 135 titles that can be found in the IRC's film library. To have a complete film list mailed to you, or for further information, contact the Virginia Center on Aging at (804) 828-1525

The International Year of Older Persons

by *Cindy Westley, RN, MSN*
Community Care Manager
University of Va. Health System

The world's population is rapidly aging. Over the next few years, the average lifespan worldwide will increase by almost 20 years. At the same time, the proportion of older persons (defined by the United Nations as 60 and over) will increase from one in 14 to one in four. In recognition of this significant demographic trend, the United Nations General Assembly has declared 1999 the International Year of Older Persons (IYOP). This recognizes that population aging has become a global, humanitarian and economic issue. The purpose of the Year is to foster international awareness of the importance of seniors' role in society and the need for intergenerational respect and support.

In 1991 the United Nations adopted "Principles for Older Persons" (resolution 46/91). These 18 principles address independence, participation, care, self-fulfillment, and dignity of older persons. They form the framework for the IYOP. The UN has chosen the theme "*Towards a Society for All Ages*" to focus beyond the elderly population, to reflect on interconnections and interdependence among all generations, and to promote the

idea that aging issues permeate everyone's life. The activities and initiatives of the International Year of Older Persons seek to:

- reflect the concern for ensuring age integration and to stress harmony between generations,
- heighten the awareness of the reality of changing demographics and the aging of the population,
- help dispel myths about aging by promoting a more realistic image of the older person in society,
- provide us with the opportunity to recognize the contributions made by seniors,
- encourage healthy, active aging while at the same time recognizing that support for some seniors, particularly the 80+ group, is essential to their well-being and continued independence, and
- allow us to exchange experiences and knowledge about aging issues with other countries.

The United Nations has developed a visual identity for the International Year of Older Persons to gain recognition of the Year itself and what it represents. The logo design consists of rotating concentric lines expressing vitality, diversity, and interdependence, as well as movement and progression. Countries around the world and many organizations and agencies in the United States are planning

special programs and celebrations to bring attention to contributions older persons make to society, to implement innovative policies and programs for the elderly, and to promote intergenerational respect and support.

Assistant Secretary of the Administration on Aging, Jeanette C. Takamura, stated in an address, "the International Year of Older Persons give us cause to call more than the usual attention to longevity and to consider the opportunities and the challenges which emerge as a consequence."

For more information about the International Year of Older Persons and activities that are occurring to highlight older adults around the world, please see the web site at

<http://www.un.org/esa/socdev/iyop/index.html> or the Administration on Aging at <http://www.aoa.dhhs.gov/international/default.htm#iyop>

Every day there are reasons to celebrate the achievements of older adults, but the International Year of Older Persons is a special year to both celebrate as well as draw attention to the needs of older persons around the world.



*towards a society
for all ages*

Recent Federal Grant Focuses on Pension Benefits

by Bob Knox

A grant to provide pension counseling to rural Virginians was recently awarded to the Virginia Department for the Aging. In 1994, the Administration on Aging began funding pension counseling projects in metropolitan areas such as San Francisco, New York, Minneapolis, and St. Louis. The Administration on Aging has expanded their pension grant program to include rural areas. The recent grant to Virginia focuses on rural pensioners and is being implemented by two Area Agencies on Aging: Mountain Empire Older Citizens in Big Stone Gap, and the Crater District Area Agency on Aging in Petersburg.

Pension income, savings, and Social Security are the three legs that provide for a secure retirement. Because it may have been earned over three or four decades and from more than one employer, pension income is sometimes easy to lose track of. Computing the correct amount due from each employer is complicated and difficult to verify. Further, pension plans are very diverse and each has its own requirements for vesting and calculating the benefits.

Pension counselors at Mountain Empire Older Citizens

and the Crater District Area Agency on Aging help clients determine if they are owed pension benefits from each former employer. They do this by verifying the client's employment history, analyzing the employer's pension plan, and helping to resolve problems if they arise. When problems do arise, there is a small but active network of organizations and individuals specializing in pension issues, led by the Pension Rights Center in Washington, DC. These organizations provide guidance and assistance in those cases where the local pension counselor has run into a dead end, there is confusion surrounding the benefits, or the counselor believes that an employer may be violating federal pension laws.

Each of the two Virginia projects is taking a slightly different approach, although both have a very active outreach program to let people know that pension counseling is available. At Mountain Empire Older Citizens, the program is led by Wanda Tatum, who also supervises the RSVP and insurance counseling programs. Wanda has three highly skilled volunteer counselors who work with her. Each was involved in retirement planning and administering retirement benefits before they retired themselves. At the Crater District Area Agency on Aging, the program is coordinated by Christina

Cavallo, an attorney, and Angela Flowers, a benefits specialist for a large hospital corporation. In addition to these two agencies, Bob Knox at the Virginia Department for the Aging takes cases from other parts of the state and provides staff support to the two projects.

Long range, the Department hopes that the results from these two pilots will lead to the expansion of pension counseling services throughout the state. For more information about this grant or about resources for learning more about pension rights, call Bob Knox at (804) 662-9321.

Web Sites of Interest

Petition for the Reform of Nursing Home Care in the Commonwealth of Virginia

<http://members.aol.com/NHReform/index.html>

ElderNet

<http://www.eldernet.com>

Older Americans page from nolo.com (Self-Help Law Center)

<http://www.nolo.com/ChunkOA/OA.index.html>

AgeNet

<http://www.agenet.com>

The Virginia Center on Aging's Annual Legislative Breakfast

This year's Legislative Breakfast, when the Virginia Center on Aging annually reports to the General Assembly, was held on Wednesday, January 20th at St. Paul's Episcopal Church in Richmond. Senators, Delegates, and representatives from VCU and the field of aging were in attendance.



Above (l-r): (1) Dr. Constance Coogle and Catherine Dodson welcome Delegates Robert Brink and Ken Plum. (2) VCU Deans in the foreground at the Breakfast. (3) Guests are welcomed by VCoA's Kimberly Smith (c) and Danielle Little (r).



Above (l-r): (1) Sec. of Health & Human Services Claude Allen chats with George Podelco, Eastern Shore AAA, and John Skirven, Sr. Services of Southeastern Va. (2) Lt. Gov. John Hager, VCoA Advisory Committee Chairman Sandra Rollins, Commissioner Ann McGee, and Dr. Ed Ansello. (3) Del. Butch Davies and Sallie Morgan, Rappahannock-Rapidan CSB.



Above (l-r): (1) Mary Payne, Commonwealth Council, Teresa Carter, Southern AAA (Martinsville), and Ann Bender, Valley Program for Aging Services (Waynesboro). (2) Harris Spindle and Robert Mountain, Virginia Association of Area Agencies on Aging. (3) Del. Mitch Van Yahres and Dr. Ed Ansello.



Above (l-r): (1) Del. Earl Dickinson visits with Bill and Dot Egelhoff. (2) Del. Harry Blevins and Dr. Ed Ansello. (3) Commissioner Ann McGee, Gay Currie, Lake County AAA (South Hill), and Terri Lynch, Arlington AAA.

**Upcoming Programs from The Department
of Gerontology at VCU/MCV**

Gerontology Courses - Summer 1999 Semester

VCU Campus

GRTY-401-901	Introduction to Gerontology	Peyton
June 2 - July 21	Mon. & Wed. 6:00 - 8:40	Sanger, Room 1-067
GRTY-627-001	Psychology of Health and Healthcare	Welleford
June 7 - July 29	Mon. & Thurs 3:00 - 5:40	RMA, Room 120
GRTY-608-001	Advanced Topics in Problems, Issues & Trends	Cotter
July 7 - July 29	Mon. & Thurs. 6:00 - 8:40	RMA, Room 120
GRTY-692-801	Independent Study	May 17 - Aug. 13 Parham
GRTY-692-802	Independent Study	May 17 - Aug. 13 Harkins

Northern Virginia Campus

GRTY-605-C90	Social Gerontology	Englade
May 17 - July 9	Tues. & Thurs. 6:00 - 8:40	

Video Courses

GRTY-601-C90	Biological & Physiological Aging	Harkins
May 17 - Aug. 13		
GRTY-605-C90	Social Gerontology	Osgood
May 17 - Aug. 13		
GRTY-691-C90	Aging and Disease Lit.	Kirkpatrick
May 17 - Aug. 13		

**Geriatric Interdisciplinary
Team Training**

As part of the Geriatric Interdisciplinary Team Training (GITT) project, the following training sessions have been scheduled:

Sentara Norfolk General Hospital

May 12, 1999
Pain Assessment and Treatment in Inter-disciplinary Settings

July 21, 1999
Spirituality and the Older Adult

Bon Secours - Richmond

Pain Assessment and Treatment in Inter-disciplinary Settings
St. Mary's Hospital

For information on
programs on pages 12 and
13, call (804) 828-1565.

**The VGEC, in cooperation the Virginia Department of Social Services,
will hold the following training sessions for 1999:**

Individualized Service Planning	May/June
Recognizing and Managing Common Health Problems in ACRs	October/November

Tentative training sessions are as follows:

Aggressive Resident Management
Communication, Conflict Resolution, and Interdisciplinary Team Training
Health and Well-Being - Diets and Planning Menus on a Budget
Managing and Recognizing Serious Cognitive Impairments

Upcoming Programs from The Department of Gerontology at VCU/MCV

Certificate in Aging Studies Programs Offered

General Certificate in Aging Studies

The Certificate in Aging Studies Program was designed primarily to meet the needs of persons who are already working with the elderly but who have no formal academic training in gerontology, or individuals who have completed another Ph.D., Masters, or Bachelors degree and wish to integrate aging into their field. In addition to the General Certificate in Aging Studies, four joint Certificate programs have been developed.

Certificate in Aging Studies with an emphasis in Long-Term Care Administration

This Certificate is presented in cooperation with the Department of Health Administration which prepares students for the nursing home administration licensing exam.

Certificate in Aging Studies with an emphasis in Social Work

This Certificate is presented in cooperation with the School of Social Work which provides students who plan to work with older adults the opportunity to learn about gerontological problems, issues, and trends.

Certificate in Aging Studies with an emphasis in Rehabilitation Counseling

This Certificate program, in cooperation with the Department of Rehabilitation Counseling, allows students planning to work with older adults the opportunity to specialize in an emerging field - aging with a disability.

Certificate in Aging Studies with an emphasis in Pharmacy

This Certificate program, in cooperation with the School of Pharmacy, allows students to learn about issues facing the older adults who they will encounter throughout their professional careers.

Gerontology Courses - Fall 1999 Semester

VCU Campus

12281	GRTY-410-001	Introduction to Gerontology	Tues. & Thurs.	11:00 - 12:15	Osgood
12283	GRTY-410-901	Introduction to Gerontology	Wednesday	4:00 - 6:40	Ansello
12284	GRTY-501-001	Physiological Aging	Wednesday	2:00 - 4:40	Harkins
12285	GRTY-602-901	Psychology of Aging	Monday	7:00 - 9:40	Welleford
12286	GRTY-603-901	Research Methods	Wednesday	6:00 - 8:40	Owens
12287	GRTY-605-901	Social Gerontology	Thursday	5:00 - 7:40	Osgood
12288	GRTY-606-901	Aging and Human Values	Tuesday	7:00 - 9:40	Welleford
12290	GRTY-615-901	Aging and Mental Disorders	Thursday	6:00 - 8:40	Staff
12294	GRTY-692-801	Independent Study			Parham
12295	GRTY-692-802	Independent Study			Harkins

Video Courses

16901	GRTY 601-001	Biological and Physiological Aging			Harkins
15305	GRTY-616-001	Geriatric Rehabilitation			Welleford
16902	GRTY-691-901	Geriatric Interdisciplinary Team Training			Parham



Calendar of Events

April 26-30, 1999

"Maximizing People's Potential Options and Independence."
20th Annual International Conference on MR/DD.
Crowne Plaza Manhattan Hotel, New York, NY.

April 27, 1999

"Coexisting Medical Conditions with Dementia." Dementia Care Consortium. 8:30 a.m. - 10:00 a.m. The Heartlands, Ellicott City, MD. For info. call (410) 561-9099.

April 29, 1999

Gerontology Spring Symposium featuring William F. Benson. Academic Campus Student Commons, Virginia Commonwealth University, Richmond, VA, 5:00 p.m. - 8:00 p.m. For info. call (804) 828-6079.

May 4, 1999

2nd Annual Spring Conference of the Greater Richmond Association for Continuity of Care. Hyatt House, Richmond, VA. For info. call (804) 285-7600 or (804) 270-1510.

May 13-16, 1999

"Creating a Society for All Ages Through Intergenerational Solutions." 10th Annual Generations United Conference. Crystal City Marriott, Washington, DC. For info. call (202) 662-4283.

May 17-19, 1999

"12th Annual Issues in Aging Continuing Education Program." The Management Education Center, Troy, MI. For info. call Janice Freytag at the Office of Continuing Medical Education at (313) 577-1180.

June 3-4, 1999

"Dimensions of Dementia." 2nd Annual Education and Training Academy. Northern Virginia Community College, Annandale Campus, Annandale, VA. For info. call the Northern Virginia Chapter of the Alzheimer's Association at (703) 359-4440.

June 21-23, 1999

"The Faces of Aging." 16th Annual Summer Series on Aging. Sponsored by the Sanders-Brown Center on Aging, University of Kentucky. Hyatt Regency Hotel, Lexington, KY. For info. call (606) 257-8301.

June 24-25, 1999

"Managed Care and Long-Term Care: Putting the Pieces Together." Scripps Gerontology Center & Ohio Long Term Care Research Project. Radisson Hotel North, Columbus, OH. For info. call (513) 529-2914.

July 18-21, 1999

"Diversity in Caregiving: Exploring the Possibilities." The 8th National Alzheimer's Disease Education Conference. Long Beach Convention Center, Long Beach, CA. For info. call (312) 335-5790.

July 23, 1999

Memory Walk. Sponsored by the Alzheimer's Association, Northern Virginia Chapter. For info. call (703) 359-4440.

August 23-26, 1999

"Responses to an Aging Florida." Annual Training Conference of the Florida Council on Aging. Hyatt Regency, Miami, FL. For info. call (850) 222-8877.

Educational Short Programs in Yorktown

Enjoy VCoA's Lifetime Learning classes for adults 55 and over at the Duke of York Hotel at the riverside.

June 14-15 "By Land and Sea: Yorktown and the Peninsula Campaign in the Civil War"

June 21-22 "Lore and Lure of the Boats of Chesapeake Bay"

August 1-2 "Tides of Change: The Chesapeake and Its Watermen in the New Age"

Programs include classes, overnight lodging, and meals. For info. call (804) 828-1525.



Virginia Center on Aging
at Virginia Commonwealth University,
Richmond, Virginia.

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**AARP Grief and Loss Programs Announce the Launching of Their
“Coping With Grief and Loss” web site at
<http://www.aarp.org/grifandloss>**

The “Coping with Grief and Loss” web site includes:

For Widows and Widowers: common reactions to loss, the AARP Widowed Persons Service, frequently asked questions, volunteer opportunities, consumer tips on finding a group

Helping a Parent or Loved One: understanding your parent’s grief or depression, frequently asked questions

For the Bereavement Professional: statistics on widowhood, beginning a bereavement program, grief and the workplace; ordering “From Loss to New Life” (a facilitated bereavement series)

Resources: hyperlinks to online resources, listings and hyperlinks to bereavement-related organizations, AARP resources both online and in print, booklets and brochures, resources for the professional

If your group is not listed on this website and wishes to be, please e-mail griefandloss@aarp.org with both your web address and e-mail address.

Responses to case studies and comments on other newsletter features are invited and may be published in a future issue. Please include your name, title, address, and signature. Mail comments to: Kimberly Smith, *Age in Action*, P.O. Box 980229, Richmond, VA 23298-0229, 804/828-1525, fax to 804/828-7905, or e-mail to kspruill@hsc.vcu.edu.



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