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# AGING WITH GRACE\*

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Learning the art of surrender



FLORIDA CHRISTIAN CENTER  
1500 Edgewood Avenue South, Jacksonville, FL 32210

# Aging with Grace

## Chapter 1 - Dealing with Reality

Before we can move forward with grace, it is important to acknowledge the past and be realistic about the present.

**How would you describe yourself to someone who doesn't know you?**

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**What has changed for you over the last 5 years?**

Physically (your location as well as your body) \_\_\_\_\_

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Emotionally (your point of view, your disposition, your feelings about things) \_\_\_\_\_

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Spiritually (your relationship with God, changes in churches, Sunday school or other study groups) \_\_\_\_\_

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**What has changed for you just over this last year?**

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**What are you NOT able to do that you could do 5 years or even 1 year ago?**

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**How have those things affected you emotionally and spiritually?**

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**What relationships have changed over the years and in what ways?**

Person: \_\_\_\_\_

What has changed? \_\_\_\_\_

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Person: \_\_\_\_\_

What has changed? \_\_\_\_\_

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Person: \_\_\_\_\_

What has changed? \_\_\_\_\_

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## Chapter 2 – Learning to Surrender

Acknowledging our losses is an important part of aging with grace. Last chapter we listed things that have changed in the last 5 years and the last year. Let's recognize which of these changes we are grieving. Expressing our grief to God and perhaps to other people is another healthy way we age with grace.

What are the losses you need to acknowledge from last chapter?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

What are your fears about the future?

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Why do you believe it is so hard to surrender and accept the changes that happen to us?

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What are the ways you are currently expressing your grief?

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## Aging with Grace

What are other ways you could mourn your losses?

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Other thoughts and reflections:

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## Aging with Grace

Acknowledging our losses and expressing our grief are healthy ways to cope with aging. Ultimately, what helps us age with grace is cultivating a sense of peace with these changes in our lives that inevitably come. We must learn how to surrender.

Romans 12:2 New Revised Standard Version (NRSV)

2 Do not be conformed to this world,[a] but be transformed by the renewing of your minds, so that you may discern what is the will of God—what is good and acceptable and perfect.

1 Peter 5:6-10 New Revised Standard Version (NRSV)

<sup>6</sup> Humble yourselves therefore under the mighty hand of God, so that he may exalt you in due time. <sup>7</sup> Cast all your anxiety on him, because he cares for you. <sup>8</sup> Discipline yourselves, keep alert. Like a roaring lion your adversary the devil prowls around, looking for someone to devour. <sup>9</sup> Resist him, steadfast in your faith, for you know that your brothers and sisters in all the world are undergoing the same kinds of suffering. <sup>10</sup> And after you have suffered for a little while, the God of all grace, who has called you to his eternal glory in Christ, will himself restore, support, strengthen, and establish you.

With each loss, we must learn to acknowledge, express our grief and surrender. To do that, we must abide in Christ and continue to develop our relationship with him. While other relationships with siblings, children and friends may wax and wane, our relationship with our creator should deepen and grow.

What are things I can do to strengthen my relationship with God?

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What do I need to surrender to God in order to move forward in aging with grace?

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# Aging with Grace

## Chapter 3 – Claiming Your Capabilities

Have you heard the expression, “Don’t let an old person move into your body?”  
What does it mean to you to grow “old”? What does that expression mean?

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It is never too late to learn and grow. If you could learn to surrender those things that you cannot do anymore and accept what you can do and who you are now, how would you describe yourself?

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What would others say about you?

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Now that we have acknowledged what has changed and what we cannot do anymore, let’s think about what it is we CAN still do? Make a list of things you know you can still do and accomplish for now:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

## Aging with Grace

Let's read "The Art of Aging Gracefully" by Katherine Kam. (see handout)

What currently brings your life meaning?

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What activities do you currently do or can you add to perhaps add meaning to your life as it is right now?

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# **Aging with Grace**

## **Chapter 4 – Facing the Future**

Why do you think it is so difficult to talk about death, dying, last wishes, etc.?

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What benefits do you think there would be in going ahead and discussing these things?  
How can talking about this help us “age with grace”?

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## **Aging with Grace**

### **Health Care Advance Directives**

Information copied from [floridahealthfinder.gov](http://floridahealthfinder.gov) (Agency for Healthcare Administration)

#### **The Patient's Right to Decide**

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment.

When a person becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer's disease), they are considered incapacitated. Only your primary physician can determine if you are incapacitated. To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care advance directives (Chapter 765, Florida Statutes). The law recognizes the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death. Additionally, the law states that you do not have to be incapacitated to elect a health care surrogate to make your decisions.

By law hospitals, nursing homes, home health agencies, hospices, and health maintenance organizations (HMOs) are required to provide their patients with written information, such as this pamphlet, concerning health care advance directives. The state rules that require this include 58A-2.0232, 59A-3.254, 59A-4.106, 59A-8.0245, and 59A-12.013, Florida Administrative Code.

#### **Questions About Health Care Advance Directives**

##### **What is an advance directive?**

It is a written or oral statement about how you want medical decisions made should you not be able to make them yourself and/or it can express your wish to make an anatomical donation after death. Some people make advance directives when they are diagnosed with a life-threatening illness. Others put their wishes into writing while they are healthy, often as part of their estate planning.

Three types of advance directives are:

- A Living Will
- A Health Care Surrogate Designation
- An Anatomical Donation

You might choose to complete one, two, or all three of these forms. This pamphlet provides information to help you decide what will best serve your needs.

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### **What is a living will?**

It is a written or oral statement of the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a living will because it takes effect while you are still living. You may wish to speak to your health care provider or attorney to be certain you have completed the living will in a way that your wishes will be understood.

### **What is a health care surrogate designation?**

It is a document naming another person as your representative to make medical decisions for you if you are unable to make them yourself. You can include instructions about any treatment you want or do not want, similar to a living will. You can also designate an alternate surrogate.

### **Which is best?**

Depending on your individual needs you may wish to complete any one or a combination of the three types of advance directives.

### **What is an anatomical donation?**

It is a document that indicates your wish to donate, at death, all or part of your body. This can be an organ and tissue donation to persons in need, or donation of your body for training of health care workers. You can indicate your choice to be an organ donor by designating it on your driver's license or state identification card (at your nearest driver's license office), signing a uniform donor form (seen elsewhere in this pamphlet), or expressing your wish in a living will.

### **Am I required to have an advance directive under Florida law?**

No, there is no legal requirement to complete an advance directive. However, if you have not made an advance directive, decisions about your health care or an anatomical donation may be made for you by a court-appointed guardian, your wife or husband, your adult child, your parent, your adult sibling, an adult relative, or a close friend.

The person making decisions for you may or may not be aware of your wishes. When you make an advance directive, and discuss it with the significant people in your life, it will better assure that your wishes will be carried out the way you want.

### **Must an attorney prepare the advance directive?**

No, the procedures are simple and do not require an attorney, though you may choose to consult one.

However, an advance directive, whether it is a written document or an oral statement, needs to be witnessed by two individuals. At least one of the witnesses cannot be a spouse or a blood relative.

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### **Where can I find advance directive forms?**

Florida law provides a sample of each of the following forms: a living will, a health care surrogate, and an anatomical donation. Elsewhere in this pamphlet we have included sample forms as well as resources where you can find more information and other types of advance directive forms.

### **Can I change my mind after I write an advance directive?**

Yes, you may change or cancel an advance directive at any time. Any changes should be written, signed and dated. However, you can also change an advance directive by oral statement; physical destruction of the advance directive; or by writing a new advance directive.

If your driver's license or state identification card indicates you are an organ donor, but you no longer want this designation, contact the nearest driver's license office to cancel the donor designation and a new license or card will be issued to you.

### **What if I have filled out an advance directive in another state and need treatment in Florida?**

An advance directive completed in another state, as described in that state's law, can be honored in Florida.

### **What should I do with my advance directive if I choose to have one?**

- If you designate a health care surrogate and an alternate surrogate be sure to ask them if they agree to take this responsibility, discuss how you would like matters handled, and give them a copy of the document.
- Make sure that your health care provider, attorney, and the significant persons in your life know that you have an advance directive and where it is located. You also may want to give them a copy.
- Set up a file where you can keep a copy of your advance directive (and other important paperwork). Some people keep original papers in a bank safety deposit box. If you do, you may want to keep copies at your house or information concerning the location of your safety deposit box.
- Keep a card or note in your purse or wallet that states that you have an advance directive and where it is located.
- If you change your advance directive, make sure your health care provider, attorney and the significant persons in your life have the latest copy.

If you have questions about your advance directive you may want to discuss these with your health care provider, attorney, or the significant persons in your life.

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### More Information On Health Care Advance Directives

Before making a decision about advance directives you might want to consider additional options and other sources of information, including the following:

- As an alternative to a health care surrogate, or in addition to, you might want to designate a durable power of attorney. Through a written document you can name another person to act on your behalf. It is similar to a health care surrogate, but the person can be designated to perform a variety of activities (financial, legal, medical, etc.). You can consult an attorney for further information or read Chapter 709, Florida Statutes.

If you choose someone as your durable power of attorney be sure to ask the person if he or she will agree to take this responsibility, discuss how you would like matters handled, and give the person a copy of the document.

- If you are terminally ill (or if you have a loved one who is in a persistent vegetative state) you may want to consider having a pre-hospital Do Not Resuscitate Order (DNRO). A DNRO identifies people who do not wish to be resuscitated from respiratory or cardiac arrest. The pre-hospital DNRO is a specific yellow form available from the Florida Department of Health (DOH). Your attorney, health care provider, or an ambulance service may also have copies available for your use. You, or your legal representative, and your physician sign the DNRO form. More information is available on the [DOH](#) website or [www.MyFlorida.com](http://www.MyFlorida.com) (type DNRO in these website search engines) or call (850) 245-4440.

When you are admitted to a hospital the pre-hospital DNRO may be used during your hospital stay or the hospital may have its own form and procedure for documenting a Do Not Resuscitate Order.

- If a person chooses to donate, after death, his or her body for medical training and research the donation will be coordinated by the Anatomical Board of the State of Florida. You, or your survivors, must arrange with a local funeral home, and pay, for a preliminary embalming and transportation of the body to the Anatomical Board located in Gainesville, Florida. After being used for medical education or research, the body will ordinarily be cremated. The cremains will be returned to the loved ones, if requested at the time of donation, or the Anatomical Board will spread the cremains over the Gulf of Mexico. For further information contact the Anatomical Board of the State of Florida at (800) 628-2594 or [www.med.ufl.edu/anatbd](http://www.med.ufl.edu/anatbd).
- If you would like to learn more on organ and tissue donation, please visit the Joshua Abbott Organ and Tissue Donor Registry at [www.DonateLifeFlorida.org](http://www.DonateLifeFlorida.org) where you can become organ, tissue and eye

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donors online. If you have further questions about organ and tissue donation you may want to talk to your health care provider.

- Various organizations also make advance directive forms available. One such document is “Five Wishes” that includes a living will and a health care surrogate designation. “Five Wishes” gives you the opportunity to specify if you want tube feeding, assistance with breathing, pain medication, and other details that might bring you comfort such as what kind of music you might like to hear, among other things. You can find out more at:

Aging with Dignity

[www.AgingWithDignity.org](http://www.AgingWithDignity.org)

(888) 594-7437

Other resources include:

American Association of Retired Persons (AARP)

[www.aarp.org](http://www.aarp.org)

(Type “advance directives” in the website’s search engine)

Your local hospital, nursing home, hospice, home health agency, and your attorney or health care provider may be able to assist you with forms or further information.

Brochure: End of Life Issues

[www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov)

(888) 419-3456

**DNR** - A do-not-resuscitate order, or DNR order, is a medical order written by a doctor. It instructs health care providers not to do cardiopulmonary resuscitation (CPR) if a patient's breathing stops or if the patient's heart stops beating.

A DNR order allows you to choose whether or not you want CPR before an emergency occurs. It is specific about CPR. It does not provide instructions for other treatments, such as pain medicine, other medicines, or nutrition.

The doctor writes the order only after talking about it with the patient (if possible), the proxy, or the patient's family.

**Durable Power of Attorney (DPOA)** - Durable power of attorney is a written document naming another person to act in your behalf. It is similar to a health care surrogate, but the person can be designated to perform a variety of activities (financial, legal, medical, etc.). If you choose someone as your durable power of attorney be sure to ask the person if he or she will agree to take this responsibility, discuss how you would like matters handled, and give the person a copy of the document.

**Probate** – “Probate is a court-supervised process for identifying and gathering the assets of a deceased person (decedent), paying the decedent’s debts and distributing the decedent’s assets to his or her beneficiaries. In general, the decedent’s assets are

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used first to pay the cost of the probate proceeding, then are used to pay the decedent's outstanding debts, and the remainder is distributed to the decedent's beneficiaries. The Florida Probate Code is found in Chapters 731 through 735 of the Florida Statutes, and the rules governing Florida probate proceedings are found in the Florida Probate Rules, Part I and Part II (Rules 5.010-5.530).

There are two types of probate administration under Florida law: formal administration and summary administration. For more information visit [www.floridabar.org](http://www.floridabar.org).

There is also a non-court supervised administration proceeding called "Disposition of Personal Property Without Administration." This type of administration applies only in limited circumstances."

<https://www.floridabar.org/tfb/TFBConsum.nsf/48e76203493b82ad852567090070c9b9/92f75229484644c985256b2f006c5a7a?OpenDocument>

### Final Arrangements

Cremation – This is a much less expensive option for our bodies after we die. Local resources include the following:

Neptune Society – [www.neptunesociety.com](http://www.neptunesociety.com)

Affordable Cremations - (904) 683-5427,  
<https://www.affordablecremationsolutions.com>

Eternity Funeral Home – (904) 348-5579, <http://eternityfuneralhome.com>

Any local funeral home will have cremation services.

Biodegradable Urns are available where your ashes can be part of growing a tree.

Bios Urn <https://urnabios.com/> (\$145)

The Living Urn <https://www.thelivingurn.com/> (\$119-149)

Burial at Sea

### Organ Donation

[https://www.donatelifeflorida.org/content/local\\_resources/transplant/](https://www.donatelifeflorida.org/content/local_resources/transplant/)  
<http://www.lifequestfla.org/>

Full Body Donation – This options allows for your body to be used for medical research and education. Once their research is done, your body would be cremated and the cremains sent to whomever you designate. This usually takes 6-8 weeks.

Science Care - 800.417.3747, <http://www.sciencecare.com>

Biogift - 866-670-1799 <http://www.biogift.org/body-donation-faq.php>

There are many more companies that offer this.

Green Burial - A green burial is an environmental alternative to a standard burial, intended to minimize the environmental impacts of death and conserve natural resources. In a green burial an unembalmed body decomposes naturally in the earth, and a biodegradable green casket or cloth body shroud takes the place of a traditional coffin. Green burials can take place in traditional cemeteries, specially designated green cemeteries, or even on private land.

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Help for Veterans

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### **When I Need More Care**

It is very difficult to admit when we need additional help. We would much rather suffer and remain as independent as possible, than to surrender to the idea that we may need (at least temporarily or even permanently) a higher level of care.

One of these difficult decisions is when we need to give up our car and driving. It takes courage to admit when we might be a danger to ourselves and others. It takes honesty with ourselves.

The same is true when we need a higher level of physical care. It is difficult. Yet this is another time we can learn to surrender and to age with grace. It is a choice we make!

**Dementia** – “Dementia is not a specific disease. It's an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities.” Alz.org

**Alzheimer's** is the most common form of dementia. Other types include vascular dementia, Parkinson's, Lewy Body. Alzheimer's Disease is NOT the nature progression of aging. It is one thing to forget where you put your keys. It is another thing to pick up your keys and not know what they are for. Eighty percent of us over age 65 will get some form of dementia. Alzheimer's is the 6<sup>th</sup> leading cause of death in the U.S.

It is important to talk to your family and health care surrogate about what your wishes are should you develop a form of dementia.

**Home Health Care** – This can be nursing care and therapies (physical, occupational, speech, psychological) who come into your home. This is prescribed and ordered by a physician and can help bridge the gap when you first come home from the hospital or a procedure until you are stronger.

**Assisted Living Facility** – When it isn't safe for you to be in your apartment on your own, and your family cannot help as much as you need, it may be time for an ALF. There are specialized ALFs for those of us with advancing dementia.

**Skilled Nursing Care** – There are 2 types of patients in a nursing facility. The first is the rehab patient. This is the patient who needs physical, occupational, or speech therapy or general nursing care for a short period of time after a surgery or illness. The second is long-term care for someone who can no longer take care of him/herself.

**Hospice** – There are many misconceptions about hospice care. Hospice is not a place; it is a philosophy of care and it is a tremendous blessing for patients and families. You do not have to be actively dying to receive hospice. Hospice care can come to wherever you call home.

Signs I might need more care:

- I find myself skipping meals.
- I forget to take my medicine.

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- It is harder for me to shower and keep clean.
- I'm having frequent episodes of incontinence.
- I can't keep my apartment clean.
- People are having to repeat things because I am not remembering what they said.
- I find I am losing my balance often and have fallen several times.
- I keep having to go the hospital (2 or more times in the last month)

If you wonder whether you are safe to continue to be independent, please talk to your family. Also, the Service Coordinators are a great resource for you.

\*Prepared and written by Kimberly Weir