



# Normal v. Usual Aging

Anne R. Simpson, MD CMD

UNM HSC Associate Vice Chancellor for African American Health

UNM SOM Professor of Medicine/Geriatrics & Rust Professor of Ethics

Director: UNM SOM Institute for Ethics

Executive Director: UNM HSC Black Health Resource Center



# Aging



- ▶ Starts at birth, a constant development
- ▶ Most gain physical & mental abilities to engage with environment and each other
- ▶ As we live we age
- ▶ Are there ways to do it well?
- ▶ Aging well is good for everyone, care providers and those cared for



# Usual Aging

- ▶ Disease model
- ▶ Chronic illness: obesity, arthritis, HTN, diabetes, CV, stroke etc.
- ▶ Poor dietary habits
- ▶ Poor physical exercise habits
- ▶ Environmental confounders
- ▶ Stress, multifactorial




# Normal Aging

- ▶ Gradual and progressive loss of physical & mental abilities
- ▶ Bodies are not designed to maintain physical integrity forever
- ▶ Loss of accommodation in the lens of eyes, starts early years
- ▶ Graying of hair
- ▶ Loss of skin collagen



# Normal Aging

- ▶ Change in body composition, influenced by exercise; decrease muscle mass, increase fat
  - ▶ If one lives to be 100, what sort of 100 year old will one be?
  - ▶ Active and engaged?
  - ▶ Bedridden and disengaged?
  - ▶ How long vs how well can one live
  - ▶ Delayed onset of disability leads to increased years of wellness
- 



# Normal Aging



- ▶ 20-25% of longevity is dictated by genetics
- ▶ 75-80% dictated by lifestyle, everyday choices and environmental factors
- ▶ Optimizing lifestyle offers potential to maximize life expectancy within biological limits
- ▶ Optimized lifestyle could add at least 10 good years to one's life with a fraction of the diseases that kills prematurely
- ▶ Beneficial to people with disabilities as well as others



# Normal Aging

- ▶ DD population are often dependent on others to facilitate the optimization of their lives
- ▶ Environmental factors may be beyond direct control
- ▶ Their meals often prepared by others
- ▶ Exercise programs, are they in place?????
- ▶ Are they institutionalized or socialized?????





# Health Promotion

- ▶ Assess for safety; hearing and visual impairment plus dental
- ▶ Implement appropriate interventions based on individual needs
- ▶ Possible interventions: therapy (O.T., P.T., speech, dental, dietary, recreation)
- ▶ Annual flu shot
- ▶ Annual PPD
- ▶ Pneumococcal vaccine, herpes zoster/shingles as appropriate





# Health Promotion



- ▶ Good hand washing practice for everyone
- ▶ Promote wellness through: activities, mobility, frequent turns and ROM
- ▶ Hydration programs
- ▶ Social events
- ▶ Spiritual activities as appropriate
- ▶ Touch therapy like massage



# Health Promotion



- ▶ Maintain clean and safe environment
- ▶ Reduce fall risks – balance/stability training
- ▶ Provide exercise – maintain muscle mass, strength & flexibility
- ▶ Provide variety of tasty, healthy food options, smaller meals eaten earlier
- ▶ Manage constipation
- ▶ Promote good sleep hygiene programs




# Blue Zones

- ▶ Term coined by demographers while investigating areas of the world with concentrations of the world's longest-lived people
- ▶ Longevity pockets around the world
- ▶ Okinawa, Japan
- ▶ Sardinia, Italy
- ▶ Nicoya Peninsula, Costa Rica
- ▶ Loma Linda, CA
- ▶ Greek island of Ikaria




# Blue Zone Lessons - Sardinia

- ▶ Classic diet: whole grain bread, beans, garden vegetables, fruits, pecorino cheese (grass fed sheep), meat is reserved for Sundays and special occasions, they drink goats milk
  - ▶ Plant-based diet accented with meat
  - ▶ Walk a lot – provides cardiovascular benefits, positive effects on muscle and bone metabolism without joint-pounding of running
  - ▶ Drink glass or two of red wine – flavonoids may reduce stress
- 



# Sardinia

- ▶ Laugh with friends – known for sardonic humor; laughter reduces stress and may lower risk of cardiovascular disease
  - ▶ Maintain close family relationships
  - ▶ Work is important, adds meaning to life
  - ▶ Reason to get up each day
  - ▶ Longevity of men roughly equal to that of women
- 




# Okinawa



- ▶ Ikigai – the reason to wake up in the morning, purpose-imbued life gives responsibility and feeling of being needed
- ▶ Plant-based diet – stir-fried vegetables, sweet potatoes, bitter melon, tofu and other soy foods are high in nutrients, low in calories
- ▶ Garden – grow many of their own fruits, vegetable and teas
- ▶ Drink sake in small amounts
- ▶ Eat pork but for infrequent ceremonial occasions, and in small amounts
- ▶ “Hara hachi bu” – eat until you are 80% full



# Okinawa

- ▶ Maintain secure social network, close friendships
  - ▶ Spend time outside in sunshine each day
  - ▶ Active walkers
  - ▶ Family is important
  - ▶ Spiritual connection to ancestors
- 





# Loma Linda

- ▶ Find sanctuary – time to focus on family, God, camaraderie and nature
- ▶ Relieves stress, strengthens social networks
- ▶ Maintain healthy body mass index - keep active
- ▶ Regular moderate exercise – low intensity like walking
- ▶ Lowers blood pressure/cholesterol and cardiovascular disease
- ▶ Spend time with like-minded friends – shared values support habits



# Loma Linda

- ▶ Give something back – volunteer
- ▶ Eat meat sparingly – consuming fruits, vegetables, nuts and whole grains seems protective against variety of cancers
- ▶ Eat early, light dinner to avoid flooding body with calories during inactivity
- ▶ Promotes better sleep and lower BMI
- ▶ Eat two or more servings of fruit per day, legumes such as peas and beans 3 times a week and lots of nuts
- ▶ Drink water




# Costa Rica

- ▶ Strong sense of purpose
- ▶ Drink Hard water – high calcium content
- ▶ Focus on family – supports sense of purpose and belonging
- ▶ Eat light dinner early in the evening
- ▶ Maintain social network – listen, laugh and appreciate each other and what you have
- ▶ Keep hard at work – find joy in everyday physical chores



# Costa Rica

- ▶ Take in the sunshine – work out-of-doors, walk out-of-doors
  - ▶ Sunshine - catalyst for vitamin D production
  - ▶ Embrace their history, roots and traditions
  - ▶ Traditional diet – maize and beans along with fruits and vegetable
  - ▶ Workday – 6AM until 12 or 2:00 in afternoon
- 



# Greece

- ▶ Mindless movements – gardening, walking to neighbor's house, doing yard work
- ▶ Eat Mediterranean style diet – lots of fruits, vegetables, whole grains, beans, potatoes, olive oil and goats milk, including cheese
- ▶ Herbal teas – wild rosemary, sage and oregano
- ▶ Take midafternoon break for nap



# Greece



- ▶ Greek Orthodox faith called for fasting, type that cuts about 30% calories out of normal diet
- ▶ Caloric restriction has been shown to slow aging process in some mammals
- ▶ Make family and friends a priority
- ▶ Social connections – shown to benefit overall health and wellbeing



# Lessons



- ▶ Move naturally – engage your clients in movement such as walking, gardening, play activities that involve stretching and balance
- ▶ Add fun yoga stretches
- ▶ Muscle strength and balance helps with fall reduction
- ▶ Never too late to start – start slow and incorporate laughter and joy
- ▶ Walk outside in parks, appreciate the fauna and flora
- ▶ Good for you and clients





# Lessons



- ▶ Hara Hachi Bu
- ▶ Use smaller plates, eat smaller amounts, store less fat
- ▶ Increase fruits, legumes and vegetable, decrease meat
- ▶ Gradually decrease caloric intake, helps to support aging digestive system
- ▶ Decrease obesity, CV disease, diabetes and promotes health and wellbeing
- ▶ Provide healthful snacks – who buys and prepares food for the clients?
- ▶ Encourage water consumption



# Lessons



- ▶ Avoid meat and processed foods
- ▶ Plant-based meals
- ▶ Herbal teas
- ▶ Strict Adventists avoid meat entirely, take dietary cues from Genesis 1:29...
- ▶ “Then God said, Behold, I have given you every plant yielding seed that is on the surface of all the earth, and every tree which has fruit yielding seed; it shall be food for you”
- ▶ Longstanding “Adventist Health Study,” restricting meat associated with living longer and healthier



# Lessons

- ▶ Cost effective plan
- ▶ Beans, grains, seasonal fruits and vegetables tend to cost less
- ▶ Chores and daily activities such as walking, bending and stretching is free
- ▶ Make activities meaningful for your clients
- ▶ Eat in moderation and light meals later in the day
- ▶ Incorporate JOY into everything



# Lessons



- ▶ Do your clients have meaningful relationships?
- ▶ Do they know that they matter?
- ▶ How do you instill a sense of purpose into the lives of your clients?
- ▶ How do you let them know the value they bring to your life?
- ▶ How can their families help with this?




# Lessons



- ▶ Do your clients establish friendships with each other?
- ▶ How do you make these practices routine and practiced by everyone
- ▶ This can be beneficial to clients and all caregivers
- ▶ How well do you know your clients and what matters to them?
- ▶ How are they engaged in those considerations?



# Lessons

- ▶ Sleep is important
  - ▶ Practice good sleep hygiene
  - ▶ Keeps immune system functioning
  - ▶ Decrease risk of CV events
  - ▶ Recharges brain
- 




# Lessons

- ▶ Healthy eating with smaller portions, good hydration & active movements
- ▶ Supports nutrition and gastric motility which can be problematic with aging
- ▶ Also supports skin health
- ▶ Sleep
- ▶ Mobility and balance





# Lessons

- ▶ “Start where you are, use what you have, do what you can” Arthur Ashe
  - ▶ “Your life does not get better by chance it gets better by change” Dr. MLK
- 



Ethics: What is it?

How does one apply it?

Second topic



# Ethics vs. Morals

- ▶ Ethics: a set of principles, rules or standards governing the conduct of a person or the members of a profession
- ▶ A social system or a framework for acceptable behavior
- ▶ External, systemic
- ▶ Morals: Judgment of the goodness or badness of human action and character
- ▶ Defines how things work according to an individual's ideals and principles
- ▶ Internal, personal



# Patient Self-Determination Act

- ▶ PSDA
- ▶ Enacted by Congress, Nov. 5<sup>th</sup> 1990 as part of Budget Reconciliation Act
- ▶ Effective Dec. 1<sup>st</sup> 1991
- ▶ Requires all health care providers participating in Medicare/Medicaid to provide to all patients, with capacity and over age 18, or LAR, written information regarding the following:



# PSDA

- ▶ Patients rights under the law to participate in decisions about their medical care and treatment
- ▶ Right to accept or decline, though not demand, medical or surgical treatment
- ▶ Patient's rights under state law to complete advance directive
- ▶ Health care providers policies honoring these rights



# PSDA

- ▶ Institutions must also provide education for staff, patients and community regarding:
- ▶ Advance directives which may include living will, designation of health-care surrogate, or durable medical power of attorney, depending on state legislation
- ▶ Providers include:
  - ▶ Hospitals, nursing homes, home health, hospice, HMOs
  - ▶ Does not include outpatient service or emergency medical personnel



# PSDA

- ▶ Patient's medical record should document whether an advance directive has been executed
- ▶ There must be no discrimination in medical treatment based on whether patient has executed an advance directive





# NM Uniform Health Care Decisions Act

- ▶ UHCDA
- ▶ July 1995
- ▶ Reiterates right of adults and emancipated minors, with decisional capacity, to make health care decisions in writing or orally
- ▶ Repealed the “Right to Die” law
- ▶ Combines all advance directives for health care, except mental health, into one form, does not require witness or notarization
- ▶ Does not mandate a specific form
- ▶ Witness is recommended but not required




# UHCDA

- ▶ Defines decisional capacity as:
- ▶ “ability to understand and appreciate nature and consequences of proposed health care, including significant benefits, risks and alternatives to proposed health care and to make and communicate an informed health decision”
- ▶ Provides for surrogate decision maker, order of surrogacy, when the patient lacks capacity, their wishes are not known and no agent or guardian has been appointed, or if appointed is not reasonably available



# UHCDA

- ▶ Obligations of health care providers under UHCDA:
  - ▶ Health care provider or health care institution may decline to comply with an individual instruction or health care decision that requires medically ineffective health care or health care contrary to generally accepted health standards applicable to provider and institution
  - ▶ “Medically ineffective care” means treatment that would not offer the patient significant benefit as determined by the physician
- 



# UHCDA

Consent to health care for certain minors fourteen or older

“An unemancipated minor fourteen or older who has capacity to consent may give consent for medically necessary health care; provided minor is 1. living apart from the minor’s parents or legal guardian; or 2. the parent of a child

The UHCDA expounds on what is meant by “medically necessary health care”



# UHCDA

- ▶ “Medically necessary treatment” means clinical, rehabilitative, physical, mental or behavior health services that are:
- ▶ Essential to prevent, diagnose or treat medical conditions or
- ▶ Essential to enable an unemancipated minor to attain, maintain or regain functional capacity...



# Mental Health Care Treatment Decision Act (MHCTDA)

- ▶ Purpose: to ensure appropriate care and treatment of persons with behavioral health needs in the community
- ▶ Advance directive for mental health treatment
- ▶ “Mental health treatment decision made by an individual or the individual’s agent or guardian regarding the individual’s mental health treatment, including



# MHCTDA

- ▶ 1. Selection and discharge of health care or mental health treatment providers and institutions
- ▶ 2. Approval or disapproval of diagnostic tests, programs of medication and mental health treatment
- ▶ 3. Directions related to mental health treatment





# MHCTDA

- ▶ A. "An adult or emancipated minor, while having capacity, has the right to make the adult or emancipated minor's own mental health treatment decisions and may give an individual instruction. The individual instruction may be oral or written; if oral, it shall be made by personally informing a health care provider. The individual instruction may be limited to take effect only if a specified condition arises."



# MHCTDA

- ▶ “...An agent shall make a mental health treatment decision in accordance with the principle’s individual instructions, if any, and other wishes to the extent known to the agent. Otherwise, the agent shall make the decision in accordance with the agent’s determination of the principle’s best interest. In determining the principle’s best interest, the agent shall consider the principle’s personal values to the extent known to the agent...”



# Informed Decision Making

- ▶ Decision maker must have capacity to make decision
- ▶ Capacity to clearly understand:
  - ▶ The disease process
  - ▶ Prognosis
  - ▶ Benefits and burdens of recommended treatment option
  - ▶ Benefits and burdens of reasonable alternative treatment option
  - ▶ Likely effect of no treatment
- ▶ Informed consent or refusal is a voluntary, autonomous authorization to treat or not treat




# Assessment of Decision Making Capacity

- ▶ Ability to understand: to comprehend the given information about diagnosis and treatment and to identify the issue at hand
- ▶ Ability to appreciate the impact of the disease and its consequences
- ▶ Ability to evaluate: to deliberate in accordance with one's own values
- ▶ Ability to manipulate information rationally and to compare risks and benefits of the options
- ▶ Ability to make choices that are not irrational and to give reasons for them
- ▶ Ability to maintain consistent choice over time
- ▶ Ability to communicate choices



# Assessment of Capacity

- ▶ Degree of confidence in decision-making capacity
  - ▶ 1. If choice offers little risk, large benefit; relatively low level of decision-making capacity is required
  - ▶ 2. If choice offers balance of risks and benefits, moderate level of decision-making capacity is required
  - ▶ 3. If choice offers large risks with little chance of benefit, high level of decision-making capacity is necessary
- 




# Professional Obligation

- ▶ “When further intervention to prolong life becomes futile, physicians have an obligation to shift the intent of care/treatment toward comfort and closure.” AMA Code of Medical Ethics
- ▶ Physicians are obligated to provide only those treatments that offer significant benefit. NMUHCDA






# Futility

- ▶ Incapable of producing any results; ineffective, useless, not successful
  - ▶ Treatments that are ineffective in specific situations are considered futile treatments
  - ▶ Futile treatments are inappropriate
  - ▶ Appropriate treatments may be listed as palliative and/or hospice treatments
  - ▶ Care is never futile; health professionals can always provide care
- 





# Advance Life Planning

- ▶ Advance life planning involves living a life which death is a part of
  - ▶ Relevant issues for the community of folk with developmental disabilities?
  - ▶ Should they be supported to experience a “normal aging” over a “usual aging” process?
- 



# Aging and Ethics Talk

▶ THAT'S ALL FOLKS!!!!!!

▶ Questions?????