CARING FOR ELDERLY DEVOTEES

A MANUAL PREPARED BY DEVOTEE CARE TEAM

Version 1 | December 25th 2020

"THE SERVANTS OF GOD COME TO PROPAGATE GOD CONSCIOUSNESS, AND INTELLIGENT PEOPLE SHOULD COOPERATE WITH THEM IN EVERY RESPECT."

"THE LORD IS MORE PLEASED WHEN HE SEES THAT HIS SERVANTS ARE PROPERLY RESPECTED BECAUSE SUCH SERVANTS RISK EVERYTHING FOR THE SERVICE OF THE LORD AND SO ARE VERY DEAR TO THE LORD."

HDG A.C. Bhaktivedanta Swami Prabhupada
Purport to Srimad Bhagavatam 1.2.16

Preface

The CARING FOR ELDERLY DEVOTEES is an initiative of ISKCON GBC Devotee Care Committee aimed at systematically disseminating knowledge about devotee care through both online and offline means across the length and breadth of ISKCON. From a humble beginning in 2011, the Devotee Care Initiative has manifested into a multi-faceted platform covering knowledge repositories, newsletters, 40+ online and on site training programs conduced globally, and formation of committees and regional ambassodors of Devotee Care.

ISKCON's VISION STATEMENT	
Every devotee is spiritually happy and materially well-situated, positively identifying with ISKCON as a caring society. Each devotee : a) responsibly looks after his or her diverse needs b) can easily and successfully seek qualified help within the Society, and c) wholeheartedly extends that care to others	And to facilitate this vision, as part of the mission of Devotee Care initiative, we strive to: a) Ensure that the Vaishnava virtue of care pervades all aspects of the ISKCON Society. b) Support and provide specific care services that enhance the spiritual, emotional, physical and social well-being of all ISKCON members.

In line of this vision, the Devotee Care Directorate has identfifed the following 12 areas of devotee care with each of the areas now taking shape in concrete manner.

1. Spiritual Life 2. Healthcare 3. Marriage, Sex & Relationships 4. Child-rearing and child-care	5. Education 6. Career and Employment 7. Financial Advice 8. Housing	9. Travel and Immigration 10. Consumer and Lifestyle 11. Legal and Civic 12. Mediation Advice

The **Caring for Elderly Devotee Initiative** started with the idea of formulating a set of best practices to serve the ageing devotees of ISKCON who have already spent a majority of their lives serving Srila Prabhupada. Over a period of time, a dedicated team of qualified individuals has developed to take this cause ahead.

Adi Gadadhar Pr (Dr. Abhay Deshmukh)	❖ MBBS from Grant medical, Mumbai ❖ Residency training from Emory University in Atlanta, GA. ❖ Working in USA in the field of inpatient as well as outpatient geriatric medicine for the last 11 years. ❖ Geriatrician (specialist for old and aging)
Sacipran Pr (Dr. Santosh Choudhari)	❖ Postgraduate in preventive medicine (Public health) ❖ Additional District Health Officer with Govt of Maharashtra ❖ Trustee and Hon. Director for Community Health Services and Outreach Hospital for Bhaktivedanta Hospital & Research Institute. ❖ Running "Swami Shradhanand Hospital" and "Bhaktivedanta Assisted Living Center" two old age homes at Vasai on behalf of Bhaktivedanta Hospital
Prashant Gaur Pr (Prashant Paymal)	❖ MS (Computer Science), University of Nebraska Omaha, NE - USA
Param Karuna Madhava Pr (Piyush Sehgal)	❖ MBA in Strategy, Richard Ivey School of Planning, University of Western Ontario, Canada ❖ MA in Intercultural Leadership, University of Hawaii ❖ Ex-Ernst & Young, Bell Canada Consultant

With the help of this able team, we have compiled various inputs on elderly care in this **first volume** that covers the entire subject into three parts namely Principles of Elderly care, Application of these principles in the context of healthcare and a dedicated section on end of life care. Further volumes will be presented as a continuing effort to build the repository of knowledge on care for the elderly devotees.

Through this humble attempt, we are endevouring toemphasise upon a culture of devotee care within ISKCON so that those who have come to the lotus feet of Krishna and Srila Prabhupada may positively identify themselves with ISKCON as a caring society and thus remain active in KC till the last movement of their lives.

Sincerely,

Gauranga Das

On behalf of GLOBAL DEVOTEE CARE DIRECTORATE

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PART 1

Principles of Elderly Care

1.Introduction

“At the end of the day, all we have is each other.”

--- HH Bhakti Tirtha Swami ---

The devotees were heartbroken. They were extremely pained to see their beloved Srila Prabhupada, now 82 years old, suffer so much due to ill health. He had practically given up eating and had become extremely frail. But as the Founder-Acharya of ISKCON, Srila Prabhupada, always taking the opportunity to teach his disciples, spoke “Don't think that this will not happen to you”.

Srila Prabhupada spoke these very poignant and instructive words to his dear disciples in Sri Vrindavan dhama in 1977 when he was manifesting his pastime of departing from this mortal world.

Our Vedic scriptures teach us that birth, old age, disease and death are inevitable. Getting old is something we all have to deal with, if we live long enough.

In 1966, when Srila Prabhupada established the International Society for Krishna Consciousness (ISKCON), almost all his followers and students where young boys and girls. But now our movement is over 55 years old and all those devotees who served Srila Prabhupada during the formative years of ISKCON, have become old. There is an urgent need for us all to understand the importance of taking care of elderly devotees and to take systematic measures to implement such care. This system of elderly devotee care should continue in the future, for the next generations of ISKCON devotees.

Srila Prabhupada established the International Society for Krishna Consciousness (ISKCON) with 7 purposes in mind. The 6th purpose is “to bring devotees closer to each other to live a simple and natural life…”

Srila Rupa Goswami writes in the Nectar of Instruction- verse 4,

dadāti pratigṛhṇāti
guhyam ākhyāti pṛcchati
bhuṅkte bhojayate caiva
ṣaḍ-vidhaṁ prīti-lakṣaṇam

“Offering gifts in charity, accepting charitable gifts, revealing one’s mind in confidence, inquiring confidentially, accepting prasāda and offering prasāda are the six symptoms of love shared by one devotee and another.”

Our Acharyas explain that we can develop this "prīti-lakṣaṇam" (loving exchanges) by doing things together.

So, if we look at the 6th purpose of ISKCON and the 4th verse of NOI, it is easy to understand how important it is for us to collectively take care of each other. Devotee care is not a detail, it is an essential principle of Gaudiya Vaishnava culture.

Srimad Bhagavatam 11.2.47 teaches us:

arcāyām eva haraye
pūjāṁ yaḥ śraddhayehate
na tad-bhakteṣu cānyeṣu
sa bhaktaḥ prākṛtaḥ smṛtaḥ

"A person who is very faithfully engaged in the worship of the Deity in the temple, but who does not know how to behave toward devotees or people in general is called a prākṛta-bhakta, or kaniṣṭha-adhikāri."

In a purport, Srila Prabhupada says, "One should not remain a kaniṣṭha-adhikārī, one who is situated on the lowest platform of devotional service..."

Thus, if we are not taking care of devotees, we are on the lowest platform of devotional service.

Our Vaishnava society is based on loving exchanges between devotees. Such loving exchanges are relatively easy when things are favorable. Devotional service, however, is meant to be uninterrupted. Therefore, these loving exchanges between devotees must continue even during difficult times. Devotees should not be "fair-weather friends". Old age is an especially difficult phase of life because there is more likelihood of morbidity and mortality. Although devotional service is transcendental to this material world,we still need to deal with our physical bodies. Therefore, it is our duty to take care of each other while helping each other remember Krishna.

We are all in this together. HH Bhakti Tirtha Swami famously said, "At the end of the day, all we have is each other."

2. Scriptural References For Elderly Devotee Care

"It is my ambition that You will accept me as the servant of Your servants."

--- King Prataparudra to Lord Sri Caitanya Mahaprabhu CC Madhya 14.18---

Examples of elderly devotee care are plenty and we are enumerating just a few. Often, physical, emotional and spiritual care are interrelated and inseparable. We have mentioned the predominant feature of the devotee care in parenthesis.

Note: For a detailed list, please refer to the Appendix section.

Valmiki Ramayana-

1. Sri Ram, Lakshman, Bharat and Shatrughna took such great care of their mothers by serving them in the palaces of Ayodhya (physical care).
2. Srimati Sita Devi wanted the golden deer toward the end of Their 14 year exile, as a gift for Mother Kaushalya (emotional care).
3. Sri Ram and Lakshman comforted the mortally wounded Jatayu at the end of his life. They then performed the last rites for Jatayu with much love and respect (end of life care).

Mahabharata-

1. The five Pandavas always served and obeyed their elderly mother, Kunti Devi. Even when they were exiled for 13 years, they made arrangements for Kunti to live with their wise and noble uncle Vidura (physical care).
2. Even after the great war at Kurukshetra, Maharaj Yudhishtira served and took care of the elderly Dhritarashtra and Gandhari (physical care).

Srimad Bhagavatam-

1. Lord Krishna gave the throne of Dvaraka to his old grandfather Maharaj Ugrasena who had suffered much under the tyrannical rule of King Kamsa (emotional care).
2. Uddhava showed great respect to the aged Maitreya Muni and asked Vidura to seek knowledge from Maitreya Muni (emotional care).

Caitanya Caritamrita-

1. Sri Caitanya Mahaprabhu accepted Srila Ishvara Puri as His spiritual master because of the excellent end of life care he provided to his spiritual master Sripad Madhavendra Puri (physical and end of life care).
2. Haridas Thakur was approximately 35 years older than Mahaprabhu. So, when Mahaprabhu was 30 years old, Haridas Thakur was 65 years old. When Srila Haridas Thakur came to Jagannath Puri, Sri Caitanya Mahaprabhu asked Kasi Mishra to give residence to Haridas

Thakur at Siddha Bakula so that he could perform his bhajan in peace and take darshan of the Cakra of Sri Jagananth temple. Mahaprabhu also made arrangement for Jagannath mahaprasadam to be delivered to him daily (physical care).

3. Many years later, Sri Caitanya Mahaprabhu personally performed the last rites of Srila Haridas Thakur upon his glorious departure, placed him in samadhiand observed a great festival (end of life care).
4. Sri Caitanya Mahaprabhu sent his intimate associates Jagadananda Pandit and Damodar Pandit to Navadvipa to serve Mother Saci by narrating Caitanya Mahaprabhu's pastimes in Jagannath Puri (emotional care).
5. Ishana attained perfection simply by serving the elderly Saci Devi (physical care).
6. Vamshivadana Thakura served Srimati Vishnupriya Devi in her old age and therefore received the personal deity of Srimati Vishnupriya Devi, called Prana Vallabha Mahaprabhu (physical care).
7. Sri Caitanya Mahaprabhu advised Gopal Bhatta and Raghunath Bhatta to serve their parents till the end and only then join Him in Jagannath Puri (physical care).

3. Current state of elderly devotee care in ISKCON

"We do not have a structured program for elderly devotee care in ISKCON, yet."

When Srila Prabhupada established ISKCON, most of the devotees were young. But now, over 5 decades later, we have thousands of devotees who are over the age of 60 years. As a result, we feel an acute need to have a system in place to care for elderly devotees. They are a very vulnerable devotee population and so it behooves us to make appropriate arrangements for their care. Unfortunately, we do not have a structured program for elderly devotee care in ISKCON, yet.

Our scriptures explain that 3 groups of individuals are especially vulnerable and must be protected: women, children and the old. To protect the Vrajavasis, Krishna lifted up Govardhan hill for 7 days and nights. After the heavy rains and hailstorm stopped and Krishna instructed them to go out, the men went out first to make sure it was safe. Thereafter, they asked the women, children and old (sthavirā) to come out.

tatas te niryayur gopāḥ
svaṁ svam ādāya go-dhanam
śakaṭoḍhopakaraṇaṁ
strī-bāla-sthavirāḥ śanaiḥ

> "After collecting their respective cows and loading their paraphernalia into their wagons, the cowherd men went out. The women, children and elderly persons gradually followed them."
> - Srimad Bhagavatam 10.25.27.

We have Child Protection Office (CPO) and Vaishnavi Ministry in ISKCON. We now wish to develop a program to care for our elderly devotees. At present, whenever some elderly devotee needs help, there are sincere but sporadic efforts to help them. The ISKCON Governing Body Commission (GBC) recognizes the great need for systematic development of strategy to provide efficient and effective care for elderly devotees. To achieve this vision, GBC has asked us to come up with best practice guidelines and recommendations.

3.1 How do we define old age?

WHO definition of old age: "The ageing process is of course a biological reality which has its own dynamic, largely beyond human control... The age of 60 or 65, roughly equivalent to retirement ages in most developed countries, is said to be the beginning of old age."

3.2 Who is an elderly devotee?

Elderly devotee is a devotee who is 60 years of age or older. One's position, varna, ashram or field of service in ISKCON should not decide whether we receive elderly devotee care or not. Any elderly devotee who has rendered service in ISKCON, should be eligible to receive such care. The extent of services provided to individual devotees will naturally depend on the circumstances like their devotional contribution to ISKCON, nature of help required, available resources, etc. Finally, the local temple managements should decide on how to care for the elderly devotees in their congregation.

3.3 What will happen if we do not care for our senior devotees?

- We will displease Srila Prabhupada and Krishna.
- Our spiritual progress will be hampered.
- Senior devotees may not be able to focus on their practice of Krishna consciousness due to worry about the future.
- It will be difficult for us to retain devotees in ISKCON.
- We will not be looked upon as a society that cares for its members.
- We will not be seen at par with other organizations that already have a system in place.

4. Different aspects of elderly devotee care

"As a caring devotee institution, it is our duty as well as responsibility to care for them always, in all ways, to the best of our ability ."

4.1 Spiritual Care

- We must create special facility for hearing and chanting the names, pastimes and qualities of Krishna for our elderly devotees. Access to Srila Prabhupada's books and lectures should be provided to them.

- Sravanam and kīrtanam are foundational practices of Krishna consciousness. There should be a spiritual care team of sincere devotees in ISKCON temples who can facilitate this for the elderly devotees. In a medium sized congregation, this team of devotees should be led by 3-4 experienced devotees and assisted by a group of like-minded devotees.

- Health and financial challenges in old age can create a lot of stress and anxiety. Without adequate help from the devotee community, this could adversely affect their practice of Krishna consciousness!

- If the practice of Krishna consciousness is compromised by these extraneous circumstances, the devotees will become spiritually weak and even more vulnerable.

- It is a fact that strong sadhana of regular Sravanam and kīrtanam will give the strength to face material adversities which are inevitable in this material world.

- Facility should be given to elderly devotees to have their Sangha if required. This will help them bond and share their experiences with like minded devotees.

- Opportunities should be given to elderly devotees to give classes. Otherwise, they will feel irrelevant and neglected. We have much to learn from them.

- Preparing to give a class and then speaking Hari katha is a very spiritually nourishing experience. Why should our elderly devotees be deprived of this experience?

- Sometimes, elderly devotees feel uncomfortable to dance in the temple during regular programs because younger devotees in their enthusiasm could be quite rough or wild in their dancing during sankirtan. Therefore, younger devotees should be educated about this and care should be taken to make sure everyone is able to safely participate.

- Effort must be made to cater to the dietary needs of elderly devotees. They may find it hard to eat food that is too spicy or oily. It is best to cook tasty yet healthful prasadam.

- Elderly devotees may sometimes act in a way that may not be considered "cool" by younger devotees. This should be dealt with in a sensitive way. I once saw some devotees make fun of and even criticize an elderly Vaishnava who would regularly pack some extra prasadam during Sunday feast. They did not realize that this Vaishnava was living on a very meager fixed income from social security and was finding it hard to make ends meet.

- Elderly devotees may sometimes speak in a way that may be considered by contemporary society to be inappropriate. Again, this should be handled in a mature way. In this regard, I would like to mention a small story...

Story of Parmeshwar Modak, the confectioner:

This is a very "sweet" story from Caitanya Caritamrita. Parmeshwar Modak and his wife Mukundera Mata were neighbors and friends of Lord Caitanya's parents Sri Jagannath Misra and Srimati Saci Devi. They all lived in Sri Navadvipa dhama.

As a young child, little Nimai would visit the house of Parmeshwar Modak everyday with his friends like Gadadhar and Mukunda. Since Parmeshwar Modak was a confectioner by profession, he would happily give abundant sweets prepared by his wife to Nimai and His friends. Relishing these sweets became a daily pastime of Nimai.

In due course of time, Nimai became Nimai Pandit (a great scholar and teacher). Some years later, He got married and then inaugurated the Hari nama sankirtan movement. Now little Nimai became known as Mahaprabhu for He had followers like Advaita Prabhu and Nityananda Prabhu. Some years later, He took sannyasa and went to live in Jagannath Puri. Now little Nimai had become Sri Krishna Caitanya Mahaprabhu and had followers like Sarvabhauma Bhattacharya, Maharaj Prataprudra, Kasi Misra, Ramananda Raya and Swarupa Damodar Gosvami.

In the meantime, Parmeshwar Modak and his wife Mukundera Mata became old. They had a great desire to meet little Nimai who used to relish their sandesh and rasamalai every day,who now had become the greatest sannyasi in the world. So, one year, they joined the party of Sivananda Sena and came to Jagannath Puri. They were wondering if their Nimai would recognize them after so many years. Women were not allowed to come near Mahaprabhu as He was a strict sannyasi. So, Parmeshwar Modak went with the male Bengali devotees to meet Sri Caitanya Mahaprabhu. Mahaprabhu was very happy to see Parmeshwar Modak and He thanked him for coming to Puri. Pointing in the direction of his wife, Parmeshwar Modak, in his excitement told Mahaprabhu, "Mukundera Mata has also come!". He did not realize that it was considered inappropriate to mention the name of a women to a sannyasi. Sri Caitanya Mahaprabhu became uncomfortable at the mention of the name of a woman, but He simply smiled. He did not chastise the old confectioner, not did any of Mahaprabhu's associatesobject. Srila Krishnadas Kaviraj Gosvami mentions here that

Sri Caitanya Mahaprabhu was internally very pleased with Parmeshwar Modak's simplicity and devotion. From this nice story, we can learn to be accommodative and kind in our dealings with devotees, especially the elderly devotees.

4.2 Physical care

Our physical bodies are made of material elements, yet we need them to perform our devotional service. A healthy physical body could be a very useful tool to facilitate our spiritual practices.

4.2.1 Preventive care

It is a well-known fact that prevention is better than cure. Healthy lifestyle should be promoted and taught to devotees based on the teachings of Srila Prabhupada. These include healthy diet, regular exerciseand maintenance visits to a primary care physician. Many ailments like heart disease and stroke can be prevented by risk factor modification. Some cancers can be cured if diagnosed early.

Food
If we eat the right food, we may not have to take medicines, because right food is the medicine. Every effort should be made to provide devotees with prasadam based on their health and dietary preference. For example: a western devotee was complaining that he did not eat the Sunday feast at the temple because it was too spicy. When he requested the temple cooks to reduce the spices, the cooks who were from India refused saying that reducing the spices would make the prasadam too bland for their taste and the taste of many other congregation devotees. This is a good example of the challenges posed by the multi-cultural nature of our society. Elder devotees living in the community may find it hard to cook every day. Efforts should be made to assess the ability to cook and make arrangement for prasadam. Embarrassment may prevent devotees from seeking help. A caring team of devotees who are proactive and willing to intervene is required.

Perfect Diet
It is theCaitanya Caritamrita diet! The diet that Lord Sri Caitanya Mahaprabhu and His associates have as mentioned in Sri Caitanya Caritamrita. This diet consists of organic whole grains, millets, milk and milk products and fresh fruits and vegetables. No matter what the so-called diet experts say, this is the ideal diet. It is good for physical and spiritual health, it is time tested and natural. Other diet fadscome and go.

The key is to eat the right quantity and at the right frequency. If we read the daily schedule of Lord Caitanya and His associates, they typically ate only 2 meals in a day. This time restricted feeding (TRF) is beneficial to our long-term health. As an example, one may eat breakfast at 8 am, lunch at 2 pm and nothing but water after that. This will lead to an approximately 18 hour fasting period daily and is a scientifically proven, natural and inexpensive way of controlling our weight.

Overeating should be avoided. Sweets should be limited. We need to make sure our diet is balanced in quality and quantity.

Quality of food:
A quality diet is a diet that provides the required nutrients like protein, fats, carbohydrates, vitamins, minerals, electrolytes, etc. This diet consists of grains, millets, legumes, vegetables, fruits, cow's milk (ahimsa) and milk products. Attention must also be given to individual medical conditions and allergies. We advise devotees to be cautious of different "diet fads".

Quantity of food:
Eating the right quantity of food will help prevent ailments like weight gain, diabetes, hypertension and the consequent complications like heart attack and stroke. Eating the right quantity of food is as important as eating the right quality of food. Srila Prabhupada taught us to eat till half our stomach is full, a quarter with water and remaining quarter with air. Overeating leads to obesity which in turn leads to a variety to diseases. Having only 2 meals in a day with a 16-18 hour period of fasting is beneficial.

Exercise:
Most health experts recommend at least 150 minutes per week of moderate intensity physical activity like brisk walking. Srila Prabhupada regularly went for morning walks. Pranayama and yoga are also very beneficial for our wellbeing. Tai Chi has been shown to improve balance and prevent falls in the elderly population.

4.2.2 Acute care

Devotees must have access to a physician when the need arises. Health insurance is required for this. In my experience, many temple-based devotees do not have health insurance. This may create a barrier and delay access to healthcare. Congregation doctors, dentists, therapists, optometrists, pharmacists, etc. can form a team and help-out. If a particular specialty of healthcare professional is not available in a congregation, professionals from neighboring congregations can help.

4.2.3 Hospice and Palliative care

It is a specialized type of care that focuses on the quality of life for devotees and their caregivers. It is meant for patients who are experiencing an advanced, terminal illness. The devotee care team may form a relationship with local hospice company to facilitate hospice care for needy devotees. This collaboration will help us deliver Krishna conscious end of life care both at home and in a medical facility.

4.3 Mental and emotional care

Counselors, behavior therapists, primary care physicians and psychiatrists can form a team and help devotees deal with mental health challenges. There should be a team of experienced and mature devotees to give their association to devotees going through emotional challenges. Picnics

and spiritual get-togethers may be arranged from time to time to uplift the spirits of elderly vaishnavas and create bonding among them.

4.4 Social Care

A professional social worker could help our elderly devotees with much needed social resources like financial assistance, subsidized housing, pharmacy coupons, etc.Every temple should have a Devotee care team (DCT) comprising of medical social workers, pharmacists, doctors and other resourceful community leaders. This will help us deliver much needed care effectively and efficiently.

4.5 Financial Care

Temples should set aside a percentage of their funds for elderly devotee care. Local temple should create a team to oversee the allocation of these funds. Financial assistance should be provided to pay medical bills, food, clothes and shelter when needed. Devotees who are experts in the field of financial planning, can form a devotee care team to guide devotees on wealth management and saving. As devotees of Krishna, we do not speculate on the stock market. But devotees should be educated on other options like interest saving account, mutual funds and real estate. If devotees save responsibly throughout their lives, they will not have much financial anxiety during their old age. Grihastha devotees should not depend on the organization for their retirement, rather they should live and save responsibly so that they can retire peacefully (vanaprastha) and intensify their bhajana in old age. Devotees who live in the temple (for example- the pujaris), brahmacaris and sannyasis should be taken care of by the local ISKCON temple. Many early devotees of our movement joined Srila Prabhupada in their youth and lived and served in the ISKCON temples. They did not have the opportunity to have a regular job in the outside world, save their earnings, contribute to retirement account or social security. Therefore, as a caring devotee institution, it is our duty as well as responsibility to care for them always, in all ways, to the best of our ability.

5. In giving we receive - Intergenerational Teaching

"As a caring devotee institution, it is our duty as well as responsibility to care for them always, in all ways, to the best of our ability.."

- This is an interesting approach to serving elderly devotees.
- We have so much to learn from the experiences and knowledge of the elderly devotees.
- Facility and opportunity should be provided to elderly devotees to teach the younger generations of devotees.
- This will give them a good engagement and sense of self-worth.
- Examples of this could be: teaching from Srila Prabhupada's books, narrating Srila Prabhupada's pastimes, mridanga lesson, cooking lessons, conflict resolution, tips on Deity worship, etc.

6. Old age self-care begins now

Krishna consciousness should begin in early childhood according to the great mahajan Sri Prahalad Maharaj.

śrī-prahrāda uvāca
kaumāra ācaret prājño
dharmān bhāgavatān iha
durlabhaṁ mānuṣaṁ janma
tad apy adhruvam arthadam

Prahlāda Mahārāja said: One who is sufficiently intelligent should use the human form of body from the very beginning of life — in other words, from the tender age of childhood — to practice the activities of devotional service, giving up all other engagements. The human body is most rarely achieved, and although temporary like other bodies, it is meaningful because in human life one can perform devotional service. Even a slight amount of sincere devotional service can give one complete perfection.

-Srimad Bhagavatam 7.6.1.

Similarly, preparation for our devotional service in old age should begin early in life. This means that the younger devotees must take care of their health, finances as well as relationships. This will likely make us better prepared for old age and prevent us from becoming a burden on our institution. Life in this material world is unpredictable and sometimes despite our best planning things go haywire. Still, from our side, we must live in a responsible way to plan our retirement well.

7. Conclusion

Elderly devotee care is very important. This is a relatively new and emerging need in our society. A strong foundation of elderly devotee care should be created in the consciousness of ISKCON devotees. We need to also have a good infrastructure to implement this care on a local level. Ultimately, care will need to be individualized to the individual devotee. This manual is meant to serve as a resource and guide. It is not meant to replace professional medical help. It is our hope that we are individually and collectively able to take care of our elderly devotees.

Local ISKCON leaders will need to decide how to make this happen, for the pleasure of Hari, Guru and Vaishnavas.

Hare Krishna!

8. Appendix : Additional Scriptural references

Miscellaneous examples-

1. The eternal leader of all the devotees in Goloka Vrindavan is Paurnamasi Devi who is the elderly grandmother of Krishna's friend Madhumangal. She is well-respected and everyone listens to her, including Vrinda Devi!
2. Pundalik pleased Lord Vitthal by faithfully serving his old parents even at the cost of making the Lord wait.
3. Lord Sri Krishna Himself appeared to Srila Sanatana Gosvami when he was quite old and could not complete Govardhana parikrama. Krishna gave him a Govardhana Shila and declared that 4 circumambulations of that Shila would be equivalent to the full Govardhana parikrama.
4. Many great devotees in Vraja intimately served Srila Raghunath Das Gosvami when he was old and frail. They would bring him buttermilk and once even summoned a doctor from Mathura when he developed indigestion apparently from drinking too much sweet rice in his meditation!
5. Devotees like Nityananda Das of Sri Khanda diligently served Srimati Jahnava Devi (the eternal consort of Sri Nityananda Prabhu) when she became elderly. They travelled with her and provided for all her necessities.
6. Srimati Krishnapriya Thakurani very diligently served Sri Mukunda Das when he was old and sick. Pleased with her wonderful service, Sri Mukunda Das handed over the service of Sri Caitanya Mahaprabhu's personal Govardhana Shila to her. This Shila was given by Sri Caitanya Mahaprabhu to Srila Raghunath Das Gosvami, who gave to Srila Krishnadas Kaviraj Gosvami and he in turn gave to Sri Mukunda Das.
7. Bihari became the beloved of all Gaudiya Vaishnavas by carefully serving Srila Jagannath Das Babaji who was more than 100 years old. He would carry Vaishnava Sarvabhauma Jagannath Das Babaji in a basket on his head.
8. Srila Bhaktisiddhanta Saraswati Thakur offered to take Srila Gaura Kishore Das Babaji to Calcutta for cataract surgery when the latter had gone blind due to cataracts.
9. Srila Prabhupada, as a grihastha, took very good care of his old father Sri Gaur Mohan De till the end. He would regularly invite home his dear Godbrother Srila Bhaktirakshak Sridhara Dev Maharaj for Hari katha so that his aging father could attend and thereby feel engladdened.
10. Toward the end of Srila Prabhupada's lila in this mortal world, he himself was very lovingly served by his intimate team of servants like HH Tamal Krishna Gosvami and HH Bhakti Charu Swami. Srila Prabhupada would sometimes become very emotional and thank his disciples for their service with tears of love in his eyes. Srila Prabhupada also glorified his faithful disciples to his own godbrothers like Srila Akincana Krishnadas Babaji who often visited during the final days.

11. Srila Prabhupada taught us the importance of properly performing the last rites for a departed Vaishnava by requesting his intimate friend and student Srila BV Narayana Maharaj to conduct them upon his departure.

Some scriptural verses proclaiming the importance of Vaishnava seva and being in the mood of servant of the servant of Krishna:

I.

prabhu kahena, — 'kṛṣṇa-sevā', 'vaiṣṇava-sevana'
'nirantara kara kṛṣṇa-nāma-saṅkīrtana'

Śrī Caitanya Mahāprabhu replied, "Without cessation continue chanting the holy name of Lord Krishna. Whenever possible, serve Him and His devotees, the Vaiṣṇavas."
-Lord Caitanya Mahaprabhu to Satyaraj Khan in CC Madhya 15.104

II.

Śrīla Narottama dāsa Ṭhākura sings, "**chaḍīyā vaiṣṇava sevā** nistāra pāyeche kebā" which means that unless one serves the Vaiṣṇavas, one cannot get liberation from material clutches.

- Prema-bhakti-candrikā

III.

prabhu kahe, — "vaiṣṇava-sevā, nāma-saṅkīrtana
dui kara, śīghra pābe śrī-kṛṣṇa-caraṇa"

The Lord replied, "You should engage yourself in the service of the servants of Kṛṣṇa and always chant the holy name of Kṛṣṇa. If you do these two things, you will very soon attain shelter at Kṛṣṇa's lotus feet."

-Lord Caitanya Mahaprabhu to the residents of Kulina in CC Madhya 16.70.

IV.

nāhaṁ vipro na ca nara-patir nāpi vaiśyo na śūdro
nāhaṁ varṇī na ca gṛha-patir no vanastho yatir vā
kintu prodyan-nikhila-paramānanda-pūrnāmṛtābdher
gopī-bhartuḥ pada-kamalayordāsa-dāsānudāsaḥ

I am not a brāhmaṇa, I am not a kṣatriya, I am not a vaiśya or a śūdra. Nor am I a brahmacārī, a householder, a vānaprastha or a sannyāsī. I identify Myself only as the servant of the servant of the servant of the lotus feet of Lord Śrī Kṛṣṇa, the maintainer of the gopīs. He is like an ocean of nectar, and He is the cause of universal transcendental bliss. He is always existing with brilliance.

-Lord Caitanya Mahaprabhu chanted this verse in CC Madhya 13.80

V.

ahaṁ hare tava pādaika-mūla-
dāsānudāso bhavitāsmi bhūyaḥ
manaḥ smaretāsu-pater guṇāṁs te
gṛṇīta vāk karma karotu kāyaḥ

O my Lord, O Supreme Personality of Godhead, will I again be able to be a servant of Your eternal servants who find shelter only at Your lotus feet? O Lord of my life, may I again become their servant so that my mind may always think of Your transcendental attributes, my words always glorify those attributes, and my body always engage in the loving service of Your Lordship?

- Prayer of Sri Vritrasura SB 6.11.24

VI.

rājā kahe, — āmi tomāra dāsera anudāsa
bhṛtyera bhṛtya kara, — ei mora āśa

The King replied, "My Lord, I am the most obedient servant of Your servants. It is my ambition that You will accept me as the servant of Your servants."

-King Prataparudra to Lord Sri Caitanya Mahaprabhu CC Madhya 14.18

VII.

ye me bhakta-janāḥ pārtha
na me bhaktāś ca te janāḥ
mad-bhaktānāṁ ca ye bhaktās
te me bhakta-tamā matāḥ

"[Lord Kṛṣṇa told Arjuna:] 'Those who are My direct devotees are actually not My devotees, but those who are the devotees of My servant are factually My devotees.'

-From Ādi Purāṇaquoted by Lord Caitanya in CC Madhya 11.28

VIII.

ārādhanānāṁ sarveṣāṁ
viṣṇor ārādhanaṁ param
tasmāt parataraṁ devi
tadīyānāṁ samarcanam

"[Lord Śiva told the goddess Durgā:] 'My dear Devī, although the Vedas recommend worship of demigods, the worship of Lord Viṣṇu is topmost. However, above the worship of Lord Viṣṇu is the rendering of service to Vaiṣṇavas, who are related to Lord Viṣṇu.'

-From Padma Purāṇa quoted by Lord Caitanya in CC Madhya 11.31

XI.

durāpā hy alpa-tapasaḥ
sevā vaikuṇṭha-vartmasu

Those whose austerity is meager can hardly obtain the service of the pure devotees progressing on the path back to the kingdom of Godhead, the Vaikuṇṭhas.

-Sri Vidura speaks this in Srimad Bhagavatam 3.7.20

X.

mad-bhakteḥ kāraṇaṁ paraṁ
mad-bhakta-pūjābhyadhikā
The supreme process for achieving loving service unto Me is...
performing first-class worship of My devotees...

-Lord Krishna to Uddhava in Srimad Bhagavatam 11.19.19-21

XI.

śrī-kṛṣṇa-caitanya-prabhur dāser anudāsa
sevā abhilāṣa kore narottama-dāsa

Narottama dasa, the servant of the servant of Sri Krsna Caitanya Prabhu, longs for this service to the divine couple.

-Prarthana: Sakhi Vrnde Vijanpti Song 1 by Srila Narottama Das Thakur

PART 2

Application of Elderly Care

1. Falls in elderly devotees

Falls are one of the most common dangers facing our elderly devotees. Falls are a major threat to their independent living and increase the risk of early mortality. Generally, a fall takes place in a familiar environment, while we are carrying out regular activities of daily living.

Most falls result in minor soft tissue injury, but 5%-10% of falls can cause a fracture (broken bone). They can also cause brain injuries. Falls are the number one cause of hospital admissions for injuries in the elderly. One of the most frequent and serious fractures is a broken hip, which is a leading cause of disability in the elderly.

How Common are Falls?

Each year, up to a third of adults over the age of 65 who live at home will have a fall. Almost two-thirds of older adults who fall within the past year will fall again.

Falls and their complications are the leading cause of both non-fatal and fatal injuries in adults over the age of 65.

More than two million older adults in the US go to the emergency room because of fall-related injuries every year. Over half a million of these patients need to be hospitalized.

Each year about 18,000 older adults in the US die as a result of the injuries from a fall.

What are the Risk Factors

The risk of falling increases as we age due to declining vision, reduced sensitivity of the nerves in the feet, and ability to adapt to the dark. Other risk factors include arthritis, diabetes, Parkinson's disease, foot disorders, dizziness (vertigo) or balance difficulties, numbness (neuropathy) in the legs and feet, Alzheimer's disease or dementia, dehydration, certain medications like pain medications and sedatives, improper footwear.Risks in the homeinclude loose carpets or wires, dark stairways or corridors, or water on the floor. Additionally, living in a cluttered home could cause difficulty in navigating through the home, which could lead to a fall.

2. Obesity

Obesity is a major health problem. It is a chronic disease that is increasing in prevalence and is now considered to be a global epidemic. In 2015, approximately 604 million adults globally were obese.Based upon data collected by National Center for Health Statistics as the National Health and Nutrition Examination Survey (NHANES) from 1988 to 1994, 1999 to 2000, and 2015 to 2016, the age-adjusted overall prevalence of obesity in the United States increased progressively from 22.9 to 30.5 to 39.6 percent.Projections using extrapolated data from NHANES suggest that by 2030, almost half of all United States adults will be obese, and almost one-fourth will be severely obese. These are alarming statistics.

Many people find that although they initially lose weight by dieting, they quickly regain the weight after the diet ends. Because it is so hard to keep weight off over time, it is important to have as much information and support as possible.

Devotees are encouraged to be aware of their BMI.

Body mass index BMI = body weight (in kg) ÷ height (in meters) squared

Underweight – <18.5 kg/m^2
Normal weight – ≥18.5 to 24.9 kg/m^2
Overweight – ≥25.0 to 29.9 kg/m^2
Obesity – ≥30 kg/m^2
Class I – 30.0 to 34.9 kg/m^2
Class II – 35.0 to 39.9 kg/m^2
Class III – ≥40 kg/m^2 (also referred to as severe obesity)

Waist circumference should be measured by devotees who are overweight.
The waist circumference is measured with a flexible tape placed on a horizontal plane at the level of the iliac crest (upper edge of the waist bone).
A waist circumference of ≥40 in (102 cm) for men and ≥35 in (88 cm) for women is considered elevated and indicative of increased risk.

Devotees should seek medical help if they are overweight or obese.

It must be understood that most cases of obesity are due to 2 reasons:

i. sedentary lifestyle
ii. overeating

Both these causes of obesity are preventable. That is why education of devotees in this regard is necessary.

Be careful about misinformation on the internet and weight loss clinics with questionable ethics. Nothing out there is magic. Losing weight takes hardwork, and keeping it off requires a plan that is sustainable long-term.

The types of foods we eat on a regular basis are related to whether we gain or lose weight over time. Whole grains, fruits, vegetables, nuts, and yogurt are associated with maintaining a lower weight; while foods like french fries or chips, sugar-sweetened beverages, and highly processed foods are associated with weight gain.

Devotees should try to live active lifestyles and incorporate a daily exercise routine.

Fad diets — "Fad" diets often promise quick weight loss (more than 1 to 2 pounds per week) and may claim that you do not need to exercise or give up your favorite foods. Some fad diets cost a lot of money because you have to pay for seminars, pills, or packaged food. Fad diets generally lack any scientific evidence that they are safe and effective, instead they rely on "before" and "after" photos or testimonials.

Diets that sound too good to be true usually are. These plans are a waste of time and money and are not recommended for devotees. A health care professional can help you find a safe and effective way to lose weight and keep it off.Devotees should stay away from such fad diets.

3. Arthritis

Arthritis is the leading cause of disability inelderly devotees.Statistically, about 50% population above the age of 65 has arthritis. Arthritis limits the ability to walk, climb stairs, or going to temple, dancing in sankirtan, etc.The most common form of arthritis is osteoarthritis. It is usually the result of long years of wear and tear on your body—most likely from normal physical activity or from past injuries.

The ends of our bones are covered by a slippery, cushioning substance called cartilage. Cartilage acts as a shock absorber and allows our bones to slide smoothly against each other. As we age, our cartilage may start to deteriorate. This leaves our bones unprotected. They start to grind against each other whenever we move. Small holes and fractures start to appear in the bone surface, and bony growths—called osteophytes or bone spurs—may begin to appear. Sometimes, small bone fragments or bits of cartilage break off and interfere with the movement of the joint, causing more swelling and pain. Devotees should be encouraged to see their doctor for managing their arthritis.

Acetaminophen is usually a safe and effective treatment for arthritis.

Regular physical activity is an important part of arthritis treatment. Studies for osteoarthritis treatment have shown that regular physical activity is associated with decreased pain and improved ability to move around. Over time, physical activity can also help us to lose weight, which can reduce osteoarthritis pain too. In more advanced disease, steroid injections in the joints provide

temporary relief. Joint replacement surgery like knee or hip replacement is usually recommended for devotees who have severe joint disease that is not responding to pain pills and joint injections.

4. Balance problems

About one-third of the older population reports difficulty with balance. In adults over age 65, balance problems are linked to falls.

Here are some tips to prevent a fall:

- Sit or lie down right away if you feel dizzy.
- Move slowly and try not to change the position of your head.
- Do not look at bright lights orscreen.
- Do not try to go back to your regular activities before you feel ready.

Exercise can improve your balance and reduce the risk of falling:

- Dancing like Lord Caitanya and Srila Prabhupada taught us (the Swami step), Tai Chi and yoga.
- Gait training by physical therapist (programs to improve the way you walk).
- Strengthening and resistance exercises.

Balance training can be done throughout the day. Activities can include walking backward, or heel-to-toe walking, or standing on one foot and then the other for several seconds (initially using gentle support). Balance is like any other motor skill: it requires practice in a safe environment and with practice, we will get better at it.

Properly prescribed eyeglasses can help reduce symptoms of imbalance. Get treatment for eye problems that prevent us from seeing clearly.

Assistive devices to help with walking (walking aids):

Physiotherapists (PT)are trained to help you choose an assistive device or walking aid, depending on your balance problem and health status. These range from a simple walking cane to more elaborate walkers and wheelchairs. Your walking aid must be carefully matched to your particular needs.

Walking aids can keep you safe and independent when they are properly used. Our beloved Srila Prabhupada used a cane to walk.

The increased risk of falls is the main consequence of balance problems. We recommend:

- better lighting
- removing obstacles and hazards like loose rugs, electrical wires, and unstable furniture
- placing handrails in hallways, bathrooms, and on stairs
- using proper footwear (well-fitting walking shoes with low heels, thin firm soles, and good support)
- exercising.

5. Cataract

Cataracts are a common result of aging and occur frequently in older people. About one in five adults over the age of 65 has a cataract. Cataracts are a clouding and darkening of the eye lens, which blocks vision. Stronger lighting and prescription eyeglasses can help when cataracts are small. As cataracts grow, devotees will need cataract surgery.

6. Cancer

Cancer happens when cells in our body start to grow in an "out-of-control" way, invading other parts of the body. When cancer cells clump together theyform a mass called a malignant tumor. Cancer can also spread from its original location to another part of the body. This is known as metastatic cancer. Cancer can produce a lot of stress and anxiety. Devotees should be very sensitive and attentive to this. Prayers to Lord Krishna and help with prasadam and other activities of daily living may be required.

In the US, half of all cancers occur in people over the age of 65.

Physicians who specialize in cancer are known as oncologists.

After heart disease, cancer is the leading cause of death in the US. The most common cancers are lung cancer, colon cancer, breast cancer (for women), and prostate cancer (for men).

The American Cancer Society recommends regular check-ups and specific tests to screen for certain cancers. Early screening leads to detection of cancers in their early stages, this often leads to treatment of the cancer and a complete cure.

Prevention of advanced cancers by early detection:

Breast cancer: Older women at normal risk should receive a mammogram every 1-2 years.

Cancer of cervix: A Pap test is used to screen for cervical cancer. However, many older women no longer need to receive Pap tests. You may stop having Pap tests after discussing with your doctor if you meet the following conditions:

- you are over 65 years old
- you had at least 3 normal Pap tests in a row
- your last Pap test was within the past 5 years
- you had no abnormal Pap tests in the last 10 years
- you are not otherwise at high risk of cervical cancer

Colon cancer:

Screening tests for colon cancer may take several forms. Talk with your healthcare provider about which tests are right for you and when you should stop screening for colon cancer. For older adults with average risk, the most common types of screening are one of the following:

- colonoscopy every 10 years
- fecal occult blood test (a test for blood in your stool) every year.

Surgery for cancer:

If your cancer is at an early stage and has not spread, your oncologist (cancer specialist) may recommend surgery. For many people, surgery will cure the cancer. This is especially true in early cases of skin cancer, and often with lung, breast, kidney, and colon cancer. Sometimes cancer spreads to the lymph nodes only. If that is the case, the lymph nodes may also be removed. Sometimes, you may first be prescribed another type of treatment such as chemotherapy, in order to reduce the size of the tumor. Then surgery is used to remove it.

Devotees may not be able to drive due to surgery and pain medications. They will need help with transportation as well as with activities of daily living.

Radiation therapy for cancer:

Radiation or radiotherapy uses high-energy beams of radiation to kill cancer cells which tend to grow rapidly. It is a painless procedure that is generally safe and effective for older adults. It is scheduled on a regular basis, often Monday to Friday, and usually takes only a few minutes per session. There may be side effects such as the skin over the tumor becoming sensitive or irritated. (There are soothing products available to treat this.) You may also become tired from the treatment, so make sure to get plenty of rest and eat a balanced diet. Side effects are usually temporary.

Chemotherapy:

Chemotherapy is a drug treatment for cancer, and new anti-cancer drugs are constantly being developed and tested. Many are safe and effective but often patients experience side effects.

The choice of chemotherapy drug or drug combination depends on the cancer, its stage, and the devotee's overall health. They are taken by mouth or given intravenously.

These toxic chemicals are designed to kill rapidlygrowing cancer cells. Unfortunately, they also often affect healthy cells to a lesser extent, especially cells in the bone marrow, the lining of the gastrointestinal tract, and the hair follicles. Some can cause temporary side effects, such as:nausea,vomiting, diarrhea, low blood cell counts and hair loss.

Devotees may find it difficult to cook or carry on their activities of daily living while undergoing such therapies. They are especially vulnerable during this phase and will require additional help.

Chemotherapy drugs often weaken your immune system, so it is very important to eat a healthy diet, get plenty of rest, wash your hands frequently, and avoid contact with anyone who has an infection that can spread, such as a cold or cough.

Hormone Therapy for cancer:

Hormone-like drugs are usually taken as a daily pill. They are effective against certain cancers like breast and prostate cancer. Hormone treatment is often used to reduce the risk of cancer returning after surgery, or to slow down cancer growth after it has come back or spread.

Immune Therapies (immunotherapy):

Immune therapy is a form of cancer treatment that uses your own immune system to fight your cancer. Immune therapies are usually used along with, or after, other treatments.

Prognosis: Long-term Expectations

Some cancers can be cured or treated effectively, allowing many patients with cancers to live for many years with a good quality of life. But some cancers are aggressive and may not respond to treatments. This causes them to become life-threatening very quickly.

Prognosis or the long-term outlook depends on your type of cancer and its level of aggression, the stage of the cancer (how much it has spread), the treatment choices, how well the cancer responds to available treatments, your physical condition at diagnosis and your age

Your daily habits may make the difference between staying healthy or not. This is true for many diseases, and cancer is one of them. Following a healthy lifestyle can reduce your risk of getting cancer and keep you healthy longer. A healthy lifestyle means that you should:

- Control your weight

- Exercise regularly
- Eat a healthy diet that includes plenty of fruits and vegetables
- Minimize your exposure to radiation and chemicals
- Protect your skin from too much sun, especially if you have a light skin color
- Have regular check-ups and cancer screening as recommended by the USPSTF (United States Preventive Services Task Force).

No single food or supplement can protect you against cancer. However, research studies have suggested that a diet rich in plant foods and whole grains may prevent certain cancers. This is the Caitanya Caritamrita diet, the devotee diet! Plants are full of vitamins, minerals, and fiber. They are also lower in calories and saturated fats. This makes it easier to protect against weight gain and fat accumulation (which is known to be linked to certain cancers).

The American Institute for Cancer Research recommends that at least two-thirds of your normal dinner plate should be filled with vegetables, fruits, whole grains, and beans. The following foods are especially recommended:

- legumes such as beans, peas, lentils
- berries
- cruciferous vegetables such as cabbage, broccoli, cauliflower, brussels sprouts, and bok choy
- dark green leafy vegetables such as spinach, kale, romaine lettuce and collard greens
- grapes and grape juice
- tomatoes, particularly tomato sauce, paste, or juice
- whole grains

Exercise

Recent research has shown that people who exercise lower their risk for several types of cancer. A regular exercise routine that includes moderate-intensity exercise for about 30 minutes each day is recommended for most healthy adults.

7. Dementia

Dementia is a decline in memory and other mental abilities. As many as 7% of adults aged 60 and older suffer from dementia. Along with problems with memory, language, and decision-making abilities, dementia can cause other symptoms. These include changes in mood, such as increased irritability, depression, and anxiety. They also include changes in personality and behavior.

Dementia takes a toll on those devotees who suffer from it, as well as their caregivers.

The causes of dementia include:

- Alzheimer's disease, a brain disease that causes abnormal changes that kill brain cells.
- Blockages in blood vessels in the brain that limit blood flow to parts of the brain or trigger mini-strokes. These cause a type of vascular dementia known as multi-infarct dementia.
- Other diseases such as Parkinson's disease, which affects movement and, later, mental abilities and mood.
- Insufficient vitamin B12 levels.
- The growth of abnormal structures in the brain called Lewy bodies, which causes a form of dementia called Lewy Body Dementia.
- The shrinking of certain parts of the brain, which causes a less common form of dementia called frontotemporal dementia.

Dementia often has more than one cause. People who have Alzheimer's disease, for example, may have vascular dementia too.

Alzheimer's disease and vascular dementia are the most common forms of dementia in older adults. Alzheimer's disease accounts for nearly 70% of all cases of dementia. Vascular dementia accounts for more than 10%.

Dementia is not curable. But it can be treated in ways that can improve functioning and quality of life and slow the rate at which symptoms get worse.

Risk factors for Alzheimer's Disease

- Age: While 6% to 8% of adults 65 and older have Alzheimer's disease, nearly 30% of 85-year-olds do.
- Family history: About half of those who have a parent or sibling with Alzheimer's develop the disease by age 90.
- Depression
- Down Syndrome

- Serious head injury

Some studies suggest that staying mentally, socially, and physically active may lower your risk of developing dementia. Reading Srila Prabhupada's books daily and memorizing verses can help prevent dementia.

Risk factors for Vascular Dementia

Most risk factors for vascular dementia are the same as those for heart disease and stroke. These problems make it more likely that blockages will form in your blood vessels and limit or cut off blood flow and oxygen to your brain:

- High blood pressure
- High levels of bad cholesterol (LDL) in your blood and low levels of good cholesterol (HDL)
- Age: Blood vessels stiffen and narrow as we grow older
- Diabetes
- A family history of stroke or heart disease
- Obesity
- An inactive, sedentary lifestyle

Mild cognitive impairment (MCI) is a condition where memory, language, and other mental abilities become weak. MCI isnot dementia. Devotees diagnosed with MCI are at an increased risk of developing dementia in the future.

Symptoms of dementia:

- Remembering. People with early dementia may only occasionally have trouble remembering names, words, or where they put things.
- Paying attention.
- Carrying out daily tasks such as shopping, cooking, or taking medications.
- Using and understanding language.
- Making decisions, planning, and getting organized.
- Finding their way from one place to another.
- Difficulty walking. People with dementia have a high risk of falls. These can cause serious or life-threatening injuries.
- Taking care of oneself, including dressing, bathing, and eventually, eating.
- Controlling their bowels and bladder.
- Changes in mood, such as becoming more agitated, anxious, or depressed.

- Seeming drained of energy, or as though they don't care.
- Changes in behavior, such as becoming more aggressive or behaving inappropriately. Aggressive behavior may range from cursing and spitting to physical attacks.
- Wandering or asking to "go home" when they are home.
- Having hallucinations (seeing or hearing things that aren't there) or delusions (false beliefs, such as the belief that a family member, friend, or caregiver is trying to hurt them or is stealing from them).

These behavioral symptoms can be more upsetting for both older adults with dementia and their caregivers than other symptoms of dementia, such as memory loss.

Wandering, falling, loss of bladder control, and behavioral problems such as agitation and hallucinations are linked to a shorter life expectancy.

If you or someone you care for is having problems with memory, language, and decision-making that seem to be getting worse, schedule an appointment with a healthcare professional, preferably a geriatrician.

If you're having these problems, it's best to bring a devotee friend with you when you see a healthcare professional. Other professionals who can play important roles in managing patients with dementia are:

- Social workers can provide counseling and contact with community resources.
- Physical therapists can provide guidance on physical and group activity.
- Occupational therapists can suggest approaches to maximize the patient's functioning in daily activities, such as dressing or eating.
- Nurses can make management suggestions and guide behavior management, feeding, and other care issues.
- Pharmacists can review medications to minimize medication side effects and can offer practical advice on the administration of medications to patients with dementia.
- Attorneys can advise on legal matters related to wills and estate planning. Because dementia is a progressive condition, older adults with dementia should be offered an opportunity as early as possible to plan for future incapacity and illness.

Management

There are several strategies that can be used to manage certain common problems in dementia, such as agitation and aggression, nighttime agitation (also known as "sundowning"), difficulty sleeping, and wandering. The following tips often help. Caregivers often discover other things on their own that help as well.

- Schedule regular visits with the healthcare provider every 3 to 6 months.
- Aim for a moderate amount of interesting, stimulating activity. Too little stimulation may lead to withdrawal. Too much stimulation can increase confusion or agitation.
- If possible, include at least 30 minutes of physical exercise in the daily routine.
- Make sure there is enough light for the person to see clearly and, if possible, read.
- Speak in simple sentences and speak in a calm tone of voice. If necessary, remind the person of the topic of conversation often.
- When you provide instructions, make sure you tell the person what you want them to do, instead of what you don't want them to do. (For example, "please put the trash in the garbage can," instead of "please don't put the trash on the floor.").
- Use proper names instead of pronouns (for example, "I saw Krishna Das yesterday," instead of "I saw him yesterday.")
- To prevent or reduce confusion, put clocks, calendars, and to-do lists where the person with dementia can easily see them.
- Provide regular daily activities in familiar settings. Follow a predictable schedule so the person with dementia eats and sleeps at approximately the same times each day.
- Have the devotee with dementia wear an ID bracelet or pendant in case they do wander.
- Don't allow a person with dementia to drive.

8. Diabetes

What is Diabetes?

Diabetes develops when the amount of sugar in your blood becomes too high. This is either because your body doesn't make enough insulin (type 1 diabetes), or because your body has developed resistance to the insulin it makes (type 2 diabetes).

When your body digests food, it converts much of it into glucose. Glucose is a sugar that your body's cells need for energy. The hormone insulin helps your body use glucose, and also helps maintain healthy blood levels of glucose. When your body produces too little insulin, or can't respond to it due to resistance, glucose tends to remain in your bloodstream, instead of going into your cells. This causes high blood sugar which can be harmful over an extended period of time.

What are the the Most Common Types of Diabetes?

- Type 1 Diabetes
  In type 1 diabetes, the pancreas does not make enough insulin. Therefore, people with type 1

diabetes must take insulin injections or use an insulin pump to control their blood sugar. Type 1 diabetes usually occurs in children and young adults. However, it can occur in older ages as well. Only 5 to 10 percent of people with diabetes have type 1. This form of diabetes cannot be prevented.

- Type 2 Diabetes
  In type 2 diabetes, your cells can't use insulin properly (insulin resistance). Older adults are especially likely to develop type 2 diabetes. When you age, your body is less able to process sugars. Being overweight makes your chances of developing type 2 diabetes extremely high. Most people can prevent or control type 2 diabetes by eating a healthy diet, controlling weight and by being physically active.

What are Pre-Diabetes and Metabolic Syndrome?

In pre-diabetes, your glucose levels are higher than normal, but not high enough to be called diabetes. Pre-diabetes increases your risk for developing type 2 diabetes and other problems, including heart disease. Over 57 million people have pre-diabetes. Often, pre-diabetes occurs along with other warning symptoms, such as high blood pressure, cholesterol problems, and other risk factors for heart disease and type 2 diabetes. This group of symptoms is called "metabolic syndrome."

More than 40% of all cases of diabetes in the US occur in people aged 65 and older.

Here's the good news: You can prevent or delay getting type 2 diabetes and lower your risk for heart disease and other problems by losing weight and increasing your level of physical activity.

Older adults with diabetes are at higher risk for incontinence, falls, frailty, cognitive impairment, and depressive symptoms. They are also more likely to have a disability that interferes with day-to-day activities, including problems with mobility. But there are adults with diabetes who are active and have few limitations. A lot depends on the steps you take. Diabetes is a disease where the patient or caregiver has the primary responsibility for managing and controlling it.

Many things can increase your chances of developing type 2 diabetes: overweight or obese, high-fat diet, lack of exercise, family history of diabetes, high cholesterol, high blood pressure and stress.

Symptoms of diabetes are as follows: Increased thirst, Increased appetite, Frequent urination, unusual weight loss or weight gain, fatigue, wounds that heal slowly, foot ulcers, numbness or tingling in the feet or hands.

Not everyone with diabetes has these symptoms. Many people can have diabetes for years without any clear symptoms at all. In fact, about half of older adults with type 2 diabetes don't even know that they have it.

Finding out if you have diabetes early is essential to your health. The sooner you begin treating it, the easier it will be to avoid serious problems later on.

Diagnosis is simple-

Fasting blood sugar: In this test, your blood is drawn after you have had nothing to eat or drink (except water) for 8 hours. A normal fasting blood glucose level is 100 mg/dL or less. Diabetes is diagnosed when two fasting blood glucose levels measure 126 mg/dL or higher.

Random blood sugar: You don't need to fast before the test. A glucose level of 200 mg/dL or higher usually indicates diabetes.

Hemoglobin A1c test: This is used to establish a diagnosis of diabetes and then is used every 3 months to monitor the disease. (It is frequently referred to as an A1c test.) An A1c reading of 6.5% or more indicates diabetes.

You can take steps to treat and manage diabetes and prevent its complications after diagnosis. Glycemic control (control of blood sugar) is important in preventing or delaying problems from diabetes. A small weight loss of 10 to 15 pounds can bring a big improvement in your blood glucose level. Exercise is also helpful for losing weight and controlling your blood glucose. Even small increases in physical activity can help. If diet and exercise alone don't control your type 2 diabetes, your healthcare provider will prescribe a medication to help lower your blood sugar.

Many medications are available to treat diabetes. Most of them are oral medications (pills), but some are shots (injections). Each medication has advantages and possible side effects.

Your healthcare provider will talk with you and your family or other caregivers about which medication is right for you. Your pharmacist is also a good source of information about any medications you are taking.

If diet, exercise, and non-insulin medications don't control your blood glucose level, your healthcare professional may suggest insulin treatment. Insulin may also be the first choice of treatment if your blood glucose levels are very high.

Caution: With most medications used to treat diabetes, there is a risk of lowering your blood sugar level too much (this is called hypoglycemia). This is a serious concern for frail older adults, who may not experience early warning symptoms of low blood sugar.

Once you've been diagnosed with diabetes, your healthcare provider will teach you or your caregivers how to use a blood glucose meter, or glucometer. This simple device lets you check your blood glucose level

If you take insulin, your healthcare provider may ask you to check your blood glucose once or more a day, to help adjust your insulin dosage. Your healthcare provider may also recommend making a note of your readings and bringing the records with you to your appointments- this is called blood sugar log.

Healthy eating and exercise are very beneficial for people with diabetes. They can improve overall health, help manage blood glucose levels, and decrease risk for

Here's how to eat well and healthfully when you have diabetes:

- Eat smaller portions at each meal.
- Eat cereals, breads, and pasta made with whole grains instead of white flour.
- Eat a variety of brightly-colored, low calorie fruits and vegetables. Aim for 6 to 9 servings a day. Especially good choices include leafy greens (such as spinach, kale, collards and lettuces), broccoli, red peppers, carrots, berries, cherries, apples, pears, and citrus fruits.
- Drink water instead of fruit juices or other beverages high in sugar.
- Devotees should avoid eating processed and prepared foods from the market. These foods are often loaded with fat, calories, and sodium, plus they can contain unhealthy ingredients such as trans-saturated fats and high fructose corn syrup.
- About 20-35% of your total daily calories should come from fat. The healthiest fats are found in foods such as whole grains, avocados, walnuts, almonds, sunflower seeds, peanuts and ahimsa ghee.
- Choose ahimsaghee olive and canola oil for cooking and salads.
- Your diet should also be high in fiber.
- Save desserts and other sweet treats for special festivals and limit the quantity.

People with pre-diabetes or diabetes should exercise on most days.

Activities such as doing yard work, gardening or cleaning the house or temple count as exercise, as long as they increase your heart rate and cause you to sweat lightly. Walking is also a good form of exercise.

Exercise can be more fun if you do it with a friend or a group. Remember our Srila Prabhupada going with a group of devotees on japa morning walk.Exercise classes are available at many local hospitals, community and senior centers, and gyms. An exercise teacher can help guide you on how to prevent injuries and modify activities for any physical limitations you may have.

If you have diabetes, you may visit a diabetes educator once every year. Ask your healthcare provider to give you a referral. The educator will teach you how to manage your blood glucose and will work with you to develop a self-management program.It is important that you know everything you can about how to manage your diabetes. Therefore, you should feel comfortable asking the diabetes educator as many questions as you need to, as often as you need to. Make sure you fully understand the answers to all your questions, and ask the educator to explain anything you do not understand. Common topics to discuss include meal size and the correct amount and type of carbohydrates in typical meals. The glycemic index might be a helpful tool to rank foods according to how they affect blood glucose.

If you need help, your family or other caregivers should also receive training and become involved in your diabetes self-management. Caregivers may need to take over the self-management program if a devotee with diabetes becomes significantly disabled.

Low blood glucose usually occurs when you take too much of your diabetes medication, or if you take your diabetes medication and skip a meal due to a fast.

Watch for these symptoms of low blood sugar:

- Nervousness
- Shaking
- Sweating
- Confusion

If your blood glucose is low, you should be able to raise it quickly by having some sugar. You can eat a piece of candy, have a spoonful of honey, or drink a half glass of fruit juice (such as orange juice). For people with diabetes, it is a good idea to keep hard sugar candies available, just in case. However, this sugar boost only lasts a little while. Therefore, it's important to eat a meal as soon as possible.

If your blood glucose is frequently or severely low, your doctor will need to check your diabetes treatment plan and change it if necessary.

Over time, high levels of glucose in your bloodstream can damage your nerves and the small blood vessels in your heart, kidneys, and eyes. This puts you at higher risk for visual impairment, blindness, heart, and kidney problems.

Serious health conditions that are often caused by diabetes include:

- Heart disease, such as heart attacks
- Blood vessel problems, such as narrowing of the arteries
- Nerve problems (usually burning, tingling, or numbness of the feet or hands)
- Foot problems (sores or ulcers)
- Eye problems (including impaired vision or blindness)
- Kidney failure

9. Cardiovascular disease and heart attacks

This is a major cause of illness and death. Preventing and managing risk factors for heart disease in older adults is especially important. These steps include:

- Losing weight if necessary.
- Increasing physical activity.
- Diabetes can cause problems with blood vessels and peripheral circulation. This means that people with diabetes need to control their disease.

a. Driving safety for elderly devotees:

- Seat belts save lives
  Buckle up before starting the car—every single time.
- Mute your cell phone
  Talking or texting while driving distracts you from the road and other vehicles. Leave your cell phone on silent, and do not answer it while you're driving.
- Do not eat while driving
  Eating can also distract you while driving. If you must eat or drink, pull into a safe area such as a parking lot and finish eating before getting back on the road.
- Limit distractions
  Listening to music or audio books or even chatting with your passengers can distract some older drivers.
- Watch the road
  Make sure there is always enough space between your car and the cars in front of you. Also, maintain a safe distance from traffic behind you.
- Drive during daylight as much as possible
  Older adults, even those with good vision, can experience visual problems at night. General darkness and glare from oncoming headlights make it more difficult to see.
- Avoid driving in bad weather
  Rain, snow, fog and other hazardous conditions can be especially dangerous for older drivers. Let the bad weather clear before you get on the road. If you must travel, use public transportation or get help from another devotee.
- Try to drive when there's less traffic
  Peak rush hour traffic can be stressful for all drivers, but particularly for older drivers. Try to limit driving to those times when traffic is lighter.
- Sleepy or tired?
  Stay where you are until you're well rested.

- Know your medications
  Some medications can make you feel drowsy and less alert than usual, or can affect reaction time and other attention issues. Some prescriptions may warn against driving while taking the medication. Review your medications with your primary care provider or a pharmacist to see if your medication(s) could lead to unsafe driving.

10. Depression

Even as devotees, we may feel sad from time to time. But depression is different.Depression is a medical problem. It is a mood disorder that can interfere with all aspects of your daily life. It can interfere with sleep and cause long-term sadness, anger, frustration, and feelings of hopelessness or loss. Depression can drain your energy and interfere with your ability to work and have healthy relationships and a satisfying life. Depression can even lead to suicide. For all these reasons, you need to recognize and take your depression seriously, and get appropriate treatment right away.

About 10-15% of older adults have depression.

Major depression- Devotees suffering from major depression experience prolonged sad mood and lack of interest in doing things that they previously enjoyed.

There are three forms of major depression and are common in later life.

1. Depression associated with dementia. Some symptoms of major depression are similar to symptoms of dementia. This is another reason why anyone with signs of depression should see a healthcare professional.
2. Depression associated with physical illness. If you are suffering from a chronic disease such as diabetes, or have a serious health problem such as cancer or heart disease, you have an increased risk of depression. Medications that you may be taking to treat these illnesses may also cause side effects that contribute to depression. The diagnosis of depression in physically ill older adults is complicated by the overlap among symptoms of major depressive disorder and physical illness. In either case, when symptoms are disabling, treatment should be offered.
3. Depression associated with bereavement. As we get older, we are more likely to face the loss of family and friends. When you lose someone you care deeply about, you run an increased risk of becoming depressed. Of course, grief is an appropriate response to loss. However, a major depression may be at hand when the grief response is out of proportion to or lasts longer than what would generally be expected, or when there is a past history of depression. Prolonged grief should be brought to the attention of a healthcare provider.

Minor depression- About 25% of older adults have milder symptoms of depression. Although this "minor" or subclinical depression is less severe than major depression, it can still cause problems. This form of depression has been linked to poor health, difficulty functioning, decreased social activity, and early death.

Seasonal depression- If you feel particularly depressed during the winter, you may have seasonal depression (also called Seasonal Affective Disorder or SAD). This type of depression usually occurs during the winter and lasts about two months. If the pattern repeats for 2 years or more, your healthcare provider may diagnose you with SAD.

Bipolar disorder: This involves periods of major depression that alternate with manic episodes. During the manic periods, patients are unusually irritable, agitated, talkative, hyperactive and do not sleep much.

Research suggests that depression is linked to chemical imbalances in the brain. Depression may also run in families.

Depression that starts in later life is often associated with difficult life events or situations, such as:

- The death of a relative or friend
- The loss of a job or retirement
- Social isolation
- A hospitalization or placement in a nursing facility
- Chronic illness, disability, or other stresses

Medical problems that are associated with a higher risk of depression are:

- Thyroid disorders
- Some vitamin deficiencies
- Heart disease
- Diabetes
- Side effects of medications (such as drugs for high blood pressure or Parkinson's disease, sedatives, corticosteroids, and hormones)
- Cancer and other major illnesses
- Long-term pain
- Difficulty getting restful sleep

Usually, a combination of factors is involved.

Depression is associated with the following symptoms:

- Sad or depressed mood
- Loss of interest or pleasure in activities that you used to enjoy
- Substantial changes in weight or appetite (eating too much or too little)
- Sleep problems (too little or too much sleep)
- Les energy or more fatigue than usual
- Feelings of hopelessness, worthlessness, or excessive guilt
- Decreased ability to think or concentrate
- Repeated thoughts of death or suicide

If you have thoughts of suicide, a plan for suicide, or thoughts of harming yourself, immediately call your healthcare provider, 911, or a suicide hotline such as 1-800-SUICIDE. Please remember that this is an emergency.

Depression at end of life is under-recognized and under-treated. It must be distinguished from other issues that come up at the end of life. These include responses to bad news or anticipatory grief (grief before death). Depression lessens a person's quality of life, amplifies pain and other symptoms, and interferes with their ability to deal with the emotions involved in saying good-bye. Treatment of depression is appropriate for patients who are receiving palliative care.

Most people respond well to treatment for depression, but some may relapse and have more episodes of depression after an initial episode has been treated. Treatment for depression typically has three parts:

1. Immediate treatment.
2. Continuing treatment to prevent relapse. This includes antidepressant therapy, usually lasting for about six months.
3. Maintenance therapy (longer-term therapy), if considered necessary.

The following treatments, which may be used in combination, can help treat depression among older adults:

- Psychotherapy ("talk therapy")
- Antidepressant medications
- Electroconvulsive therapy
- For people with seasonal affective disorder (SAD), light therapy during the winter months may help restore a normal sleep cycle and reduce depressive symptoms.

If you have severe or suicidal depression, it is best to treat it with a combination of medications and psychotherapy. This combination appears to work quickly and keep depression from recurring. Therapy should continue as long as your healthcare provider recommends. Remember that depression is a disease, not a sign of weakness. Just as you should continue treatment for a physical health problem as long as needed, you should continue treatment for depression as long as needed.

Psychotherapy is a safe and effective way to help you cope with depression. It is often combined with antidepressant drugs (described below). There are several useful psychotherapy techniques:

- Problem-solving therapy. In this type of psychotherapy, a therapist helps you identify specific life difficulties that are causing problems, and helps you find solutions to these problems.
- Cognitive behavioral therapy (CBT). Cognitive behavioral therapy helps you understand the role that your thoughts and other factors play in your depression, and how to better deal with them. CBT programs generally run for a specified number of weekly visits. They may include helpful activities and assignments to perform at home.
- Interpersonal psychotherapy. This therapy has shown promise in treating minor depression, especially in people who become depressed after the death of a close friend or relative. It has also been shown to help caregivers of older adults who develop depression. This therapy helps people deal with personal relationships, grief, loss and coping with their role in life.

Medications- If your healthcare provider determines that medication will help treat your depression, they will consider several things when choosing a medication. These include what other medical problems you may have, what side effects the antidepressant may produce, and whether it might interact with other medications you are taking.

You will likely start with a low dose of the antidepressant. Then your healthcare provider may increase the dose slowly and carefully until you get the desired effect. If you have kidney or liver disease, the levels of the medication in your blood may be monitored to make sure these levels aren't getting too high.

Antidepressant medications take time to work and must be taken as prescribed for several weeks. About half of adults with major depression respond well to medications within 6 weeks. Another 15% to 25% only begin to respond during the first 6 weeks, but continue to improve if treatment is continued for another 4 to 6 weeks.

If a prescribed medication doesn't seem to be working, your healthcare provider may increase the dose, prescribe a different medication, or arrange additional therapy such as talk therapy. If the antidepressant you are taking causes side effects, let your provider know right away.

Never stop taking an antidepressant without first consulting your healthcare provider, even if you feel better. Stopping or reducing the dose suddenly can make your symptoms worse.

Many people need to continue taking an antidepressant for at least six to twelve months to get the full benefit and lower the odds that the depression will happen again. If your healthcare provider recommends stopping a medication, they will explain how to do so gradually and under supervision so that you avoid possible withdrawal symptoms.

Support groups may be helpful to bring devotees together and members of these groups get support from each other by talking about their experiences in a welcoming environment. Support groups may be organized by local ISKCON leadership. They may involve regular meetings in person, on the internet, or by phone.

If you are depressed, a support group can:

- Help you make connections with others so that you feel less alone.
- Introduce you to new coping skills that have helped others in the group.
- Encourage you to stick to your treatment plan.
- Help you realize that being depressed is nothing to be embarrassed about – it can happen to anyone.
- Learn what to do when you have medication side effects.

Studies have found that people who eat a lot of junk food—processed, fatty, and sugary foods—are at greater risk of developing depression. On the other hand, people who follow a vaishnava diet (eating a lot of fruits, vegetables, and whole grains) appear to be less likely to develop depression.

Devotees need to be particularly careful about getting enough B 12 vitamin in their diet. This is especially the case if you are a vegan (someone who does not eat dairy). Vitamin B12 is found in dairy products. A lack of Vitamin B12 is linked to depression, fatigue, and an inability to concentrate. Supplements can provide the 25-100 micrograms of vitamin B 12 that older adults need daily. Older adults are particularly prone to vitamin B12 deficiency.

Research shows that exercise can help treat depression, as well as keep it from getting worse once you feel better. Just 30 minutes of exercise counts. This can include walking, gardening, cleaning the house or temple, etc. Doing this kind of activity daily can make a real difference.

Most important is the regular execution of hearing, chanting and reading Srila Prabhupada's books. We get our strength from our spiritual practices. Depression is a disease of the mind. But higher and more powerful than the mind is our intelligence. Higher than intelligence is the spirit soul and higher than soul is Krishna, the supersoul. Our devotional practice connects us to Krishna, the highest being. From Krishna we get our spiritual intelligence to control the mind.

11. Anxiety

Anxiety:

It is characterized by excessive worry, apprehension, or fear about a variety of events or situations. It may occur along with depression in older people. Uncontrollable anxiety can get in the way of your normal enjoyment of life. It can make you feel tired, restless, irritable, or on edge.

Treatment for anxiety is similar to that for depression. Non-medical treatments like psychotherapy (cognitive behavioral therapy or problem-solving therapy) and anti-anxiety medications can be helpful.

12. Chronic Pain

Getting older increases your risk for many illnesses and conditions that can cause chronic pain. Chronic pain is associated with depression. In fact, if you have chronic pain, you are four times more likely to develop depression than if you didn't have pain.

Chronic pain is linked to:

- depression
- social isolation
- sleep disturbance
- poor functioning in activities of daily life

Treatment for Chronic Pain in Older Adults

Older adults use analgesics (pain relievers) more often than any other age group. Your healthcare provider may prescribe pain medications. Options for painkillers include such as aspirin or ibuprofen (also known as non-steroidal anti-inflammatory drugs or NSAIDs) or acetaminophen (Tylenol). If the pain is very severe, your provider may prescribe narcotic or opioid medications.

Be aware of possible side effects from the stronger classes of drugs. They may cause confusion or more subtle decreases in mental function, especially in people who are already experiencing memory problems. Constipation is another common side effect of these medications. Even familiar medications like aspirin and acetaminophen and ibuprofen have side effects.

Non-pharmacologic treatments are often very effective. In some cases, they may help enough that you may not need pills in some cases. You may find that gentle massage, moderate exercise, or applications of heat or cold make a difference in your pain.

13. End of life care

Advances in medical treatments and technologies can often create medical dilemmas. For example, certain treatments can be lifesaving and can bring a person back to their previous level of function and independence. However, some treatments can also be harsh, especially for people already in poor health. Some intense treatments, when used for people who are seriously ill, can cause inconvenience, pain, and suffering. These treatment options can include kidney dialysis, feeding tubes, ventilators to artificially support breathing, and CPR (cardiopulmonary resuscitation) to revive the heart after a cardiac arrest. In many cases, these treatments may prolong life but will not cure or improve conditionssuch as advanced cancers or advanced dementias, or improve quality of life.

Treatments that have been started can always be stopped. Stopping or withdrawing life-sustaining treatments is appropriate if those treatments are not beneficial, or are not consistent with an individual's wishes and priorities in life.

Even if life-sustaining treatments have been refused or stopped, the individual can still receive medical care to treat symptoms such as pain or shortness of breath.

Life-sustaining treatments and advance directives

Because many illnesses and complications cannot be anticipated, it is extremely important to have advance directives. Timely completion of these documents can help prevent unwanted burdensome treatments at the end of life. It is also important to discuss your advance directives with your family or friends. Rather than trying to anticipate specific scenarios, think about your goals for the time at the end of your life. For example:

- Is your goal to prolong your life by all medically effective means?
- Is your goal to treat medical conditions, but avoid difficult measures?
- Is your goal to maximize your comfort?
- Is your goal to maintain quality of life, including the ability to do tasks you enjoy?

These are highly individual decisions, but they are very important for guiding your clinicians in providing treatments that are consistent with your goals and wishes. They will also help guide the people you have chosen to make medical decisions on your behalf if you are not able to do so.

End of life symptoms- There are symptoms that are common at the end of life, and these can be distressing to family and caregivers. These include loss of appetite, breathlessness, and/or loud respiration/breathing. There are several non-medical strategies to ease someone's discomfort at the end of life.

- Loss of appetite (anorexia) is an almost universal symptom in individuals who are dying. Appetite stimulants and tube-feeding do not prolong survival and should not be used. Sips of water, moist swabs, or artificial saliva can help prevent the mouth from becoming dry and cracked.
- Breathlessness (also known as dyspnea) at the end of life is common and often distressing. Individuals can feel breathless even if their breathing and oxygen levels are normal. Moving cool air across the face from a window or with a fan can be helpful. Oxygen therapy and, in some cases, medications can also help.
- Terminal respiratory secretions (known as a"death rattle") are a sign that death is close. These sounds are caused by fluid that collects in the back of the throat and windpipe in individuals who no longer have a swallowing or cough reflex. Repositioning and elevating the head of the bed can be helpful. Gentle suctioning and medications to dry up secretions may also be used.

Palliative care is specialized medical care that focuses on relieving pain and other symptoms of illness. Palliative care is appropriate for any person with a serious illness, regardless of the stage of the disease or how long the person is expected to live. Palliative care can be provided by a primary care provider or a specialist with extra training in this field to help treat more difficult symptoms.

Hospice care is specialized care for people who are believed to have a life expectancy of 6 months or less. Accepting hospice care means shifting from the use of medical treatments to prolong life as much as possible toward a focus on treating symptoms and improving quality of whatever life remains for a person. Hospice care can be provided at a person's home, or at a nursing home or inpatient hospice facility. The care is provided by a team that includes a physician or nurse practitioner, nurse, home health aide, social worker, devotee trained in spiritual care, and other volunteer devotees. Although these team members provide regular visits and 24/7 phone availability, the majority of care for people receiving hospice care is provided by family and devotee friends.

End of life considerations-

CPR (cardiopulmonary resuscitation)-- may be an effective treatment for unexpected sudden death, but it is not effective or appropriate for people who are near the end of life. A "Do-Not-Resuscitate" (or "DNR") order can be written by your clinician to help make sure you don't receive unwanted CPR. Individuals who have an implantable cardioverter defibrillator (ICD) should talk with their providers about turning these devices off at the end of life to avoid painful, inappropriate shocks.

Artificial feeding-- Decreased eating and drinking is common among people who are seriously ill and near the end of life. This can be extremely distressing for families or caregivers, who may want to provide food and water artificially, such as through intravenous lines or a feeding tube. Although food and drink should always be offered by mouth to a person who is seriously ill or dying, artificial feeding and hydration may cause discomfort to someone whose body is no longer

Advance directives: At some point in their lives, usually because of illness, many people will lose the ability to make medical decisions or communicate what they want from their healthcare. The legal documents that allow you to spell out your healthcare decisions ahead of time - so you continue to get the care you want and avoid treatments you do not want - are called advance directives.

If you lose the ability to make decisions, someone will have to make decisions for you. The person you choose to make those decisions for you is known as surrogate. Your surrogate should try to honor any wishes you discussed with them while you were still capable of making decisions. Their job is to make the decisions you would make for yourself if you were still able to do so. That's why creating an advance directive by thinking about your priorities, discussing them with a surrogate, and writing them on a legal document is so important.

Advance directives go into effect only when you lose the ability to make decisions. (Only healthcare professionals can determine if you do or don't have

Types of advance directives-

There are two common types of advance directives that express your wishes about the health care you desire:

1. Living wills
2. Durable power of attorney for healthcare

Different states may have different names for durable power of attorney for healthcare, such as healthcare proxy or healthcare declaration.

A specific and common example of an advance directive is a "do not resuscitate" order (or DNR), which guides care only if your heart stops beating (cardiac arrest) or you are no longer breathing.

Advance directives can be stopped or changed orally or in writing by you at any time, as long as you maintain the capacity to make decisions.

There are 3 key steps to making an advance directive:

1. Think about what treatment you would or would not want if you were critically ill or no longer able to communicate your wishes.
2. Discuss your wishes with your surrogate, relatives and other people close to you and your healthcare providers while you are still able. It is never too early to have these conversations.
3. Document your wishes. Your advance directives should be written down carefully so that your wishes are specific, clear, and available later if needed. They should be reevaluated and revised whenever your medical condition changes.

Advance directives help patients and their families. It has been found that advance care planning helps to allow people to have improved satisfaction with their quality of care, die in their preferred place, receive less intensive treatments at the end of life, and reduce hospitalizations at the end of life. It also results in lower stress, depression and anxiety in the surviving relatives of a person who has died.

14. Hearing Loss

About a third of adults older than 65—and half of those older than 85—have some kind of hearing problem. Hearing loss is the third most common chronic disease among older adults.

Hearing loss is more than an inconvenience. It can lead to depression, withdrawal, anger, loss of self-esteem, and overall unhappiness with life. There is even some evidence it can affect your memory and other cognitive processes, as well your mobility. Because it can make communicating with your healthcare providers difficult, hearing loss can even jeopardize your overall health.

Age-related hearing loss is also known as presbycusis. It happens gradually over time. While those around you may notice problems, you may think you are fine. Age-related hearing loss has no known cure, and while technologies such as hearing aids, cochlear implants, and assistive devices improve hearing, they do not restore hearing to normal.

The bottom line is that treating hearing loss can significantly improve the quality of your life and interactions with others, including relieving the depression often associated with hearing loss.

Sound and the Ear

Sound is defined in two ways:

1. Frequency (pitch) is measured in cycles per second (Hz). Normal speech falls in a frequency range of 250 to 8,000 Hz.
2. Intensity (loudness) is measured in decibels. The lowest intensity at which a sound must be generated to be heard is called the threshold for hearing. The higher your individual threshold, the louder the sound must be for you to hear, and the worse your hearing is.

Normal hearing depends on three components:

1. The ear
2. The nerves leading from the ear to the brain
3. The brain

The ear modifies the sounds coming from the outside. The brain processes and helps us understand and interpret sound.

Hearing starts with a sound wave, or vibration. The sound wave travels through the outer part of your ear (ear canal) and travels to the eardrum. The eardrum is a thin membrane that separates the outer parts of the ear from the inner parts. When the eardrum vibrates, three bones (the auditory ossicles) send the vibration to the cochlea (a tiny spiral cavity with sensory cells). Then, the signals are carried by nerve fibers to the brain, where understanding speech takes place.

Definition of Hearing Loss

Hearing loss is defined as the loss of the ability to hear pure tones across the range of auditory frequencies required to understand speech. Hearing loss is a major reason for difficulties in understanding what others say, especially in noisy conditions.

There are three main types of hearing loss:

1. Conductive
2. Sensorineural
3. Mixed

Age-related hearing loss is sensorineural in nature.

Hearing loss can be caused by physical changes in the ear, the auditory nerve, or the ability of your brain to process sound. Sometimes, all three might be involved.

Age-Related Changes in the Ear

When you age, the outer part of the ear canal thins and earwax gets drier and stickier. This increases the risk of impacted wax. Most significant changes take place in the cochlea. These changes can include the loss of sensory cells and degenerative changes in the nerve fibers that carry information from the sensory cells to the brain.

Main Types of Hearing Loss

Conductive Hearing Loss

With this type of hearing loss, your hearing is muffled. It is typically caused by a build-up of ear wax. It is normal for all ears to have some wax since it helps to protect the outer ear canal. However, excessive earwax can block the ear canal and prevent sound from entering. Your primary healthcare provider can diagnose and remove the wax if there is an excessive build-up.

Other causes of conductive hearing loss include infections in the skin lining the ear canal, fluid in the middle ear, arthritis that affects the bones of the ear, or a hole in the eardrum.

Sensorineural Hearing Loss

This is the most common type of hearing loss in older adults. It is typically caused by changes or damage to the hair cells and/or nerves in the cochlea. The main cause is age but excessive noise exposure (being in very loud kirtans). It is the duty of temple leaders to make sure the kirtans are enthusiastic and melodious but not excessively loud. The number of mridangas and karatals should be regulated. Lord Caitanya Mahaprabhu regulated the number of musical instruments in each of the seven kirtan teams during Rath Yatra.

Older adults with the following conditions are more likely to experience hearing loss:

- Dementia
- Diabetes
- Cerebrovascular disease (conditions that affect blood flow to the brain)

Dual sensory impairment (for example, vision and hearing loss at the same time) is a significant problem for at least 30% of older adults.

Mixed Hearing Loss

A third type, mixed hearing loss, is a combination of conductive and sensorineural hearing loss.

Typical signs of a hearing problem include:

- Playing the kirtan or lecture too loudly
- Frequently saying "what?" during conversations

Sometimes you are so unaware of your hearing loss that it is up to a family member to tell you and your healthcare provider that you're having problems hearing.

A simple way to tell if you're having problems is with the "whisper test." Have someone stand about two feet away and whisper a letter and number combination like "1K6." If you can't hear the combination, it indicates that you have some hearing loss and should undergo formal testing.

The important thing is getting it diagnosed as soon as possible. This helps prevent other physical and emotional effects such as depression and social isolation. In fact, older adults should have their hearing checked every year, just like vision testing. Screening for hearing impairment is part of the Medicare annual wellness exam.

Most hearing problems are diagnosed by audiologists, who are healthcare professionals trained in hearing. Most can also help select and fit hearing aids and hearing assistance technologies. They can also determine if you are a candidate for a cochlear implant, which is surgically implanted. Individuals with severe to profound hearing loss are considered possible candidates for a cochlear

implant. Audiologists conduct audiometric testing to determine how much hearing you've lost. Such testing can also provide clues about the causes of your hearing loss.

- The gold standard test is pure-tone audiometry. The test is simple and painless: you wear earphones and listen to pure tones at different pitches and volumes sent to one or both ears, letting the audiologist know when you can no longer hear the tone.
- The audiologist will also test your ability to understand speech in quiet and in adverse listening situations and assess your middle ear to determine if there are any abnormalities, including excessive fluid build-up or negative pressure.
- Your primary healthcare provider or audiologist may also ask you to complete a questionnaire designed to measure your communication ability in various settings. These sets of questions can help measure your perception of the impact that hearing loss has on your daily activities. Your responses can also suggest if you are a candidate for some form of non-medical intervention to promote hearing and understanding.

Hearing aids are the most common amplification devices. They can improve your ability to understand speech, particularly soft speech and loud conversational speech. In general, it is best to get hearing aids in both ears because that helps you identify the direction the sound is coming from. Most importantly, it improves understanding in noisy situations. If you have only lost hearing in one ear, you may only be eligible for one hearing aid, but there are now a variety of options for persons with single-sided deafness. Don't wait until the loss is severe. Getting a hearing aid early on can help you get used to using it and can reduce the psychological impact related to hearing loss.

Although you can buy hearing aids from many sources, including online retailers, you should work with an audiologist or other healthcare professional trained in audiology. This way, you can make sure you get the right hearing aid for your needs and be sure it is fitted and adjusted correctly.

Not everyone will benefit from hearing aids. Some people can't tolerate the feeling of having something in their ear. However, open-fit hearing aids, used for those with mild to moderate hearing loss, can reduce this sensation and make wearing hearing aids more comfortable.

A hearing aid is just part of the equation for improved hearing—the other half is a hearing rehabilitation program. This includes counseling regarding the benefits and limitations of hearing aids and suggestions for communicating with others. It is typically included in the cost of the hearing aid.

Of course, hearing aids can't help if you don't use them. Many older adults purchase hearing aids but then don't use them or only use them occasionally. Possible reasons include:

- Problems manipulating the tiny devices with their hands (especially for people with arthritis)
- Amplification of background noise
- Thinking the aid is not needed

- Memory loss
- Cost

There are numerous styles of hearing aids. The best style for you depends on:

- The amount of your hearing loss
- The available features you want
- Your motivation and ability to properly insert and use the hearing aid

The most popular hearing aids are the behind-the-ear type, followed by in-the-ear models. Hearing aids have custom programs that can be adjusted depending on your particular hearing loss and lifestyle needs. You can also often get two or more programs within a single hearing aid. For instance, you could use one program when you're in an environment with background noise and another when you're in a quieter environment. The audiologist uses a computer to adjust ranges and balance for each program. Some of the newer hearing aids automatically adjust the volume to increase amplification of soft sounds without background sounds becoming too loud.

Behind-the-ear hearing aids hang behind the ear. They are connected directly to an ear mold that is customized to fit your ear, or to a dome which varies in how much it blocks the outer ear canal. These aids are more visible than in-the-ear models, but they are durable, easily adjusted, and easily repaired. Some behind-the-ear aids can also be connected to other assistive-listening devices such as telephone or television amplifiers.

In-the-ear hearing aids are smaller devices that are custom fit to your ear. Some of them can be very difficult to adjust and maintain because tiny particles of skin or wax can damage them. However, most hearing aids now come with wax guards to minimize the chances of blockage.

Cochlear Implants

A cochlear implant is an electronic device surgically implanted in your ear. It bypasses the damaged cochlear hair cells and transmits sensory impulses directly to the cochlear nerves. Cochlear implants are used only in people with severe to profound hearing loss whose hearing doesn't improve with hearing aids. Cochlear implants don't restore normal hearing, but they can help you hear environmental sounds, understand speech better, and use a telephone. They can even restore the enjoyment of music for many people.

Having cochlear implant surgery requires extensive testing before surgery and training after surgery. The cochlear implant is activated 4 weeks after surgery. Patients typically achieve optimal hearing and understanding of speech within 6–12 months. General health, rather than age, is an important predictor of health outcomes after cochlear implantation. Most Medicare programs and insurance companies cover the procedure.

Strategies to Improve Communication

Let others know that you have some hearing loss and tell them what they can do to improve communication. Here are some tips:

- Make sure you face the person directly. Ask them to speak slowly and clearly and to pronounce each word carefully.
- Pick up cues from the context of a conversation to identify the meaning. Watch any gestures the person makes. This can also help with interpreting what they're saying. You might also be able to use lip reading to help you communicate.
- Ask the person to write or type the information.

Improving communication is particularly important if you are hospitalized. If you use hearing aids, make sure that you have them in the hospital.

Communicating with a Hearing-Impaired Person

Here are some tips for improving communication with people who have hearing difficulties:

- Get the person's attention before speaking.
- Eliminate background noise and distractions as much as possible.
- Make sure your listener can see your lips.
- Speak slowly and clearly, but don't shout. Shouting makes lip movements harder to read, and can make you sound angry even when you are not.
- Speak towards the ear that has better hearing (if the person's hearing loss is different in each ear).
- Rephrase your comment if the listener doesn't understand the first time.
- Speak in complete sentences. Single words are hard to lip-read because the listener often relies on context.
- If a reply doesn't make sense, make sure that the person knows the topic of conversation.
- Spell words out, use gestures, or write or type the information.
- Have the listener repeat back what they heard, to avoid misunderstandings.

15. Kidney Problems

The kidneys are two bean-shaped organs found in your lower back. They have many functions. One is to filter waste products produced by normal bodily processes (for example, protein breakdown). Another is to maintain the balance of acids and bases and many other chemicals (for

example, electrolytes such as sodium, potassium and chloride) in your blood and tissues. The kidneys also eliminate fluid and byproducts of foods or medicines that your body does not need through the urine. In addition, the kidneys play important roles in controlling blood pressure and producing red blood cells.

The basic working component of each kidney is a structure called a nephron. Healthcare professionals who specialize in the care of people with kidney (renal) diseases are called nephrologists.

What are Kidney Diseases?

Kidney function may gradually start to decline as we age, sometimes worsening quickly in later years. Our kidneys are normally more than capable of meeting the body's demands, so there is a built-in reserve of kidney function even as we age. Older kidneys, however, may not be as resilient as younger ones if they have been stressed. The result may be a higher risk of fluid imbalances, a build-up of waste products (such as urea), and other serious consequences in later years. Doses of medications must also be reduced if kidney function has declined, since your body can accumulate "overdose" levels if your kidneys cannot get rid of drugs efficiently.

Because the kidneys are important in regulating a variety of bodily functions, you may eventually develop problems requiring medical attention if your kidneys are not working well. These problems from kidney disease may include:

- Fluid and electrolyte imbalance – for example, having too much or too little sodium, potassium, or water in your body
- A build-up of waste products in your body—for example, urea or acids
- Loss of protein through your kidneys
- High blood pressure from too much fluid in your body
- Anemia (low blood counts)
- Brittle bones

If these problems become severe enough or don't recover, you may end up needing dialysis – a procedure that uses a machine to wash out your blood to make up for the loss of kidney function.

What are the types of kidney diseases and how common are they?

Chronic kidney disease (CKD) refers to kidney damage that lasts for more than three months. It is classified into five stages based on how well your kidneys are able to filter your blood. In stage one, your kidneys retain much of their ability to filter out wastes. In stage five, however, the filtration rate is inadequate and your kidneys are considered to have failed.

Chronic kidney disease is very common in older people, with a prevalence of around 10%. It affects 35% of patients with diabetes and about 20% of adults with high blood pressure.

End-stage renal (kidney) disease (ESRD) is diagnosed in over 100,000 new patients each year in the US. Almost 600,000 people are currently being treated for ESRD. The incidence is highest in adults over the age of 65 years. Every year, almost 400,000 ESRD patients are maintained on dialysis, about 18,000 receive a kidney transplant, and close to 90,000 patients with ESRD die.

The chance of developing a kidney disease increases if you have any of the following risk factors or conditions:

- Age over 65 years
- African-American ancestry (risk is almost four times greater than for people with white ancestry)
- Hispanic-American ancestry (risk is one-and-a-half times greater)
- Diabetes
- High blood pressure
- Cardiovascular disease and heart failure
- Obesity
- Dehydration
- Recent surgery

The signs and symptoms seen in kidney problems depend on your particular condition. In many cases, you may have no physical warning that your kidneys are not working properly until the damage is quite advanced. This is why it is very important to schedule regular check-ups and regular screening exams with your healthcare provider.

Some symptoms that you or others may become aware of include:

- Fluid retention or swelling (edema) in the arms, legs, or belly
- Increased or decreased need to urinate, including at night
- Weakness and tiring easily
- Cramps
- Headaches
- Nausea
- Loss of appetite
- Sudden sharp pains in the back or side (kidney stones)

- Blood in the urine (hematuria), either microscopic, or visible to the naked eye as pink, red, or brown urine
- High blood pressure that is suddenly very difficult to control

Frequently used tests to check kidney health include:

- Blood measurements of sodium, potassium, protein, and bicarbonate
- Blood measurements of waste products that should be removed by normally functioning kidneys such as BUN (blood urea nitrogen) and creatinine.
- Measurement of blood pressure
- Urine tests, either with a small sample or by having you collect all of your urine for 24 hours.

Once your kidney disorder has been identified and its severity assessed, your healthcare provider can order the treatment most appropriate for you. Your primary care provider or kidney specialist (nephrologist) can help you control your kidney disease by determining the best medical and lifestyle approaches for your individual condition.

The goal of treatment is to reduce kidney damage by fixing the causes of your kidney disease, which usually means:

- reducing blood pressure
- improving cholesterol levels
- controlling diabetes (blood sugar)
- balancing electrolytes
- reducing protein in urine
- controlling phosphorus levels
- avoiding medications that cause kidney problems
- lifestyle changes (such as diet and exercise)

Many medications should have their dosages reduced or be avoided entirely if you have kidney disease. These include:

- non-steroidal anti-inflammatory pain medications (NSAIDs) such as ibuprofen or naproxen
- certain antihistamines such as ranitidine and cimetidine
- many antibiotics

Your healthcare provider may also prescribe:

- iron pills (if you have a lower blood count, which is known as anemia)
- vitamin D supplements
- medications to lower phosphate levels

Older people need to drink plenty of fluids throughout the day, especially during hot weather or when there is no air conditioning. Even if you do not feel thirsty, make sure you are drinking enough, since the sensation of thirst becomes weaker with age. In people who have dementia, stroke, or other brain disorders, the feeling of thirst becomes particularly unreliable and it becomes critical that a caregiver makes sure the person receives fluids on a schedule.

If you have a kidney disease, follow a diet that has been created for you by a renal dietitian.

16. Medications Work Differently In Older Adults

Medication dose, as well as information about the effectiveness and side effects of medication, are generally determined by studies done in relatively young, healthy people. This information may not apply to older adults, because our bodies and how we process medications change with age. As we get older, our bodies react to drugs differently than when we were younger.

The aging process can affect how the medication is absorbed, used in the body, and exits the body. Changes that decrease your body's ability to break down or remove certain medications from your system may mean that medications can stay in your body longer. So, you may need a lower dose of the medication or a different medication that is safer. This can be done by working closely with your healthcare provider.

The American Geriatrics Society's Beers Criteria lists medications that may not be safe in older people and can be used as a tool when you talk with your provider or pharmacist about using safe medications.

When taking medications, it is important to make sure that:

- The correct medication is prescribed for the correct condition
- The medication is right for you, your age, and your conditions
- You take the proper dose for the length of time your healthcare provider prescribes

A medication interaction is a reaction between two (or more) medications or between a medication and food, beverage, supplement, or herbal product. A medication interaction can make a drug's effect stronger, weaker, or cause unwanted side effects. An older person may be on multiple medications to treat the many conditions they have and also use over-the-counter (OTC) medicines, vitamins, other supplements or herbal products. The more medications and other products you are on, the greater the chances of having a medication interaction. Be sure to let your doctor and

pharmacist know about all prescription and other medicines you use at home, so they can check on interactions for you.

Polypharmacy: Many older adults cope with more than one medical condition at the same time. Often, managing multiple conditions can mean that the older adult may need many different medications.

When older adults take five or more medicines, it is called "polypharmacy." With polypharmacy, the medicines may interact with each other and with your body in harmful ways. For example, the medications can increase negative side effects or decrease benefits.

Many older adults take multiple medications from different prescribers. It is important to provide a list of your current medications, including any OTC medicines, vitamins, supplements, or herbal products you use, to each provider so they can update their records. This practice can help prevent harmful side effects and decrease unnecessary medications and interactions.

Prescribing cascade: Polypharmacy increases the possibility of a "prescribing cascade." A prescribing cascade is when a side effect of one medication is mistaken for a new medical condition and is then treated with another medication. This can lead to being prescribed more medications than you need and also further increases your risk of having more side effects and continuing the cascade. Therefore, ask your healthcare provider to review all of your medicines with you. And before you get a new medicine, ask if one of the medicines you are already taking might be causing the problem the new medicine is meant to treat.

Difficulty swallowing:

Older people may have trouble swallowing. This can be caused by a variety of things, including dry mouth from medications, dementia, muscle loss, or diseases of the nervous system. You or someone you are caring for may have increasing difficulty swallowing food, or regularly feel like food is going down the wrong way. If this is the case, speak to your healthcare provider who may refer the patient to a speech therapist. Often, simple approaches can help the situation.

Nutrients:

Vitamin D

It is particularly important for older adults with osteoporosis, since it helps the body absorb calcium. Older people are less able to produce vitamin D from sunlight in their skin than younger people.Your goal is to get at least 1000U of Vitamin D3 a day either through your diet or supplements. Vegan vitamin D3 is available in stores and online.

Iron

If you have an iron deficiency, you should also make sure to get enough vitamin C. Iron is absorbed better with plenty of vitamin C in the diet.If you are taking an iron supplement, take it with some fruits like orange.

Calcium

Calcium is absorbed more easily from food than from supplements, so try to get your calcium intake from food sources such as dairy products, dark green leafy vegetables like spinach or kale. Try to get 1200mg of calcium a day, either through your diet or supplements.

Vitamin B12

If you are lacking vitamin B12, take vegan vitamin B12 supplements.

Potassium, magnesium and sodium

If you are taking certain blood pressure or heart medications, you may need more of these nutrients.Good sources include fruits, vegetables, milk, and yogurt.

The best way to make sure you get important vitamins and minerals is to eat at least 5 servings a day of brightly colored green, orange, and yellow vegetables such as broccoli, kale, spinach, carrots, and squash. If you are taking any herbal or alternative products, let your healthcare provider know. Some of these preparations can interact with medicines or food and cause serious consequences.

Fluids

Dehydration is the state of not having enough fluids in your body. Dehydration can be common in many older people because they do not feel thirsty even when they need to take in fluids. However, it is important to take in enough fluids to keep your kidneys and digestion working well. Therefore, you should try to drink 5-8 glasses of water each day. You may need to drink more fluids if you have a fever or an infection.

Overnutrition:

As you get older, you will probably be less physically active. You also do not need to consume as much food as you did when you were younger because older people have reduced energy needs. However, you may begin to gain weight if you continue to eat the same way you used to without increasing your exercise level. For many older people, this pattern leads to being overweight or even obese. Obesity is linked to many chronic health problems such as diabetes, cardiovascular disease, stroke, and cancer.

The best dietary strategy is to decide on a target weight that is appropriate for your height and body type, and to aim for gradual weight loss. You can decrease your calorie intake by:

- eating fewer calorie-rich foods
- increasing your consumption of nutrient-rich, high-fiber foods, such as vegetables and grains
- reducing portion sizes

Dietitians or nutritionists can be extremely helpful in finding a diet that you can enjoy while you try to take off the pounds.

Proteins:

Many older adults need to consume relatively higher amounts of protein than they did when they were younger. This is because of the stress on your body as you age, and a general loss of protein from muscles and internal organs that occurs as you age. Protein deficiencies in older people can lead to more infections, fragile skin, longer healing times, and weakness.

Beans, grains, milk and yogurt are good sources of protein.

Carbohydrates:

Much of our energy comes from digesting carbohydrates (sometimes referred to as "carbs"). Carbohydrates are made up of various types of sugar and starch molecules. About 50-60% of your daily calories should be coming from complex carbohydrates such as whole grains, cereals, fruits, and vegetables.

Fats:

Fats are nutrients that are necessary for your body. Fat insulates and protects the body and serves as a source of energy and essential fatty acids. It also carries the fat-soluble vitamins (such as vitamins A, D, E, and K) around the body.

A lack of B vitamins can lead to serious consequences for older adults. B vitamins include B6, B12, and folate (folic acid).

Vitamin B 12:

Older people are at increased risk of B12 deficiency. This is because they are more likely to have these certain risk factors:

- Poor nutrition
- Reduced ability to absorb nutrients even if nutrition is enough (this can be caused by not having enough stomach acid and digestive enzymes)
- History of surgery where part of the stomach or small intestine has been removed

- Taking antacids or other heartburn medicines long-term

Although you may not notice any symptoms at first, B12 deficiency can cause problems if it is not treated. These can include things like severe nerve problems and anemia (not having enough red blood cells). Do not ignore symptoms because you think they are simply another sign of getting older. Treatment is simple (pills or an injection) and waiting too long may have effects that cannot be reversed.

Make sure to tell your healthcare provider if you notice any of the following symptoms:

- Diarrhea or constipation
- Fatigue
- Loss of appetite
- Balance problems
- Shortness of breath, especially during exercise
- Poor concentration, confusion, even dementia in severe cases
- Depression
- Pale skin or gums (signs of anemia)
- Bleeding gums
- A red, swollen tongue
- Numbness or tingling in your hands and feet

One of the side effects of a lack of vitamin B12 is an anemia called "pernicious anemia." Pernicious anemia occurs when your body has trouble absorbing vitamin B12, which then affects the production of red blood cells.

Vitamin B6:

It is needed to keep your nerves functioning properly. You may have a deficiency of vitamin B6 if you are malnourished or have trouble absorbing nutrients. B6 deficiencies are common in older adults. A B6 deficiency may cause:

- Tingling or numbness in feet and hands
- Fragile skin and mucous membranes
- Blood problems like anemia
- Possible higher risk of heart and circulation problems

Folic acid:

Folic acid is a B vitamin that appears to have a protective function against heart disease and cancer. It is found in many foods. Folate keeps your cells healthy, helps in the production of new red blood cells, and aids in the prevention of cancer. It is considered important in keeping the heart and circulation healthy. This is because it keeps homocysteine, a heart disease risk factor, at healthy levels. Many things can lower your folate levels. Malnutrition, inability to absorb nutrients well, certain medications, kidney dialysis, liver disease, and other chronic diseases may lower your folate levels.

Folate deficiency can cause the following symptoms:

- High homocysteine levels (a risk factor for heart disease)
- Anemia (not enough red blood cells)
- Fatigue and weakness
- Diarrhea
- Poor appetite
- Weight loss
- Irritability, forgetfulness, and other unusual behaviors
- Headaches
- Sore tongue

Vitamin D:

When you are young, your body makes vitamin D in your skin whenever you are out in the sunshine. Vitamin D is also found in some foods, like milk and oily fish. However, in old age the ability of skin to produce vitamin D decreases.

- Low vitamin D levels are now common in the United States, particularly in northern states where the winters are long. Vitamin D deficiency is especially common in older people who do not go outside very much. If you are over 65 years of age, your healthcare provider may wish to order a blood test to check your vitamin D levels. Most guidelines recommend that older adults consume at least 1,000 IU (international units) of vitamin D every day.

Vitamin D is essential because it helps our bones absorb calcium.

We get calcium from ahimsa milk and milk products. You should consider taking a calcium supplement if your doctor thinks you are not getting a minimum of 1,200 milligrams of calcium per day.

17. Alternative Medicines

Medicines that are not part of the traditional medical treatment prescribed by their medical doctor are called complementary or alternative treatments.

Older adults may try an alternative remedy because they believe that these treatments are very effective, inexpensive, and not harmful. These beliefs are not always correct.

Commonly used alternative remedies may include herbal medicines, large doses of vitamins, steroids, folk remedies, energy healing techniques (such as magnets or crystals), or homeopathy. Other therapies, such as acupuncture or chiropractic techniques, are also popular.

You must always tell your healthcare provider if you are using any of these products. Many of them can interact with or interfere with other medications, with serious or even life-threatening consequences. For example: excessive Vitamin A may cause bone problems, many herbal remedies may be toxic. These can include kava kava (causes liver damage), licorice root (raises blood pressure), and gingko biloba (thins blood and may interfere with some heart medications), some Ayurvedic medicines have been found to be contaminated with poisonous heavy metals like arsenic or lead.

Herbal remedies are not tested by the Food and Drug Administration (FDA, the government agency responsible for reviewing medications) in the same way that prescription medicines are tested. Therefore, some may have dangerous impurities in them.

18. Osteoporosis

It is when your bones become thin, lose density, and become increasingly fragile. Osteoporosis is a process that develops gradually over many years as we age.

Our bones are constantly renewing and repairing bone tissue. There are bone cells that break down old damaged bone. That allows other bone cells called osteoblasts to produce healthy new bone in place of the old bone. This process of bone removal and renewal is called “bone remodeling” or “bone turnover.” Bone remodeling occurs in response to physical stress or damage. This can be caused from exercise or simply from the weight of our bodies. This can also be caused by hormones and other chemicals circulating in our blood. Thanks to bone remodeling, our damaged bones are repaired and stay healthy.

However, bone remodeling becomes unbalanced as we age. More bone is lost than new bone is formed. This age-related bone loss is especially noticeable in women after menopause, when the hormone estrogen is no longer produced. Older women can lose up to 7% of their bone mass every year.

Older men also lose bone, when less of the hormone testosterone is produced. However, the bone loss is more gradual in men.

Often osteoporosis does not produce any symptoms and you may be unaware that your bones have become thin and unstable.

The first sign that bones are thin or fragile may be a fracture. A fracture usually means that your bone loss is severe.

One of the most serious types of fractures are hip fractures. Up to half of patients who experience hip fractures are left with problems walking. About one quarter of people with hip fractures are unable to live independently afterwards. A hip fracture is one of the main reasons that older people move into nursing homes. Spinal fractures also reduce quality of life and cause pain, and may make it hard to bathe, dress, or walk independently. Such fractures also increase the risk of a fall.

There are three common types of bone thinning:

- Osteopenia - This is moderate bone loss with an increased risk of fracture.
- Osteoporosis - This is more severe bone loss associated with a higher risk of fracture.
- Osteomalacia - This is bone loss that is much less common than osteoporosis or osteopenia. It refers to problems of bone mineralization. Osteomalacia causes pain, muscle weakness, and fractures.

Osteoporosis is by far the most common bone disease. It affects approximately 10 million people of all ethnic backgrounds in the US. Another 43 million people have osteopenia (less severe bone loss). Osteoporosis affects men and women, but most cases are diagnosed in women (about 80%. Research has found that about one out of every five American women over the age of 50 already has osteoporosis.

The main cause of osteoporosis is an age-related decrease in the body's production of hormones. This means less estrogen in women after menopause and less testosterone in older men.

Due to the drop in hormones, women over age 50 and men over 70 have an increased risk for osteoporosis. Men "catch up" to women after age 75. At that point, both men and women have an equal risk of developing the disease.

Other causes of the disease include:

- Lack of physical activity or not being able to get out of bed
- Chronic rheumatoid arthritis
- Chronic kidney disease
- Chronic liver disease

- Poor nutrition or eating disorders
- Certain medications, especially corticosteroids. These medications may have the side effect of causing calcium loss from bones.
- Lack of vitamin D
- Not enough calcium in your diet
- Family history of osteoporosis
- History of hormone treatment for prostate cancer or breast cancer
- Low body weight or a small body frame
- *For women:* Having had an early menopause or surgical removal of ovaries
- *For men:* Having had prostate cancer treatments that lower testosterone levels
- Cancer (such as multiple myeloma, leukemia, lymphoma)

Usually, there are no symptoms in the early stages of osteoporosis. But as the disease progresses, you may experience:

- Bone pain or tenderness
- Curvature of the spine
- A stooped posture called kyphosis (sometimes known as "dowager's hump")
- Loss in height (as much as six inches)
- Other changes in posture and body shape
- Low back pain and/or neck pain due to fractures of the bones of the spine

You may have had a spinal fracture without realizing it, because sometimes there are no symptoms. You may have unknowingly fractured bones in your spine if you have lost height, have increased curvature of the spine, find that your clothes no longer fit normally, or if you have back pain for more than two weeks. If you have these types of changes see your healthcare provider. They may order a scan to see if you have bone loss.

In order to check your bone health, your healthcare provider order a test called a DEXA scan (dual-energy x-ray absorptiometry scan). This safe and painless test uses low level x-rays to determine how much calcium you have in your bones. This is called your bone mineral density or bone mass density (BMD). It will probably be measured at your hip and spine.

The following people should have a DXA scan:

- Women over the age of 65 years
- Women who have had early menopause

- Postmenopausal women with at least one other risk factor
- Postmenopausal women who have recently stopped taking hormone supplements
- Men over the age of 70 years
- Men between 50 and 70 years of age with at least one other risk factor
- Men or women over age 50 who have broken a bone in the past, especially if the trauma that brought on the fracture was minor
- Men or women who take or are thinking of starting medications that raise the risk of osteoporosis

How often a person is screened for osteoporosis depends on their age, baseline bone density, and other risk factors.

FRAX is a fracture risk assessment tool from the World Health Organization that estimates the 10-year probability of a hip or other major fracture due to osteoporosis. It incorporates a person's bone mineral density with clinical risk factors. A healthcare provider may use this score, in addition to the bone mineral density test, to determine the appropriate treatment.

Osteoporosis treatment can:

- Slow down bone loss or even improve bone density
- Lower the risk of fractures
- Reduce the risk of falls
- Reduce the pain of osteoporosis and help in pain management

The best approach for treating age-related bone loss is always prevention. The main goal is to decrease the chance of a fracture. Exercise and diet are important steps to take to decrease your risk of osteoporosis.

Research has shown that exercise makes bones stronger. These include walking, weight lifting, and other forms of strength and resistance training. Balance exercises like Tai Chi and Yoga can also reduce both falls and fractures.

Lack of exercise can make your bones weaker.

Bisphosphonates: These medications slow bone breakdown, preserve bone mass, and even increase bone density in some cases. They include alendronate (Fosamax), risedronate (Actonel), ibandronate (Boniva) and zoledronic acid (Reclast). There are both pill and intravenous forms of bisphosphonates. These drugs are usually well tolerated, however, they may cause nausea, abdominal pain, difficulty swallowing, and an irritated or ulcerated esophagus (the "swallowing tube" that connects the throat to the stomach). Talk to your healthcare provider if you develop any

of these symptoms. To reduce these side effects, you need to remain upright for at least half an hour after taking the pill, without eating during that time.

19. Urinary incontinence (UI)

This occurs when you have trouble controlling your bladder and leak urine. You may have to urinate so suddenly and forcefully that you're unable to make it to the toilet on time. Or you may leak urine when you cough or sneeze, or "dribble" urine. In some instances, you may have no warning or sensation of the leakage.

Urinary incontinence (UI) becomes more common as people grow older, but it is not a normal part of aging. It is not something older adults should think they just have to "put up with." It is often treatable. Untreated urinary incontinence can decrease the quality of your life and also lead to other complications like infections and falls. Treatment for UI can improve your quality of life, and it may not require drugs or procedures. If you have urinary incontinence, don't feel embarrassed about talking with your healthcare provider about it.

Urinary incontinence (UI) has a variety of causes, including foods and beverages, medications, certain medical conditions, and problems with walking or getting up from bed.

Foods That Can Cause or Worsen UI

- Carbonated beverages
- Artificial sweeteners
- Foods high in spice or sugar
- Foods high in acid, such as citrus fruits

Medications and Supplements That Can Cause or Worsen UI

- Diuretics, or "water pills"
- Some heart and blood pressure medications
- Some cold and allergy medications
- Some medications for diabetes
- Some medications for dementia

Talk to your healthcare provider about any medications you are taking that might be causing UI. Never stop any medications without talking to your healthcare provider first.

Medical Conditions That Can Cause or Worsen UI

- Urinary tract infection
- Constipation
- Prostate problems in men (including an enlarged prostate)
- Having had a hysterectomy

- Obesity
- Some neurologic diseases, such as multiple sclerosis, Parkinson's disease, dementia, stroke or spinal injury

Untreated UI can increase your risk of other health problems, including:

- Urinary tract infections
- Skin problems, such as rashes, sores, and infections from being exposed to wet skin
- Social withdrawal, isolation, and depression from fear of accidents and odor
- Falls and fractures, especially from getting up at night or rushing to get to the toilet

Types of Urinary Incontinence (UI) and Their Symptoms

There are several types of UI with each having different symptoms.

Urge Incontinence

We all experience an urge when it's time to go the toilet. You may have urge UI if you have a sudden and very strong urge to urinate and are sometimes unable to make it to the toilet on time. This is the most common type of UI in older adults. It is often caused by the brain not controlling a signal from the bladder, allowing the bladder muscle to contract when you are not ready to pass urine.

Stress Incontinence

You may have stress UI if you leak or dribble urine when the pressure in your abdomen (stomach area) increases. This may happen when you cough, sneeze, laugh, or are physically active. This type of incontinence is most common in women, although men may be affected after prostate surgery.

Overflow Incontinence

If you have frequent dribbling of urine, you may have overflow incontinence. This type of UI is caused by incomplete emptying of the bladder. This is the least common type of UI.

Mixed Incontinence

If you have symptoms of urge and stress incontinence, you may have mixed UI.

Overactive Bladder

You may have an overactive bladder if you have a very strong urge to urinate, but do not necessarily lose control of your bladder. You may also have to urinate frequently during the day and night.

The type of treatment your healthcare provider recommends will depend on the type of UI you have and the causes. Often, treatment is handled in a "stepped approach" that begins with addressing any medication or health problems that may be contributing to UI. After that, the next step is using non-invasive "behavioral" treatments. If these steps are not successful in treating your symptoms, your provider may move on to other steps, such as medications, devices, or procedures.

If you have urge incontinence or nighttime incontinence, make a clear path to the bathroom by removing furniture or rugs that you might bump into or trip on. Use a nightlight to reduce the risk of falls. If you have trouble with walking or balance, consider a raised toilet seat and grab bars to make getting on and off the toilet easier.

20. Thyroid problems

Your thyroid gland is a small structure in your neck that plays a huge role in your health. This important gland produces hormones that are essential to the proper functioning of vital organs such as your brain, heart, kidneys, and liver. Among other things, these hormones play key roles in metabolism—the process that allows you to get energy from food. The three hormones your thyroid gland produces are triiodothyronine (T3), thyroxine (T4), and calcitonin.

As you get older, you're more likely to develop thyroid disorders. In addition to being more common with age, thyroid problems are more common in women than men. They also tend to run in families. If a close family member (such as your mother or sister) had or has thyroid disease, you may be at a higher risk of developing it as well.

Different thyroid problems cause different symptoms and are treated differently.

Common thyroid disorders and problems include the following.

-Hypothyroidism is a disorder in which your thyroid doesn't produce enough thyroid hormone, usually the thyroxine (T4) type of hormone. This can lead to fatigue and low energy.Hypothyroidism is usually treated with levothyroxine, a synthetic (man-made) version of thyroid hormone that you swallow.Your healthcare provider will start you on a low dose of levothyroxine and increase the dose gradually if necessary. You should take this medication on an empty stomach and at least an hour before you take any other drugs or supplements. If it seems to be causing side effects, let your healthcare provider know immediately. He or she should monitor you and check your thyroid hormone levels on a regular basis.

In adults with dementia and hypothyroidism, thyroid replacement therapy may improve cognition, functional status, and mood.

-Hyperthyroidism is a disorder in which your thyroid gland produces a level of thyroid hormone that is too high. Hyperthyroidism can speed up your body's metabolism, causing a wide range of symptoms such as increased sweating and irregular heartbeat.This can be treated by taking anti-thyroid medication which reduces the production of thyroid hormones. Other option is radioactive iodine, which involves swallowing the iodine, which is then absorbed by your thyroid gland. Over time, the iodine shrinks the gland so it produces lower levels of thyroid hormones.

Sometimes, the treatment reduces your thyroid levels too much, and you develop hypothyroidism. If this happens, you will need to take medication for hypothyroidism on a daily basis.

Thyroid surgery (thyroidectomy), which involves the removal of most of your thyroid gland, may be an alternative to radioactive iodine treatment for some people. The surgery carries some risks, including damage to your vocal cords and parathyroid glands, which help control the levels of calcium in your blood. If you have this surgery you'll need to take synthetic thyroid on a daily basis for the rest of your life.

21. Shingles

Shingles is the name for a painful, blistering skin rash that is caused by the chickenpox virus (herpes zoster or varicella zoster). Shingles almost always affects older adults, although younger people get it occasionally, too.

Shingles can be very painful, but the discomfort and rash usually disappear within two to four weeks in healthy people. In adults over the age of 60 and in people who have other health problems, symptoms may persist longer. Shingles may also cause complications. The most common of these is called post-herpetic neuralgia, a painful condition that can linger for years.

In most people, shingles follows this pattern:

- Tender, numb, painful, burning, or itchy skin appears for a few days before any rash is visible
- A rash only on one side of the body develops
- Small groups of blisters (called vesicles) first appear on a patch of reddened skin
- Blisters often form a rough line on the skin
- Blisters dry out and form scabs after 7 to 10 days
- The rash heals in about two to four weeks, though pain and tenderness may persist for longer

About half of older adults aged 85 years and older have had at least one case of shingles. Having it once doesn't protect you from getting it again.

About 12% of older people who have shingles have pain that lasts three months or more. Of these patients, about 18% will go on to develop post-herpetic neuralgia, or chronic nerve pain.

You probably had chickenpox as a young child in primary school or earlier. The fever, blisters, and itching lasted for a week or so, depending on how serious your case was. Once the blisters dried, you were no longer considered contagious and were allowed to return to school.

Now we know that the varicella zoster virus that causes chickenpox never completely leaves your body, even after you return to perfect health. The virus is dormant, which means that it "goes undercover," hiding or sleeping within the nerves beside your spinal cord. Years later, the virus

particles can reactivate. They move outward along the nerve fibers until they reach the skin, at which point they cause the painful rash called shingles.

The shingles rash covers only a small area on your body, and is always confined to one side. The lines of blisters follow the nerve fibers that grow outward from the spinal nerve roots under the skin.

- If the virus particles were dormant in an area near the top part of your spinal cord, you may get blisters on your neck, face, head, mouth, eyes, or ears as they spread along the facial nerves.
- If they were dormant somewhere in the middle of your back, your rash will probably form a narrow "belt"-like band that starts at the spine and comes around one side of your body to the front of the chest or abdomen. Viruses that were dormant towards the bottom of your back may migrate down the nerves of your legs and into your feet, causing patterns of blisters in those areas of your body.

The following factors are known to increase your risk of developing the condition:

- Older age, especially being older than 60 years–the older you are, the higher the risk. This is the primary risk factor.
- A weakened immune system, which can be caused by cancer treatment (chemotherapy or radiation), long-term use of steroid medications, or treatment to prevent rejection of an organ transplant.
- Extreme stress. Even a single stressful life event can weaken your immune system.

If you think you may have shingles, see a healthcare provider immediately. Anti-viral medication will help keep your symptoms manageable and may prevent complications, but it must be taken early.Treatment must be started within 72 hours of the first symptoms to have a significant effect, but preferably even before the rash appears within the first 24 hours. This is why it is so important to see a healthcare provider right away.

The Centers for Disease Control and Prevention (CDC) recommends that every adult over the age of 50 be vaccinated. Even if you don't remember whether you had chickenpox, you should be vaccinated anyway, since practically everyone (99% of people) over 60 had exposure to the varicella-zoster virus that causes chickenpox as a child.

If you have had a vaccine and still develop shingles, your illness will be milder than if you never received the vaccine. The CDC also recommends that you get the vaccination even if you have already had an episode of shingles, because shingles can come back even if you've already had it.

Shingrix is the vaccine recommended to prevent shingles in the United States. Shingrix only helps to prevent shingles. Vaccination won't help you if you have already become ill with the condition or have a complication like post-herpetic neuralgia. However, the intensity of pain might be reduced in vaccinated individuals compared to nonvaccinated people.

Shingrix was approved in 2017 for the prevention of shingles and it is a two-dose series. This means you will receive one injection and then take a booster after 2-6 months to receive ongoing protection. It is an FDA-approved vaccine for the prevention of shingles in adults 50 years and older. Shingrix is the only shingles vaccine proven to be up to 90% effective in clinical trials.

Most people experience mild or moderate pain at the injection site.

Despite the benefits of Shingrix, some people should not be vaccinated. Your healthcare provider should not give you the vaccine if you:

- have ever had a severe allergic reaction to any component of the vaccine or after a dose of Shingrix.
- tested negative for immunity to varicella zoster virus. If you test negative, you should get chicken pox vaccine
- currently have shingles
- currently have fever

Medications are available that are often very effective at controlling shingles symptoms. These antiviral drugs actually attack the virus. They include acyclovir (Zovirax), famciclovir (Famvir), and valacyclovir (Valtrex). The drugs are taken for 7 to 10 days.

If the antiviral drug is taken promptly, it is likely to:

- Reduce pain
- Reduce the length of time of your illness
- Stop the disease from getting worse
- Reduce the formation of blisters
- Reduce the number of viruses in the blisters
- Lower the risk of complications

Remember that before they dry out and form crusts, the shingles blisters contain live chickenpox virus that may be contagious to anyone, young or old alike. A person who touches the wet blisters can be at risk of coming down with chickenpox (not shingles). Wash towels and other reusable items carefully in very hot water and with strong detergent or soap. Items like tissues, wipes, or paper towels should be carefully thrown away.

Do not let anyone who has not had chickenpox come into contact with your rash or blisters while they are still open. Take particular care to avoid skin contact with pregnant women who have never had chickenpox, infants who were born prematurely or who had low birth weight, and older adults with weakened immune systems.

The most common complication of shingles is post-herpetic neuralgia, or PHN. One in five shingles patients experience PHN. This is when the severe pain associated with shingles continues for months or even years after the rash and blisters clear up. PHN is more likely to occur if you are over the age of 60 and were not able to start antiviral shingles treatment promptly. Older shingles patients are more likely to experience PHN.

PHN is caused by nerve damage that makes the nerve send pain signals in response to triggers that normally don't cause pain. PHN can be difficult to treat. The pain of PHN is often described as burning, throbbing, aching, stabbing, or shooting pain. Your healthcare provider will prescribe medications based on your symptoms.

22. Stroke

A stroke happens when normal blood flow in an area of your brain is interrupted. This can happen either because a blood vessel (a tube-like structure carrying blood around the body) has become blocked by a clot or has broken or burst. Our brain cells need a constant supply of fresh blood carrying oxygen and nutrients to stay alive. Therefore, if blood is unable to get to these cells, even for a very short time, the cells start to die very quickly. As a result, a person may suffer brain damage in the affected area. For this reason, a stroke is sometimes called a "brain attack." Another term for stroke is "cerebrovascular accident," or CVA.

Depending on the location of the stroke, a stroke may cause a disability because the affected part of the brain can no longer send signals to some parts of the body to control movements, sensations. and other bodily functions For example, if the cells die in an area of the brain that controls speech, a person may have trouble speaking or understanding speech. In some strokes, the person may have trouble moving certain parts of their body, or their memory may be affected.

Most strokes are categorized as either an ischemic stroke or a hemorrhagic stroke.

Ischemic stroke is the most common type of stroke. This type of stroke occurs if a blood vessel gets blocked by a blood clot (thrombus) or by fat deposits (plaque). Ischemic strokes are further described by the location of the clot.

A thrombotic stroke is caused by a blood clot that forms along the wall of a blood vessel or because of a blockage of fat deposits.

An embolic stroke or cerebral embolism happens when a clot (an embolus) from another part of your body travels into the brain and blocks a blood vessel there. Most commonly, those blood clots come from the heart after a heart attack or when someone has irregular heartbeats, like with atrial fibrillation.

A hemorrhagic stroke is much less common than an ischemic stroke. This type of stroke occurs when a blood vessel carrying blood to part of the brain hemorrhages (breaks or bursts). This allows blood to leak into the brain. The two main types of hemorrhagic strokes are intracerebral and subarachnoid.

In an intracerebral hemorrhagic stroke, blood from a broken blood vessel leaks into the brain and damages brain cells. Also, cells beyond the broken blood vessel die because they are unable to get their normal blood supply.

A subarachnoid hemorrhagic stroke occurs when a blood vessel near the surface of the brain breaks, causing blood to collect between the skull and the surface of the brain. This causes irritation to the lining of the brain and is often very painful.

23. Transient Ischemic Attack (TIA)

A TIA, also known as a "mini" stroke, is an ischemic stroke that goes away quickly because the blockage breaks up. Symptoms may last for only a few minutes or one or two hours. Since the blockage resolves quickly, brain cells do not die, and the TIA doesn't cause permanent disability.

A TIA is often a warning sign of a full-blown ischemic stroke—possibly the same day or in the very near future. Therefore, if you or someone you care for experiences symptoms of a TIA that resolve, an immediate and thorough medical evaluation is necessary.

Almost 800,000 people have strokes each year in the United States. Of these, about 140,000 people die annually from their strokes, making it the third most common cause of death in this country. Up to 40% of all people who suffer a TIA will go on to have a full stroke later in life.

A person's likelihood of having a stroke is higher if their lifestyle is unhealthy. The following lifestyle factors increase a person's stroke risk:

- Obesity or being overweight
- A diet high in saturated and trans fats and low in "good" fats
- High salt intake

Having certain medical conditions or diseases increases a person's chances of having a TIA or a stroke. These conditions include:

- Previous stroke or TIA
- High blood pressure (hypertension). This is the number one risk factor for stroke.
- Atrial fibrillation
- Diabetes
- Family history of stroke
- High cholesterol
- Older age (the risk increases for people over age 55)

Stroke symptoms vary considerably, depending upon:

- The type of stroke
- The part of the brain that is affected
- The severity of the brain damage

Usually, symptoms start suddenly and disability is evident right away (for example, weakness or paralysis of some part of the body, with or without a headache). Often, the symptoms get

progressively worse over a few hours or days, or the symptoms may come and go. Some people are not even aware they have had a stroke. In cases of TIA, symptoms may last only a few minutes and go away completely.

If you suspect that you are having a stroke or TIA, call 911 or your local medical emergency number right away. Do not drive to the hospital yourself. If it is a TIA, the symptoms will likely disappear before you get to the hospital. However, you still need to be evaluated immediately.

The National Stroke Association suggests following the "FAST" guideline below if you suspect that you or someone in your care may be having a stroke.

FACE: Ask the person to smile. Does one side of the face droop?
ARMS: Ask the person to raise both arms. Does one arm drift downward?
SPEECH: Ask the person to repeat a simple sentence. Does the speech sound slurred or strange?
TIME: If you observe any of these signs, it's time to call 911 or go to the nearest stroke center or hospital.

Depending on the nature of their disabilities caused by stroke, a patient may benefit from the continuation of the therapy that was started in the hospital. Most people with disabilities from a stroke will spend some time in a rehabilitation facility. Stroke patients at any age can benefit from formal rehabilitation. Support may include:

- Physiotherapy
- Occupational therapy
- Speech therapy
- Swallowing therapy

Prognosis

Every stroke is different, and patients recover at different rates. For many people, disabilities slowly disappear over a period of weeks to months, or even years. About half of people who have had a stroke are able to function at home independently. A person's physical health before the stroke is an important factor in recovery. Unfortunately, about two-thirds of stroke patients suffer some kind of long-term disability, and many will need long-term care.

We can go a long way towards a healthy, active future by modifying stroke risk factors. A healthy lifestyle based on a low-salt and 30 minutes a day of moderate exercise—along with taking prescribed medications—is the best way to prevent another stroke down the road.

Blood Pressure

High blood pressure should be monitored regularly. A low-salt, low-fat diet and regular moderate exercise will help control high blood pressure.

Cholesterol

Lowering cholesterol and triglyceride levels can be achieved by taking prescribed medicines (if needed) and eating a healthy diet low in saturated fats and high in fruits and vegetables, fiber, and healthy oils.

Diabetes

A healthy diet and exercise plan to help manage diabetes will lower the risk of stroke and increase the benefits of diabetes medications.

Atrial Fibrillation

Taking blood thinner medications such as warfarin, or direct acting oral anticoagulants (DOACs) such as rivaroxaban or apixaban, can help manage this major stroke risk. Blood thinner medications require close monitoring by a healthcare provider to prevent the risk of bleeding.

Obesity

If your healthcare provider recommends it, start a weight loss program to help reduce stroke risk.

Stroke patients may experience:

- Paralysis or weakness of some muscles, often only on one side of the body or face. This may result in more falls and general loss of mobility.
- Problems with talking or swallowing.
- Memory loss, confusion, difficulty understanding concepts, dementia.
- Sensory changes, including pain for no reason (central stroke pain or central pain syndrome), numbness, tingling, abnormal reactions to temperature changes.
- Depression, behavioral, and mood changes including withdrawal from social life, difficulty looking after daily self-care, malnutrition.

If you have had a stroke or are caring for someone who has suffered a stroke, remember that this is a life-changing event. This may lead to feeling helpless, frustrated, and depressed. Staying involved in spiritual life and attending satsanga, in any way possible, will help to prevent or alleviate these reactions.

24. High Blood Presssure

Higher blood pressure (including systolic hypertension, an elevated upper blood pressure number) is fairly common in older adults. Treating high blood pressure lowers a person's chance of having a heart attack or stroke. It is recommended to maintain blood pressure at 130/80 or below to reduce the risk of stroke for older adults. However, frail older adults may benefit from slightly higher blood pressure levels. This is to prevent harms of low blood pressure, including dizziness and falls. Therefore, it is important to check with your healthcare provider to determine the appropriate blood pressure goal for you.

25. Prostate

The prostate is a walnut-sized gland that is part of a man's sexual organs. The prostate is wrapped around the urethra, the tube that carries urine out of the bladder (the organ that holds your urine) when you urinate.

Benign prostatic hyperplasia (BPH)-

BPH is the most common prostate disease in men over the age of 50. More than 60% of men over age 60, and more than 80% of men over the age of 80 have BPH. This makes it one of the most common health problems for older men. BPH is caused by enlargement of the prostate gland to the point that it begins to compress the urethra, which slows or blocks the flow of urine.

The most common symptoms of BPH are:

- Frequent urination, especially at night
- Difficulty starting urination
- Weak or interrupted urine stream
- Leaking or dribbling of urine

Small lifestyle changes can often significantly improve symptoms of BPH, and may be all that some men need. These changes include:

- Avoiding or limiting drinking fluids a few hours before bedtime or going out.
- Avoiding or limiting fluids that can worsen symptoms, including caffeine and alcohol.
- Double voiding. This is where you wait a minute or two after urinating, then try to go again, without straining or pushing.
- Avoiding medications that can make symptoms worse (some over-the-counter antihistamines and decongestants).

The two kinds of medications used to treat BPH are:

- Alpha blockers
- Alpha-reductase inhibitors

Alpha blockers work by relaxing the muscles in the prostate and bladder to help urine flow more easily. Alpha blockers often cause low blood pressure or dizziness, especially when standing up. Your provider may recommend taking the medication at bedtime to reduce these side effects.

Alpha-reductase inhibitors work by stopping the prostate from growing, or even causing it to shrink. This medicine is more helpful in men with very enlarged prostate glands, and is often used in combination with an alpha blocker.

If BPH symptoms are not relieved with medications, your healthcare provider may recommend a surgical procedure.

Prostate cancer: It is a frequent cancer diagnosis in older men. Approximately one in every six men will be diagnosed with prostate cancer at some time during his life. Prostate cancer is more common in older men. It is rare in men under the age of 40, but almost half of men over the age of 70 are thought to have it.

Prostate cancer can be a fatal disease, but many prostate cancers grow very slowly and do not spread beyond the prostate. In many older men, the cancer never causes symptoms or affects health; many men who have prostate cancer eventually die of conditions unrelated to the cancer itself. However, some prostate cancers are aggressive and spread quickly to other areas of the body.

Not all prostate cancer needs immediate treatment, and some never need any treatment.

Hormone therapy is treatment to stop your body from producing testosterone, the male sex hormone that helps prostate cancer cells grow.

Radiation therapy can be used to kill cancer cells. External beam radiation is when the radiation is delivered to your prostate cancer from a machine. Brachytherapy is when the radiation is delivered from tiny radioactive "seeds" that are implanted in the prostate using a needle. These seeds deliver a low dose of radiation over a long period of time to kill the cancer cells. Side effects from radiation can include problems with urination (such as pain, having to go frequently or urgently, loss of control, etc.), bowel movements (such as diarrhea, pain, loss of control), and erections.

Surgery for prostate cancer involves removing the prostate gland (prostatectomy), and some of the surrounding tissue and lymph nodes that may contain cancer cells.

No matter what stage of prostate disease or prostate cancer you have, your healthcare provider or oncologist (cancer specialist) will want to monitor the disease to check how well the treatments are working. The most common monitoring method is the PSA test.

If your prostate cancer has spread to other organs or to your bones, imaging tests such as CT scans or PET scans can show where the cancer is. CT or PET scans let your oncologist target treatment to reduce pain and manage your disease in the best way possible.

26. Assisted Living

There are times when an older adult needs more assistance than can be provided in the home when it comes to personal care. In many cases, however, the older person still may not need the round-the-clock skilled nursing and medical care that a nursing home provides. In that case, an assisted living arrangement might be an option to consider in order to protect the older person's independence and privacy for as long as possible. There is a great need in ISKCON to have our own assisted living facilities (ALF) where elderly devotees can live peacefully and go deeper in their Krishna consciousness in the association of like minded devotees.

The number of ISKCON devotees requiring assisted living facilities is expected to rise in the years to come.

ALFs should provide the following services:

- 24-Hour staffing to meet the scheduled and unscheduled needs of residents
- Social services
- Housekeeping and laundry
- Recreation and meals
- Help with activities of daily living (ADLs)
- Health-related services (e.g., help with medication management)
- Transportation

Types of assisted living facilities are described briefly below and ISKCON leaders can adopt any type(s) that best suits the need-

Group homes are houses or apartments where two or more unrelated people live together. Residents share a living room, dining room, and kitchen but usually have their own bedrooms. Advantages of this arrangement include a lower cost of living and ability to socialize with peers. Independence and ability to function are supported through the interdependence and relationships of the residents.

Foster care homes generally provide room, board, and some help with activities of daily living. This is provided by the sponsoring family or other paid caregivers, who usually live on the premises. Adult foster care has the advantage of maintaining frail older adults in a more home-like environment.

Continuing-Care Retirement Communities are another option. Some older adults may choose to live in a continuing-care retirement community (CCRC). These communities usually have a variety of living options, ranging from apartments or condominiums, to assisted living and then to skilled nursing home care. Often, older adults enter the CCRC in the more independent living areas. If they become more disabled, they may progress to the assisted living and skilled care areas.

Memory Care Assisted Livingare helpful for older adults with dementia. These are specialized assisted living facilities or homes that specialize in the care of older adults with dementia. Since they are not long-term care facilities, but have increased staffing ratios, they operate similarly to long-term care nursing homes. However, they focus on assessing and treating residents with social and medical needs specific to dementia and cognitive impairment. Some memory care assisted living facilities are stand-alone, while others are associated with a CCRC or other ALF. Some memory units are locked to ensure safety of the residents within the community.

Nursing homes:

Some type of disability when it comes to performing the activities of daily living (ADLs) is the most common reason that older people live in nursing homes. Not surprisingly, people living in nursing homes generally have more disability than people living at home. Over 80% of nursing home residents need help with 3 or more ADLs (such as dressing and bathing). About 90% of residents who are able to walk need assistance or supervision. More than half of residents have incontinence and more than a third have difficulty with hearing or seeing.

In addition to physical problems, mental conditions are common in nursing home residents. In fact, dementia remains the most common problem, and affects an estimated 50-70% of residents. More than three fourths of nursing-home residents have problems making daily decisions, and two-thirds have problems with memory or knowing where they are from time to time.

At least one-third of nursing home residents have problematic behaviors. These behaviors may include being verbally/physically abusive, acting inappropriately in public, resisting necessary care, and wandering. Communication problems are also common—almost half of nursing home residents have difficulty both being understood and understanding others. Depression is another condition that affects nursing home residents.

There are several risk factors for admission to a nursing home:

- Age. The chance of being admitted to a nursing home increases with age. For example, about 15% of people 85 years and older live in nursing homes, compared with just 1.1% of people 65-74 years of age.
- Low income.
- Poor family support, especially in cases where the older adult lacks a spouse or children.
- Functional or mental difficulties.
- Geriatric syndromes (such as frailty, frequent falls, pressure sores, dementia, etc.) also increase the risk for nursing home admission.

Medical services vary a lot among nursing homes, but usually include:

- skilled nursing care
- orthopedic care (care for muscle, joint, and bone problems)
- breathing treatments
- support after surgery
- physical, occupational, and speech therapy

- intravenous therapy and antibiotics
- wound care

Nursing homes provide nutritional counseling, social work services, and recreational activities, as well as respite care, hospice care, and end-of-life care. However, it is important to know goals of care in a nursing home and what to expect during a stay at a nursing home. Nursing homes are not hospitals, and you may not get the same intensity of care in terms of testing, evaluations by physicians, nurse practitioners or other team members. Also, nursing homes do not have in-house pharmacies as well as diagnostics such as laboratory services, radiology services in their facility.

Family members can also try to visit as many homes as possible to get a sense of the overall feeling and quality of care. Using a checklist can help you evaluate quality, the range of services, convenience, and costs. Your visit may last an hour or two so that you can meet and talk with the admissions officers, nursing home administrators, directors of nursing, and social workers. Remember that no nursing home is perfect, and all will likely be very different from a person's current living situation.

The Centers for Medicare and Medicaid Services (CMS) uses several quality measures to rate nursing homes. For example, CMS reports the percent of residents who:

- receive seasonal flu vaccines and the pneumococcal (pneumonia) vaccine
- were physically restrained
- had one or more falls with major injury
- have pressure ulcers
- lose too much weight

Nursing homes may often seem scary and depressing and moving into one can fill people with a sense of betrayal and failure. Family involvement is important in helping the older person make the transition to a new living arrangement.

Contrary to the stereotype, families do not abandon their loved ones by placing them in a nursing home. In fact, only a few nursing home residents are truly without any family. Family members are encouraged to visit residents regularly and to be involved in the total care of their older relative. Family members can offer company and help with the basic activities of daily living, and they may be better able to communicate the needs of the resident.

27. Care Giver Health

Finally, let us consider the care we need to show toward the care givers of our elderly devotees. Caregiver is anyone who gives help to someone in need of care.

This could be caring for a spouse who has had a stroke, a mother-in-law with Alzheimer's disease, or a grandfather with cancer.

Recent studies have shown benefits of caregiving, including better physical function (because of their caregiving work), lower risk for death, improved memory, and psychological rewards. To top it all, there is immense spiritual benefit by serving the elderly devotees.

These caregivers still experience stress.

Most caregivers are unpaid family members or friends who give care full- or part-time. Caregiving is common: 14% of American adults serve as a caregiver for someone age 50 or older.

Caregiving can be stressful and may contribute to serious physical illness and depression. Caregivers who feel very stressed are more likely to suffer depression and to report a lower sense of well-being. Sometimes caregivers neglect their own health in order to provide care, though this has been shown to worsen the health of both the caregiver and the person they provide care for.

Studies show that caregiving can lead to worsened health and psychological distress. Caregiving roles can be long term, with about 25% of caregivers serving in this role for 5 or more years. Caregiving can also result in new financial difficulties. Studies show that nearly 1 in 5 caregivers is highly financially strained.

While caregivers may talk to a healthcare provider about the health of the person they are caring for, they often don't talk about their own. Caregivers are a population at increased risk of illness and death, yet these health risks are often ignored.

The problems that care givers face include:

- Increased illness
- Chronic stress
- Family conflict
- Failure to meet one own's personal and emotional needs

Signs of caregiver stress and burden include:

- Burnout
- Self-neglect
- Depression
- Exhaustion
- Insomnia

Negative consequences are greatest for caregivers who provide more intensive assistance, who assist individuals with dementia, or who are struggling with health challenges themselves.

Talk with a healthcare provider about stress related to caregiving–your own, the older adult's, or both. If you prefer, you can ask to talk privately, without the older adult present. Your healthcare provider may suggest ways to address the burden of caregiving. There are strategies that have been found to help with specific tasks and challenges, decrease caregiver stress, and improve quality of life. For example, studies have shown that therapy that focuses on coping skills to manage stress can ease depression and offer caregivers a sense of control or mastery.

The caregiver should be considered a partner with the healthcare provider in the care of the older person. It is important ISKCON local leaders demonstrate concern for and provide periodic assessment of the caregiver as well as the older devotee.

PART 3

End of life Elderly Care

1. Introduction

Life in the material world is characterized by many sufferings due to the nature of material world being temporary and full of miseries. We keep struggling to minimize the pains of birth, Old age and Disease through the modern advances of Science and Technology. But still man is not successful in stopping these unpleasant events in life. Moreover, the scriptures explain that as long as we live in the material world, in the body made up of material elements, it is not possible to prevent the events of repeated birth, Old age and Disease.

The most amazing thing is that there is one more inevitable event in life that no one even wants to talk about. There is abundant discussion and research about birth, old age and disease; but Death has remained a mystery to the mankind. "As sure as Death" we say, which informs us about the inevitable nature of this event in life.

2. Mystery of Death

Everybody is fearful of death because it is very painful. The pain is due to getting forcefully separated from the body that one lives in, for many years. The pain is also due to the imminent fear of loosing relatives, the near-and-dear ones, the property and assets earned and owned during life. The pain is also due to the fear of not knowing what will happen after death and where the destiny will take one to. Many people wonder whether the Lord exists and if He exists, whether He is angry, whether He will punish or reward one, after death and whether one will get forced to accept suffering conditions or happy conditions.

Many patients become very fearful when

a) They are diagnosed as suffering from a terminal disease or when

b) They are struck with an acute disease-condition leading to death.

In both these conditions of there is bewilderment, confusion and fear. Patients start crying loudly and so do the relatives. They fold their hands and fall at their feet, begging the nurses and doctors to save them. They make an offer of large amount of money to save their lives. They start uttering boons of prosperity for doctors and nurses for an extension to their current life. Patients who never believed in God, start wondering whether He exists. Patients who believe in God, start praying to Him to excuse them and to save them from death. Such patients as well the atheists request the Nurses, the Doctors and all the other Medical professionals who attend them, to pray for them to be saved from death. In fear, they ask whether God is angry with them, whether he will punish them, whether He will throw them in hell to suffer perpetually, whether one can do anything to get pardoned for bad deeds done in the past, to get saved from the wrath of the Lord. All the people working in Medical and paramedical professions are regularly confronting such situations and they themselves get bewildered, sad and depressed because of lack of knowledge about this mystical event of Death. The questions put up by the dying patients are potential sources of emotional

distress, physical illness, depression and sadness in medical professionals due to not having satisfactory answers to their questions. Many such nurses and doctors and paramedics loose heart to continue working in such situations or need a break from their work to recover from the mental stress. It is especially so in Neo-natology and Pediatrics, when the staff there has to see very small babies dying and their mothers crying piteously.

Therefore, to prepare to face such situations, to keep ourselves composed and also to be able to console the dying patients and their relatives, to offer true help to the soul, we need to do in-depth-study of the event of death, the experiences that the dying person goes through in reality. We also need to understand some possible experiences that a dying person may go through but that we may not see them externally during the medical events leading to death.

3. Status of Death from Patient's viewpoint

A) Many people at the moment of death or just before death experience visualization of all the events of their whole life, in a span of few seconds or a minute. Many get scared remembering the bad deeds that they performed and few feel a sense of satisfaction for a while, remembering the good deeds that they did in their life. But eventually both the kinds of people become morose due to the imminent fear of death which is coming soon.

The scriptures explain that the dying person is shown the Full video of his life just before his death. This is to remind him of all the deeds of his life so that he gets the full memory of every fact just before facing the judgement. Scriptures of Islam explain that everyone has to face the Day of Qayama or Judgement, after death, holding records of all good deeds of life in one hand and of all the bad deeds in another. The Lord of Death will give us the judgment and there will be no argument regarding that as the judgement will be based on the Truth.

So patients show sudden changes in their moods during last moments as they watch their own life. Patients in coma exhibit restless condition.

B) The second most important thing that happens simultaneously is the manifestation of a unique psychological condition by the patient. This typical psychological condition is unique and individual for each person. It is the sum total of all his thought processes which the person adopted to deal with all events in his life. For example, if the person has worked hard in his whole life giving topmost priority to earn money over all the other things in his life, then he will be filled with thoughts of his money and assets to which he is very attached and all of which he is going to loose at the moment of death. Another person may be thinking of his wife/husband or child to whom he/she is the most attached. Someone may get overwhelmed with the thoughts of his business/property for which he worked whole life; or a patriotic person may cry feeling separation from his country and countrymen; or someone may think of the Lord whom he worshipped his whole life. In short, whatever is most dear to dying person comes at the forefront of the mind. Even amongst many things he is attached to, he constantly thinks of that thing which is most dear to him amongst the others at the moment of death.

For example, if one goes to market to buy things leaving behind a) an old bedridden grandfather at home, b) a four year old son sleeping in bedroom, c) precious jewellery and papers of property in the safe, d) the keys of the car on the hook and so forth, and when he comes back and sees his house burning in fire, getting totally destroyed, what would the person of saving first? Off course, he would like to save a),b),c),d), and everything else if possible. But what thing will come first in his mind? The thing that is dearest of all to him. Most will run to save the 4 yr old son, some will think of grandpa and yet some people may think of the precious jewellery and papers of property in the safe. Whatever one is most attached to, that will come to the forefront of the mind at that moment.

Similarly, death is like the house on fire. The house that the soul lived in, the whole life, cultivating so many attachments knowingly or unknowingly to things connected with the body. And suddenly, there is a call from the powerful Time to vacate the house (death warrant), the person thinks of that thing which is most dear to him which he/she is going to lose. It is the sum total of all the states of consciousness that the dying person has conducted his life with, prevails at the moment of death. It could be love, memory of the Lord or it could be money, sex, hatred, envy or anything else on which the mind has been dwelling most of the time during life.

Therefore, one should watch one's thoughts, as they will be transformed into words sometime. One should watch one's words, as they will be transformed into actions in future. One should watch one's actions carefully, as actions will become habits. And further, one should think of one's habits as that will determine one's character eventually. The character will determine how one will conduct his/her life and finally it will decide what one will think at the last moment of one's life.

C) When one is undergoing the experience of event A and B, simultaneously there is fear of Death prevailing in the mind of the dying patient. There is existing pain of the terminal disease like Cancer or Myocardial Infarction or from the wound or fracture from an accident. Along with all this, there is fear of loosing relatives, fear of loosing property and other assets. In those people who are aware of spiritual knowledge to certain extent, fear of probable degradation to distressful situations after death, also rises in the heart. There could be worry of the maintenance of the dependents or of the future of the incomplete projects taken up in life. Some people may feel repentant for the mistakes done in life. Others may feel angry with some relatives, acquaintances or even with the doctors and nurses, thinking them as the cause of his death and may blame all of them. So there is a mixture of many possible feelings crowding in the mind along with the fear of death. (please refer to the story of the lady in ICU at the end of this chapter)

D) Still the dying patient struggles to survive, with a denial to accept the inevitable event of death. The patient feels that still something can be done to prevent death. Majority of patients fall in this category and a very minor percentage (0.0001%) may accept the inevitable as it is.

E) Many patients suddenly pass stool and urine at the moment of death with great fear in their eyes, shouting for help from people nearby as if watching some horrible grotesque scene. They may say with great fear, "they have come to take me, they have come .....! Please save me ...please save me ...!"

Scriptures explain about this situation that occurs with many at the last moment of life. The Supreme Lord appoints one of His exalted devotees as the Superintendent of Death. His responsibility is to punish the miscreants for their sinful deeds after death. Those who disobey the Laws of God, perform sinful activities are punished by him. He has millions of ghastly horrible, fearsome looking assistants with hairs like red flames, eyes like burning coals, teeth coming out of their mouth. They are empowered with the potency to separate the soul from the gross body by force on behalf of the Superintedent of Death and they drag the soul to the court of Judgement of the Superintedent of Death. The soul feels horribly fearful seeing these messengers of death and suffers unlimited pain while getting pulled from the body. These messengers of death are visible only to the dying person and not to others who are near him. Scriptures also explain that those who remember the Supreme Lord or chant His Holy Name or hear His Holy Name do not see messengers of death but they see divinely beautiful messengers of Lord. They descend from the spiritual world to take the qualified soul back Home, back to Godhead awarding him the Eternal Spiritual Body full of Knowledge and Bliss. One can remember the Lord at the moment of Death only if he practices that throughout his life and only if he gets attached to the Lord by his free will and makes the Lord the dear most thing in his life. (Please refer to the story of a man called Ajaamila at the end of this chapter)

4. Status at Death the viewpoint of one's destiny

The mind has three faculties – a) thinking, b) Feeling, and c) Desiring. The mind is constantly absorbed in deep thoughts, desiring something one has not yet achieved and feeling good or sad as per the experience one gets. Even during sleep, the mind is constantly active going through such things.

The thinking process is guided by intelligence which depends on knowledge that one receives. It results into actions and further there are reactions of actions which one has enjoy or suffer. If the intelligence is in control of the mind, it is a healthy situation; if the mind is in control of the intelligence, it is a dangerous situation. Due to performing actions based on thoughts, one gets good or bad reactions and thus the mind yields different feelings like happiness, sadness, anger, hatred, envy, etc.

At any given moment of life, one has a set of unfulfilled desires and a set of desires which are fulfilled. As one works towards fulfilling the unfulfilled desires, one may become successful in getting some desires fulfilled and new set of desires may come up in the mind as one progresses. For example, one may have desired to become a medical doctor in the past, he may become a

doctor by working hard; but after becoming a medical graduate, one may further develop a desire to become a post-graduate specialist doctor and further desire to become famous & rich. Thus the sequence of desiring, working hard to fulfill the desires, developing new desires in the course of fulfilling previous desires perpetually continues in life.

In this way, when one reaches the last moment of one's life, he always has a set of unfulfilled desires which remain unfulfilled due to the upcoming warning of death. Apart from this, there is an account of all one's good or pious activities and an account of immoral or impious activities that one performs during his life until the moment of death. The devotional activities done as per the guidelines of spiritual life are also enlisted by the agents of the Lord.

So, as per one's

1) Unfulfilled Desires,
2) List of Pious activities,
3) List of Impious activities, and
4) Spiritual Credentials,

One's destiny after death is determined. These four things also affect one's state of consciousness at the time of death. The Lord states in Bhagavad Gita in two consecutive verses that, "whatever one thinks of at the time of death, that one will surely achieve after death. Whoever thinks of Me at the moment of death, will attain Me without fail." So this is an important consideration which is decides the destiny of the soul after death. Life in the material world is characterized by many sufferings due to the nature of material world being temporary and full of miseries. We keep struggling to minimize the pains of birth, Old age and Disease through

5. Decision of destiny

Depending on the Status at Death (from the point of view of Patient's experience) – A, B, C, D and Status at Death (from the point of view one's destiny) – 1,2,3,4:

The destiny after death is decided by the authorities of Lord. As a result of only one human lifetime full of different types of activities, pious and impious, the soul may have to go through multiple lives at different locations to suffer and enjoy results of his actions. Laws of karma are very intricate and no one can ever understand the cause and effect in detail and accurately. But still we can grossly understand following things: -

1. As per the state of consciousness at death, the soul reaches the destinations which are of variegated nature

2. Persons performing pious activities may reach heavenly planets to take birth in a special body designed for subtle and high levels of sensual enjoyments (Bhoga Sharira)(see footnote 1) or the soul may take birth in an aristocratic, learned family of human beings on earth. There can be many permutations and combinations as per the record of one's pious activities.

3. There are 7 different levels of heavenly planetary systems wherein the life-span is up to millions of earthly years. But life is not permanent there. After finishing one's pious credits, the soul has to again take birth on earth.

4. Persons performing impious activities may reach hellish planets to take birth in a special body designed for extreme degrees of suffering (yatana- sharira) (see footnote 2) or the soul may take birth in a family of human beings taking an ugly diseased body with poverty and illiteracy, on earth or in lower species of life on earth. There can be many permutations and combinations as per the record of one's impious activities. Again life is not permanent in hell or lower species. After finishing suffering for one's impious credits, the soul has to again take birth on earth.

5. The soul may go to heavenly planets, hellish planets, take birth in aristocratic family on earth or in ugly diseased body on earth or in animal body, one after another as a result of result of actions of only one human life time.

6. If the soul gives up all worldly desires by the power of practice of spiritual life and develops pure love & devotion for the Supreme Lord and leaves his body remembering the Lord at the moment of death, then at once he reaches the spiritual world where the Lord resides eternally with His loving devotees.

7. Helping our patient to remember the Lord, in whichever way possible, we can change the destiny of our patient and save him from a lot of suffering. We will discuss the role of medical and paramedical professionals and others, in changing the destiny of the soul, further in this chapter.

Foot note1- Bhoga Sharira is a special type of body which one receives when one takes birth in heavenly planets. It has almost no disease or old age; but it has to suffer birth and death. It has tremendous capacity for sensual enjoyment and life-span of thousands to millions of earthly years. It does not create any excreta like urine, stool, pus, mucus, sweat or bad smell. It is endowed with fragrance in the radius of 2 miles around it.

Footnote 2--- Yatana-sharira is a special type of body which one receives when one takes birth in hellish planets. It has no facility of experiencing any pleasure in its structure. It is meant for only suffering the punishment of impious deeds. The mind has three faculties – a) thinking, b) Feeling, and c) Desiring. The mind is constantly absorbed in deep thoughts, desiring something one has not yet achieved and feeling good or sad as per the experience one gets. Even during

6. The Role of "End-of-Life" Spiritual Care

When the patients have ailments that cannot be managed by taking medicines at home, the doctors advise them to get admitted in the hospital. Patient is looking primarily at getting relieved of his symptoms and eventually the disease. But along with his disease, patient brings all his worries, tensions, financial problems, relationship issues, social problems, so on so forth, to the hospital. Often times these different situations affect the healing of the disease and cause alterations in the progress of the disease. The same drugs may not yield good results in some patients as different stress-situations affect the immune system and its responses to disease and drugs. So the Medical Institute providing Spiritual Care must take into consideration all these factors and provide a holistic care to the patients. Similar consideration is of utmost importance when such a patient is in a near-death condition. All the variety of conditions that the patient comes with, affects his consciousness and emotions at the moment of death.

There are some firm reasons why we should provide Spiritual care especially at the End-of-Life situation.

a) The facts about the soul

Every living entity is a spirit soul and not the material body. The soul is eternal and body is temporary. It is the body that perishes at death; not the soul. The soul is present right from the stage of pregnancy, during life, at death and after death. It hovers around the body for quite some time after the death.

b) Knowledge of the needs of the soul

The needs of the soul and the body are different. The body may need food, sleep, sensual pleasures, medicines in diseased condition etc., but the soul needs to be united with Supreme Lord through the process of chanting His Holy Names. The soul needs to get engaged in service to the Lord and His devotees. As the soul is entangled in a perishing body which has exactly opposite nature of the eternal soul, he needs also to get freed from repeated cycles of birth and death. Over and above all, the soul needs love that is everlasting. Soul is hankering for such love but searching for that love in mundane relationship in vain.

c) The Crisis at Death---to act as True Friend

At death, the patient is confused, bewildered and full of fear. There is severe pain from the pre-existing illness leading to death. There is fear of losing near-and-dear ones & fear of degradation. The soul feels hopeless and lonely as he comes to a realization that no one can save him from death. The pain that he suffers at the time of death is compared to pain of thousands of snakes biting at the same time. He sees the horrible fearsome grotesque messengers of death dragging him out of the body. The soul is in a severe crisis physically, mentally, emotionally and spiritually and this crisis is much more severe than any other calamity during his life. Most of the times, except for accidental death on the road, heart attacks at home; such situation occurs in the hospital and the patient is surrounded by medical professionals. Therefore, if medical professionals get trained in this science of understanding death from spiritual point of view, they can act as True friends of the dying patient and help the patient to get united with the Lord while providing end-of-

life medical care. It is just the matter of being cognizant of all the visual and unseen facts of death and acting compassionately. The soul is in intense need of help as never before and medical professionals do have an opportunity to become "a true friend in NEED, a friend INDEED".

d) The chanting of the Holy names of the Lord by those who are near the patient helps the patient to remember the Lord and get nourished with spiritual energy which helps him in his onward journey towards the Lord. Only spiritual energy can help the soul.

e) The sense of hearing remains intact till the last moment of life. Because the ear does not hear but the soul hears through it. The patient may not be able to respond due to being drowsy or comatose; but is still able to hear till last moment. This arrangement and the sound of Lord's name being non-different from the Lord are the special mercy of the Lord on the living entity so that through sound, one can connect with the Lord even up to the last moment of life.

7. Ideal Qualities of the End-of-Life care giver

Learned—Such a person should be well-versed with the Spiritual Science of Death. He/she should have in-depth knowledge of all the things that happen before, at and after death of a person at emotional and spiritual levels. He must have full knowledge of the process of End-of-Life care and all the spiritual things that are utilised during the process of End-of-Life care. He/she should be a trained spiritual care-giver to normal patients who are not in dying condition so that all physical, mental, emotional, social and spiritual changes taking place in a patient during sickness are known to him /her. Such a person also must have basic medical knowledge to understand the passing away of the soul from the body in medical terms like having no pulse or Blood Pressure, no heart beat and flat Electrocardiograph etc. A learned person is defined in Bhagavad Gita as the one who sees all living beings (not only all human beings) on equal platform and sees the presence of the Supreme Lord in all of them.

Serious / Grave— as it is a matter of helping the patient in his most intense crisis, the Spiritual Care giver has to be very serious and grave.

Gentle – In his dealings with the dying patient and his relatives, the care-giver should be very gentle & sensitive as the dying patient and his relatives are in intense emotional condition.

Compassionate / Concerned – By default, such a care-giver needs to be very compassionate on behalf of the Lord towards the patient and the relatives. He/she must be genuinely concerned with the spiritual welfare of all involved. He/she should be able to exhibit concern through each and every dealing with them.

Mature – such a person should be able to handle different unexpected emotional outbursts of the dying patient and the relatives in a sensitive way. He should be trained professionally in Techniques of Psychological Counseling

Fearless – Passing away of the soul is a very intense emotional event and can invoke fear in the care-giver also. Firmly situated in the knowledge of Spirituality, the care-giver must be fearless and be able to execute his/her spiritual care fearlessly and give strength to the patient and relatives.

Spiritual Substance -- He/she should be a practicing Spiritualist and ideally should be a very advanced devotee of the Lord, fixed in the knowledge of the soul, The Supreme Lord, the relation between the soul & the Lord and process of establishing such relation. To the degree one is rich in spirituality, to that degree one can impart spiritual strength to the dying patient and others concerned. In other words, End-of-Life Care is not a mechanical job; it is a spiritual responsibility.

Faith – Along with knowledge, such a person must have firm faith in the process of spiritual Care given at the End-of-Life.

Love - He /she should feel love for the dying person being a child of Supreme Lord although he/she is not physically related to the patient.

Committed & Responsible – As birth can take place at any time of the day, death can occur at any time in the day or night. The person providing spiritual Care at the End-of-Life, must be utterly committed to provide such care at any time, at any place and in any circumstances of difficulty or ease. As a obstetrician giving ante-natal care to a pregnant lady is committed to the patient in being present during the delivery of the baby, End-of-Life care giver must be committed as a missionary in executing his/her service without differentiating cast, creed, religion, nationality, language, race, colour of the dying patient. Spiritual Care is beyond all these worldly understandings and is provided directly to the soul on the spiritual platform.

Composed & Undisturbed -- Spiritual Care giver should have capacity to remain composed and undisturbed at the End-of-Life situation. He should be able to contain his/her own emotions at such situation to be able to effectively deliver Spiritual Care given at the End-of-Life.

8. Voluntary nature of End of life spiritual Care

Essentially the whole purpose of spiritual Care given at the End-of-Life is to try and connect the dying patient to the Supreme Lord. The Lord is One but can be perceived in different ways by different people. In different bonafide religions of the world, there can be different means of connecting the soul with the Lord. That does not matter. Things used can be different as per different faiths and processes also can be different. The Spiritual Care giver must gather information from as many religions of this world about the different processes involved in spiritual Care given at the End-of-Life and document them carefully to use them at appropriate times. The Spiritual Care giver must respect all religions and their variety of methods of Spiritual Care given at the End-of-Life. He should honour the request of the dying patient of having his/her own priest to provide Spiritual Care at the End-of-Life in their own way and be an assistant to that process. If the dying patient and his relatives do not demand any specific process of spiritual care of their own, the

care-giver can inform them about the Hospital's procedure of spiritual Care given at the End-of-Life. But such care should not be forced directly or indirectly on the dying patient or their relatives. If the dying patient is uncomfortable with spiritual Care given at the End-of-Life, it disturbs his onwards progress in uniting with the Lord. Therefore, the usual etiquette is to explain the procedure and ask permission of the patient and the relatives before executing the spiritual Care at the End-of-Life. If patient refuses to any such procedure for him/her, one should abstain from providing spiritual Care at the End-of-Life and simply offer prayers to the Lord for the welfare of the soul.

9. Paraphernalia for End-of-Life Spiritual care

Following are the things that are commonly used. They can vary as per the circumstances.

The Holy Name of the Lord – this is the universal method of connecting oneself to the Lord. All bonafide religions of the world accept chanting of the Holy Names of the Lord as the most simple and sublime way of uniting with the Lord. There is no difference between the sound of the Holy Names of the Lord and the Lord Himself. The care-giver should chant the names of the Lord as per the patient's faith and desire.

Holy Waters – the Holy waters can be the water that has been offered to the Lord, the water that has bathed the Deity of the Lord or the feet of the deity of the Lord or it can be from a holy river. It can also be water in which Holy Hymns or Mantras are chanted by a devotee. It is considered that when one comes in contact with such Holy waters, one gets freed from reactions of all sins and material contamination. Holy Waters can be administered in mouth or on forehead or can be sprinkled all over the body. In Islam, there is a holy River Zamzam in Saudi Arabia. Its water is considered very auspicious. In Hinduism, the water of river Ganga (see Footnote 3) is considered to have emanated from lotus feet of the Supreme Lord Vishnu. When one comes in contact with water from river Ganga, one gets free from all sins, doors of hell get closed for such a soul and he reaches higher destinations in the direction of the Lord.

Reading From Scriptures – In all the bonafide religions of the world, it is accepted that Scriptures are the word of Supreme Lord. The Holy Qu'ran is what the Almighty Allah spoke to Prophet Mohammed. The Holy Bible is the orders of Supreme Lord given to Saint Moses in the form of words engraved on the mountain. Lord Jesus, the son of God preached the same message later to the world. Bhagvad Gita, the universally accepted spiritual literature is the instructions of Supreme Lord Sri Krishna given to His Dear Devotee Arjuna on the battlefield of Kurukshetra before the world war. Srimad Bhagavatam is collection of 18,000 verses which were spoken by Shukadeva Muni as an answer to the question of King Parikshit, "what is the duty of a person who is about to die?"

Reading from these Holy Scriptures as per the desire of the dying patient is highly recommended as an integral part of the procedure of spiritual Care at the End-of-Life. As the word of God is

considered non-different from the Lord, reading scriptures in front of a dying patient is a powerful method that links him to the Lord.

Intense Prayers –This is the most important aspect of spiritual care at the End-of-Life. Prayers come from the heart and reach the heart where the soul resides. Prayers are purely spiritual and affect the soul directly. Prayers are beyond all the worldly differences of cast, creed, religion, nationality, language, race and colour. Prayers cross all the material barriers and reach the Kingdom of God from wherever they are recited. If the dying patient is in India and person offering prayers for him is in USA or any other far place, the prayers will reach the Lord and benefit the soul for whom they are offered. The Lord hears our prayers and responds faster if they are offered for someone else than offered for benefit of oneself. The Supreme Lord fills the heart full of prayers for others with His choicest blessings and empowers such a soul with potency to spiritually uplift others.

Other things –

a) Leaves of Tulsi plant (the Holy Basil plant)—are considered to be powerful in keeping the messengers of death away and in giving one entry in the Spiritual World. Therefore the leaves of Tulsi plant or its twigs are places in the mouth of dying patient or placed on the dead body.

b) In some places in India, especially holy places, the dying person is put on earth when he is about to die so that he gets to touch the holy dust of the Holy Place where the Lord incarnated & performed His pastimes. Some people apply the dust from Holy Places on the forehead of the dying person.

c) In many places the garland of flowers offered to the Lord is placed around the neck of the dying person.

d) In Christian tradition, the Holy Cross is given in the hands of the dying person to help one to utterly surrender oneself to Lord Jesus Christ.

e) Relatives are invited to participate in the procedure of spiritual Care at the End-of-Life. They feel very much satisfied and honoured for the opportunity of doing something substantial for their loved one who is dying. When they are invited to participate, the spiritual Care becomes most personal and intimate and is most beneficial for the dying patient as they have a bond of love with him.

10. Steps involved in End-of-Life Spiritual care

Pre - End-of-Life Spiritual Care

This is a step for preparing the patient for End-of-Life Spiritual Care. This is possible when there is sufficient time between coming in contact with the patient and his death. In case of patients having acute Myocardial Infarction, Cerebro-Vascular Accident, multiple fractures causing shock, there

may be hardly any time available for this step. In cases of cancer, AIDS, Cirrhosis of Liver, there may sufficient time for executing this step.

Steps involved in Pre- End-of-Life Spiritual Care

The Spiritual Care staff should have basic medical understanding of the disease of the patient. Such a staff member should learn about the intensity of pain suffered by the patient in the current state of disease and in future stages of the disease from the treating doctors and nurses. Also one should be update with the medical events that will lead to death along with cause of death eventually. It is also necessary to daily discuss with the treating doctor about the actual state of patient's medical condition. All these steps involved are essentially and always for the patient as well as the relatives simultaneously.

a) Permission:-One should explain the patient and relatives about what spiritual care is and what is exactly going to be done. Taking permission from the patient and the relatives is mandatory before starting to perform the steps in spiritual care.

b) Spiritual Case History: - Detailed history of the patient should be taken. (Refer to the form for Spiritual history at the end of this chapter.) By this process the spiritual care staff should become well aware of the spiritual and religious background of the patient.

c) Building Relationship with patient and relatives: - The close relatives who are seen most often stay with the patient in hospital or come to visit the patient should be identified. Building relationship with them is one of most important steps to be effective in end-of-life care later. The spiritual care staff should be able to gain trust from the patient as well as the relatives so that they should perceive the staff as genuine and selfless well-wishers of the patient. They should be available and ready to help in anything needed. The contact details of the staff should be shared with the relatives so that they can contact the staff any time they need. Before routine visits at the bedside, the staff should find out the current medical update of the patient from Nursing and medical staff. They should gently inquire about the wellbeing of the patient. Showing kindness and concern should be the priority in such routine visits.

If the patient is free from medical and nursing services and is apparently pain-free and comfortable, the staff can read from scriptures as per patient's choice. Heavy philosophical readings should be avoided to prevent intellectual stress. Our experience tells us that patients love to hear stories related to the Lord. Such stories not only entertain the patient but also nourish the patient spiritually in the form of lessons to be learnt from them. Sad stories must be avoided as a rule as patient may become morose after hearing them. Stories that can create cheerfulness should be told or read to the patient. For example, story of Jesus Christ getting nailed on the cross should be avoided while story of the last supper can be narrated. Story of atrocities done to Prahlad should be avoided but stories of Baby Krishna stealing butter can be told. Messages of the Lord from Bible, Qu'ran and Bhagvad Gita should be read periodically as per patient's religion and choice.

Along with the readings, patient should be kept in a well-lighted clean room decorated with photos of the Lord and His pastimes. A soft melodious chanting of the Holy Names and/or the chanting of prayers should be played through a sound system throughout the day.

It should be carefully monitored that patient should be allowed to meet only those whom he wants to meet and when he wants to meet. Too many visitors cause physical and emotional stress to the patient as he has to keep on responding to the visitors when they are around. He should be allowed enough time to rest. When it is appropriate from medical point of view, patient can be moved out for a round in fresh air and meeting visitors should be avoided at such a round. Patient's privacy should be maintained and honoured.

Patient's social status of finance and family relationships should be studied well by the care-giver. Gradual preparation of the Will and advance directives should be encouraged by the social worker. This can bring the patient in a right frame of mind to accept spiritual care and get nourished positively. Patient should be monitored closely and assisted well in his psychological journey from denial to acceptance. This would be discussed in detail in the chapter of Palliative Care.

As the patient is counseled well to the state of acceptance of the fact that he is going to leave this world soon, he should be explained about the details of events leading to End-of-Life. All the steps of Spiritual Care to be given at that time should be explained as well. Patient's suggestions should be accepted and incorporated in the final spiritual care. For example, if patient feels that he needs to hear a particular set of verses from scriptures at the moment of his departure, it should be accepted and verses should be procured from the relatives and recited at that time. After acceptance of the inevitable death, the patient should be more and more encouraged to focus on the Lord by hearing and chanting and remembering the Lord. Simultaneously, the relatives should be counseled to prepare to assist in the final spiritual care. The importance of involvement of relatives in final spiritual care should be stressed periodically.

Throughout the period before death, patient should be fed sanctified food items offered to the Lord to keep his consciousness in mode of goodness. The flower garlands offered to the Lord should be brought daily to the patient.

Patient should be spiritually nourished by regularly calling the priests to offer prayers and receive blessings. This helps the patient to get gradually detached from the world.

At times, when relatives get emotional about the forthcoming death of the patient, counseling should be offered to them in a place away from the patient. It should be stressed that crying should be avoided in front of the patient as far as possible. More than one person crying in front of the patient must be strictly avoided with the help of close relatives.

Consent for "DO-Not-Resuscitate" should be taken from the patient and/or the relatives, to avoid stressful procedures to save the life of the patient. These procedures are very painful to the patient and they divert the attention of the patient from remembering the Lord.

End-of-Life Spiritual Care

When patient goes into "Active Dying Process", patient should be preferably shifted to Dying Room if possible. The spiritual care-givers should come to the bedside of the patient with scripture of patient's choice and only very close relatives should be called in the cubicle of the patient. Either the relative or the care-giver should read from scriptures continuously very near to the patient's ear. Patient can hear up till the last moment of his life as the sense of hearing leaves only with the soul, although he may be drowsy, semi-conscious or unconscious. Holding the hand of the patient by one hand and the other on the forehand, prayers should be offered to the Lord through the chanting of the Holy Names. Water of the holy river or from the deity of the Lord should be offered drop by drop at regular intervals of few minutes by all the care-givers and all relatives one by one with intense prayers in mind. With the patient's prior consent, Holy leaves of Tulsi should be placed on the chest, forehead and lips of the patient through the hands of relatives. As the patient's Blood Pressure and pulse goes down, prayers and chanting of the Holy Names should be intensified and should be continued even after few minutes after death. The whole procedure may take 30 to 60 minutes.

Many patients do not leave their body after one session of end-of-life spiritual care. 3 or 4 such sessions or more may be needed to be given over a period of few days. One of our patients with End-stage Cirrhosis of Liver lived for 3 months after receiving end-of-life spiritual care for 3 times and finally departed during 4th time. Few patients, after receiving end-of-life spiritual care, survived and went home walking with full recovery. So the end-of-life spiritual care-giver must be enthusiastic and have full patience in executing his/her duties.

Post end-of-Life Spiritual Care

Once the death of the patient is confirmed by medical staff, the end-of-life spiritual care can be stopped. The relatives, who participated actively in end-of-life spiritual care, should be taken to GRIEF ROOM to be able to express their grief privately. Another reason why they should be taken to seclusion (Grief Room) is to avoid creating panic in the other patients and their relatives waiting outside the Intensive Care Unit or In-Patient-Ward.

Declaration of Death---This is an art and it depends much upon experience. The longer the period one gets before the patient's death, the easier it is for the care-giver, due to developing good rapport with the relatives and getting to know in earlier interactions who is more emotional in nature amongst the relatives and who is not. A lot of sensitivity, kindness and empathy is needed to do this. The news of the death of the patient should declared very gently in private area like grief room to the other relatives who wait outside and do not participate actively in end-of-life spiritual care. One should explain all the events of end-of-life spiritual care and then say, "By the will of the Lord, he is no more with us. He passed away very peacefully in complete union with the Lord." The care-givers should stay with the relatives till they express their grief completely through crying.

They should be gently patted at the back holding their hand while they are expressing their grief. Consolation, concern and care should be expressed to the relatives in this session.

The soft chanting of the Holy Names of the Lord should be continued through sound system while the dead body is being packed and delivered to the relatives. If the body needs to be kept in mortuary, one must make sure that the sound system resounding the holy name should be kept on throughout as the departed soul hovers around the body till the time of funeral and is able to perceive the sound of Holy Names of the Lord and thus receives spiritual strength for onward journey.

Care of the Care-givers -- Once the care-givers get free from their service, they should go and take shower to relieve themselves of the stress. After changing into fresh attire, they should sit in a quiet room having fresh air, away from in-patient area. They should slowly and deeply breathe fresh air and relax while softly chanting the Holy Names with prayful heart. After complete relaxation, they should go to attend other patients. If the End-of-Life Spiritual Care goes on for many hours and is very tiring physically, the care-giver should retire from services for the day. They should thank the Lord for the opportunity to connect the patient to the mercy of the Lord. We should remember that throughout the three stages of End-of-Life Spiritual Care, a very highly surcharged spiritual atmosphere should be maintained. Connecting the patient to the Lord directly or indirectly through gross or subtle means is the essence of End-of-Life Spiritual Care.

11. What is NOT Spiritual Care at End-of-Life

Many people think that fulfilling the desires of the dying people is Spiritual Care. But it is not true. Spiritual Care means caring for the Spirit and doing what is genuinely beneficial for the soul, keeping all emotions aside.

There is a difference between psychological care / emotional care and Spiritual Care. What appears and feels good at the level of mind may not be good for the soul. For example, a chronic smoker or drug addict may reach End-of-Life stage. He may desire as his wish to have one last dose of the drug or demand for smoking a cigarette. If we provide the patient what he wants, then it is psychological care and not spiritual care. But from the point of view of spiritual care, it is detrimental for the person to have a last dose of drug or smoke a cigarette; such activities cloud the consciousness of the soul and push the soul into mode of ignorance. The Lord is in Pure Mode of Goodness and remembrance of the Lord is not possible in the mode of ignorance; thus it is contrary to the welfare of the soul.

We heard a story of a patient a while ago. The patient was terminally ill in Delhi and desired to see his mother in Bangalore before death. He was assisted by the care-givers to get an airline ticket and the team medically managed his visit to Bangalore before his death. They called it as Spiritual Care. Such care is very good; but at best it can be termed as Emotional Care or Family Care. It can

become a part of Spiritual Care if it helps the patient to become peaceful after meeting his mother and later concentrates his mind on God. But in itself, it cannot be Spiritual Care. There has to be connection to God if any service has to be called Spiritual Care. It has to connect the spirit with the Supreme Spirit; that service only is Spiritual Care. Physical/medical care, psychological care, emotional care, social care, all can be part of Spiritual Care if they eventually help the patient remember God. If different kinds of care are ultimately aimed at helping the patient to remember God, they all can be termed as a part of Spiritual Care. But without such a goal, individually such services cannot be called as Spiritual Care.

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