38 For I am convinced that neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers, 39 nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.

Romans 8:38-39
Stewardship of Life

What Slows Us Down
Stewardship of Life
What Slows Us Down

The Rev’d Deacon Robert Serio, MD
Stewardship of Life

- Week 1 - Healthy Living
- Week 2 - What Slows Us Down
- Week 3 - Legal Stuff
- Week 4 - End of Life Issues
Stewardship of Life

Normal Aging
Common Medical Problem
Dementia
Homeostenosis
Palliative Care
Hospice Care
Episcopal Views on Death
Stewardship of Life
What Slows Us Down

- Normal Aging
  - Aging is not a homogenous process
  - All body parts do not age at the same rate
  - Genetics account for 25% of variation in longevity among twins but the environment accounts for 50%
  - Genetic influences more important as we age (90-100)
Stewardship of Life
What Slows Us Down

- Normal Aging
  - Physiologic rhythms
    - All cells in the body have an internal clock gene
    - Regulated by the master clock in the brain
    - Body temperature, cortisol levels and sleep affected
    - Longer time to reset to normal (Jet Lag)

- GI system
  - Reduced absorption of calcium in women > 75
  - Colon mobility reduced-25% have constipation
  - Diverticuli prevalence > 65%

Church of the Nativity-Huntsville
Stewardship of Life
What Slows Us Down

- Normal Aging
  - Heart
    - Coronary artery disease in 75% >60 and women >80
    - Most able to compensate but reduces ability to handle stress (sepsis, blood loss)
    - Arteries stiffen with age, additional stress on the heart
    - Decline with age seen even in trained athletes
  - Lungs
    - Normal loss of lung volume with age
    - Reduced transfer of oxygen to the blood stream
    - Usually not a problem under non-stress situations
Stewardship of Life
What Slows Us Down

- Normal Aging
  - Bladder
    - Incontinence increases with age
    - More common in women until age 80 then equal
  - Sexual activity
    - One study reported that 70-80% men report they are sexually active but other studies found that to be only 39-40%
  - Muscle mass declines by 30-50%
    - Recovery after injury slowed and incomplete
- Bone
  - Aging increases probability of fractures and slows the rate of repair
Stewardship of Life
What Slows Us Down

- Normal Aging
  - Mental Status/Cognition
    - Mild changes in memory and rate of memory processing
    - Learning performance declined with increasing age
    - Delayed recall remained relatively stable
    - Changes generally not very progressive
    - Changes do not affect daily function
  - Vision
  - Hearing
  - Skin
    - Less able to control heat loss
  - Immune System
Stewardship of Life
What Slows Us Down

- Normal Aging
  - Calorie restriction and increase survival and modify age related change
    - Reducing 20-40% in rats increased lifespan by 20-50% but did not help over ½ the strains tested
    - No benefit in primates
  - Longevity predictions have impact on medical decisions
    - Screening for cancer
    - Use of medications with long lag time (osteoporosis)
    - Risk/benefit
    - End of Life Care

Church of the Nativity-Huntsville
Stewardship of Life
What Slows Us Down

- Common Medical Problems that “slow us down”
  - Osteoporosis/arthritis
  - Cataracts
  - Heart disease (coronary and vascular)
  - COPD
  - Cancer
  - Dementia
  - Depression
  - Sleep disturbance
Stewardship of Life
What Slows Us Down

Chronic Medical Problems
↓
Mobility

Reduced exercise  transportation

Nutrition  isolation  depression
Stewardship of Life
What Slows Us Down

- Dementia
Dealing with dementia

Definition

- A decline in cognitive function involving one or more cognitive domains
  - Learning and memory
  - Language (cannot find the correct word)
  - Executive function (unable to cope with unexpected events)
  - Complex attention (balance a checkbook)
  - Perceptual motor function (getting lost in familiar places)
  - Social cognition (Behavioral issues)
- The deficits must be a decline from previous function—usually insidious and progressive
- The deficits must be severe enough to interfere with daily function
Dealing with dementia

- Types of dementia
  - Alzheimer disease-most common
  - Dementia with Lewy bodies
  - Frontotemporal dementia
  - Vascular (multi-infarct) dementia
  - Parkinson disease with dementia
- Other dementia
  - Alcohol related
  - Chronic traumatic encephalopathy
  - Medication
  - Depression
  - Infection (HIV, prion disease, syphilis)
Healthy Brain  Severe Alzheimer Disease

Church of the Nativity-Huntsville
Dealing with dementia

- Alzheimer’s disease
  - Most common form of chronic dementia (60-80% cases)
  - Estimated 5.2 million cases and expected to reach 6.7 million by 2025
  - Caused by accumulation of protein called beta amyloid (plaques) and disorganized masses of protein fibers (tau) called neurofibrillary tangles
  - Disease of older individuals (rare before age 60)
    - Prevalence doubles every 5 years after age 65
    - Some genetic association in younger individuals
Dealing with dementia

- Alzheimer’s disease - Early symptoms
  - Memory impairment usually present at time of initial diagnosis
    - Recent memory most affected
    - Remote memory usually spared early
    - Patients will underreport—need family or caregiver
  - Confusion
  - Language - cannot find the correct word
  - Problems with concentration and reasoning
  - Complex tasks - balance a checkbook
  - Getting lost in familiar places
Dealing with dementia

- Alzheimer’s disease-late changes
  - Difficulty performing learned motor tasks (combing hair, dressing)
  - Disorientation
- Anger/hostility or change in behavior (aggressive/passive)
- Delusions or hallucinations
- Incontinence
Homeostasis

"The Precipice"

Stress (eg, illness, injury)
Physiologic reserves available
Physiologic reserves already in use
Increasing age

Stress
Adverse outcome (eg, death, hospitalization)

Stewardship of Life
What Slows Us Down

- Dying
  - 10% die suddenly, 90% longer course
  - 92% of adults who have “CODE-0” in the hospital stay dead
  - 50% who recover have neurological changes
  - Survival lower with older persons with more complex medical problems
Stewardship of Life
What Slows Us Down

- Changes associated with dying
  - Loss of energy
    - May be depression
  - Increase in pain
  - Loss of appetite, stop eating
    - ? Feeding tube
    - Dehydration not uncomfortable
  - Changes in mental status
    - Problem for caregivers
    - Medication may worsen
Stewardship of Life
What Slows Us Down

- Changes associated with dying
  - Increased frequency of falls, poor recovery from illness
  - Edema/swelling
  - Breathing Changes
    - Short of breath/death rattle
  - Cardiac changes
    - Increased/decreased heart rate
    - Increased/decreased blood pressure
Stewardship of Life
What Slows Us Down

- There is a time when comfort focus medicine should replace cure focus
- Failure to prevent death is not failure for medical team
- Artificial life support is frequently artificial death extension
- With modern medicine we have the power to give comfort and dignity
- It is important to understand loved ones wishes in detail
  - Living will, health care power of attorney
- Need to meet the spiritual needs
  - Prayers, rites, music, family, friends

Church of the Nativity-Huntsville
Stewardship of Life
What Slows Us Down

- Palliative care
  - Relief of symptoms
  - Help to make complicated decisions (level of care and support)
  - Coordinate with health care team
  - Identify goals of care (living will, advance directives)
  - Facilitate discussion regarding needs of the patient and family
  - The patient is always the primary decision maker if competent
  - Emotional and spiritual support and guidance
Stewardship of Life
What Slows Us Down

- Palliative Care Team
  - Physician(s)
  - Nurse(s)
  - Pharmacist
  - Social Worker
  - Chaplain(s)
  - Music Therapist
Stewardship of Life
What Slows Us Down

- Hospice Care
  - Terminal Diagnosis
    - Heart failure, COPD, coronary artery disease, organ failure, AIDS, ALS, cancer, stroke
  - Decline in Overall Health
    - Frequent hospitalizations
    - Signs of Impending Death
  - Location of Care
    - Home, assisted living, nursing home, inpatient unit, hospital, memory unit
Stewardship of Life
What Slows Us Down

- Hospice Care Services
  - Nursing visit 2-3 times a week
  - On call nurse 24 hours
  - Social Worker
  - Home health aides
  - Chaplain
  - Medications
  - Covered by Medicare
Stewardship of Life
What Slows Us Down

- Episcopal View of End of Life
Stewardship of Life
What Slows Us Down

- Modern view of death is that of an untoward biological accident that medicine with its technical powers must attempt to avert.
- BCP sees death as community event rather than individual incident in our biological trajectory.
- With the acquiescence of our society to the concealment of death, not only is death being denied but life is also being denied.
- Critical points in our lifecycle offer opportunities to experience God more fully, to deepen our relationship with God
  - Birth, marriage, retirement, death
- Death opens the way into a transfigured life with others in God
Stewardship of Life
What Slows Us Down

- Death is eternal separation from God. Life is life lived in the presence of God.
- Secular model of relationship between patients and healthcare givers is couched in terms of rights, contractual obligations and the exchange of goods and services.
- Secular model does not capture our human experience of mortality, disease, dependency, grief, hope and despair at the end of life.
- Anglican tradition offers more communal understanding and how moral authority flows from the patient to the family and community.
- Anglicanism rejects idea that persons must live indefinitely or be kept biologically alive as long as medically possible.
The purpose of medicine is to honor and enhance the wholeness of the person.

Pain and suffering

- The experience of pain is of what hurts.
- Suffering is the limitations pressed on us because of something beyond our control. Suffering can be more hurtful than pain.
- Double effect-OK to act to bring good effect even with possible bad outcomes
  - Pain control can slow respiration

Serious religious faith should not be isolated from reasoning and reflective perspectives about medical treatment (hope for a miracle). Recognition of human limits is critical

There comes a time each of us should be willing to surrender our lives to God.

Church of the Nativity-Huntsville
Stewardship of Life
What Slows Us Down

- End of life care calls for responsible use of human power
- End of life care calls for right relationships among persons.
- End of life care calls for relationships, resources and empowerment that promote human good
Stewardship of Life
What Slows Us Down

- Recommendations of the Anglican Community
  - Individuals/Healthcare providers
    - Avoid misuse of medical technology near the end of life
    - Avoid misuse of artificial nutrition and hydration in those near the end of life
    - PROVIDE ADEQUATE PAIN RELIEF
    - Avoid physician assisted suicide
    - Tell the truth to both patients and families
    - Utilize advance directives
    - Provide proper care to those with limited decision making capacity
Stewardship of Life
What Slows Us Down

- Recommendations of the Anglican Community
  - Congregations
    - Help accept mortality (education)
    - Sustain community of caring within the congregation for those near death
      - In acting as accepting, caring and mourning people, congregations also act as healing communities
    - The most comforting role of a church member might well be that of a concerned listener rather than of a religious truth teller
    - Set up programs for those in mourning
Stewardship of Life
What Slows Us Down

- Recommendations of the Anglican Community
  - Church at Large
    - Offer greater preparation for ordained/lay minister
    - Expand liturgical resources
    - Develop associations to lobby those involved with healthcare policy
  - Policy Makers
    - Expand palliative/hospice care
    - Reject physician assisted suicide.

Church of the Nativity-Huntsville
Stewardship of Life

- Week 1 - Healthy Living
- Week 2 - What Slows Us Down
- Week 3 - Legal Stuff
- Week 4 - End of Life Issues
Life is fleeting and fragile. Live and love as though every day is your last, or your mother’s last or your child’s last. Leave no words unsaid, leave no plan unmade. If you knew your were going to die tomorrow, what would you say to those you love today. Say it now. If you knew you were going to die tomorrow, what would you need to accomplish in the next 24 hours. Begin them now.

Monica Williams Murphy, MD   It’s OK to Die
STEWARDSHIP OF LIFE
What Slows Us Down

Questions