



*Caring for  
Elderly Parents*



## 1 TIMOTHY 5:4

NASB

But if any widow has children or grandchildren, they must first learn to practice piety in regard to their own family and to make some return to their parents; for this is acceptable in the sight of God.

**IT IS CLEARLY UNDERSTOOD THAT ANYTHING DONE FOR YOUR PARENTS WILL BE CONSIDERED AS GOOD AND ACCEPTABLE BEFORE GOD.**

### OTHER PERTINENT VERSES

**1 Timothy 5:1-4**—*Do not sharply rebuke an older man, but rather appeal to him as a father, to the younger men as brothers, the older women as mothers, and the younger women as sisters, in all purity. Honor widows who are widows indeed; but if any widow has children or grandchildren, they must first learn to practice piety in regard to their own family and to make some return to their parents; for this is acceptable in the sight of God.*

**Exodus 20:12**—*Honor your father and your mother, that your days may be prolonged in the land which the LORD your God gives you.*

**Matthew 15:4**—*For God said, "Honor your father and mother, and, He who speaks evil of father or mother is to be put to death."*

**Job 12:20**—*He removeth away the speech of the trusty, and taketh away the understanding of the aged. (KJV)*

**Proverbs 19:26**—*He who assaults his father and drives his mother away is a shameful and disgraceful son.*

**Proverbs 23:22**—*Listen to your father who begot you, and do not despise your mother when she is old.*

**Proverbs 30:17**—*The eye that mocks a father and scorns a mother, The ravens of the valley will pick it out, and the young eagles will eat it.*

(All references taken from NASB unless otherwise indicated.)

# Scriptural Examples

**The premier example of caregiving** is Christ's putting his mother into the hands of another for care. He could no longer care for her Himself, so he saw to it that He charged a responsible person to do it:

## **John 19:26-27**

*When Jesus then saw His mother, and the disciple whom He loved standing nearby, He said to His mother, "Woman, behold, your son!" Then He said to the disciple, "Behold, your mother!" From that hour the disciple took her into his own household.*

## **Genesis 37-50**

*Especially Chapter 47—Joseph*

## **Exodus 20:12**

*Honor your father and your mother, that your days may be prolonged in the land which the LORD your God gives you.*

## **Leviticus 19:32**

*You shall rise up before the grayheaded and honor the aged, and you shall revere your God; I am the LORD.*

## **Ruth 1:15-18**

*Then she said, "Behold, your sister-in-law has gone back to her people and her gods; return after your sister-in-law." But Ruth said, "Do not urge me to leave you or turn back from following you; for where you go, I will go, and where you lodge, I will lodge. Your people shall be my people, and your God, my God. Where you die, I will die, and there I will be buried. Thus may the LORD do to me, and worse, if anything but death parts you and me." When she saw that she was determined to go with her, she said no more to her.*

## MAJOR KINDS OF CAREGIVING

(The wording of this outline assumes that the loved one is an elderly parent, as that is the normal situation, but the information relates to any caregiver situation.)

- I. **Part-Time Caregiving (Loved One In A Care Facility Or Someone Else's Home)**
  - A. You care for a loved one part of the day or week, someone else does the rest of the time.
  - B. Nursing home all week, home for weekend
  - C. If you have siblings anywhere near, they may share in the care routinely or, if further away, on a pre-arranged schedule.
  - D. Although the physical care of your loved one may be mostly be done by a care facility, you still have the responsibility to oversee and assure that it is all being done and do it yourself if necessary.
  - E. There is a difficult adjustment period and perhaps depression at the end when the loved one dies and the daily visits and care stops. There is a physical and emotional adjustment, and it would often be laced with feelings of guilt—*Could I have done more?*
  
- II. **Long-Distance Caregiving**
  - A. A loved one is physically distant from you, but you participate in their care by helping to make financial, medical, or other decisions; by supporting the principle caregiver (even a care facility), phone, cards, finances, etc.; or by going to residence and relieving a sibling or other relative caregiver, for instance, a month's reprieve in the summertime, or whatever happens to be their need.
  - B. It's not unreasonable for one sibling, who is the principle caregiver, to request that you travel even a long distance to care for a parent or other loved one while they recover their own health after an illness or other physical or emotional need.
  - C. There is a difficult adjustment period and perhaps depression at the end when the loved one dies and necessity of your ministry with them ceases. There is a physical and emotional adjustment, and it would often be laced with feelings of guilt—*Could I have done more?*

- III. Caregiving Full-Time In A Loved One's Home**
- A. Normally this will be a single, divorced, or widowed individual as caregiver.
  - B. You live in the home of your loved one, and you may or may not have assistance with their care (see other sections for this info.)
  - C. You care for the loved one, but you don't normally accept responsibility for their rent, utilities, food, etc. All expenses, even the food you eat as a volunteer who "lives-in," is their expense. You would still provide for your own clothing, etc., but the loved one would need to pay rent, utilities, taxes, etc., even if you were not there.
  - D. In some cases the financial arrangements are such that the caregiver receives wages for their service, because they cannot be employed otherwise and are giving up much of their time and energy to care for the loved one.
  - E. This type of caregiver would have to be very sure that they had the proper paperwork (e.g. living will) needed in an emergency so that care of the loved one would not be delayed while family is located, etc. Of course, if you are not a relative, you need even more information like how to contact family in an emergency. Be sure to know what family expects of you.
  - F. If caregiver is not a relative, then the caregiver probably will have to work with a relative for financial needs of the household as well as his/her remuneration.
- IV. In-Your-Home Caregiving With Assistance (Loved One Resides With You)**
- A. You have in-home help while you work or need to be away.
  - B. Loved one resides with you but you take him/her to a "day care" facility for part of each weekday while your work or just live your own life for that time. Or you might have someone come in and give respite care for while you are away.
  - C. When the loved one dies, there is a physical and emotional adjustment, and it would often be laced with feelings of guilt—*Could I have done more? Should I have been home more hours? Was my working really that important?*

**V. In-Home, Full-Time Caregiver**

- A. Principal caregiver does not work outside the home, you are the principal and almost 24/7 caregiver. This is often a couple working together in their own home to care for one or more of their parents.
- B. You make all the decisions, normally without input from siblings or anyone else unless it is a really major decision.
- C. You make all the medical appointments (eye, dentist, medical doctor), keep track of next appointment, pay the doctor bill, follow up with prescriptions or blood work after appointment, drive loved one to all appointments/treatments.
- D. You may or may not have the possibility of the loved one traveling escorted to another sibling's home or the siblings' coming to visit to give you an occasional break.
- E. It's not unreasonable for you, as the principal caregiver, to request that a sibling travel even a long distance to care for a parent or other loved one in the loved one's familiar surroundings (your home) while you recover your own health after an illness or other physical or emotional need. Of course, if it's a longer respite that is needed, then the sibling could take the loved one to his/her own home.
- F. You may or may not have financial participation by siblings.
- G. Your loved one may or may not have financial means to contribute to his/her own support.
- H. You are the brunt of all sorts of criticism, etc., by those not involved directly in the loved one's care. They might just not understand why you do a particular thing the way you do, and misunderstandings result.
- I. The loved one for which you care 24/7 may find fault with you with increasing frequency, accuse you of stealing, lying, or whatever; but he/she will heap great words of love and appreciation for another sibling that picked up a phone 3,000 miles away and was so thoughtful as to call and ask how he/she was doing. This is a common and expected occurrence in the realm of caregiving—the caregiver takes the blame but realizes that the loved one is falling into the normal range for a person in his/her situation—the caregiver doesn't take it personally.
- J. On occasion, a loved one's mental illness of some sort will make things very difficult, but sometimes as the dementia takes more and more control, the person actually gets easier to handle as they begin to understand less and less of what is going on around them and just accepts things as they are.

- K. When the loved one dies, there is a physical and emotional adjustment, and it could often be laced with feelings of guilt—*Could I have done more? Why wasn't I more patient? Why wasn't I there with him/her when he/she died? etc.*

**VI. Short-Term Caregiver**

- A. The short-time caregiver is one who goes to a loved one's home or brings the loved one into their home to care for the individual through what appears to be a terminal illness that will last for an estimated number of months.
- B. The short-term caregiver may have a very rough time for a number of months, filled with stress and long hours to which he/she is not accustomed; but knowing that the loved one will soon be gone—that these may be his last days with his loved one—helps him to focus and to stay stable physically and emotionally and to see the job through without a lot of assistance. Often the caregiver is just getting used to the caregiving routine, and the loved one dies, leaving a temporary, empty place.
- C. Usually there is a person who comes into the home to check on the terminally ill and to help with medication application and advice, and the caregiver should take full advantage of this. Because of the specialized needs of the individual, it is often difficult to have a friend just "sit" for awhile so the caregiver can get her hair done or the car repaired.
- D. Although it is short-term (comparatively), there is, nonetheless, a difficult adjustment period and perhaps depression at the end when the loved one dies and the fervent care and activity stop. There is a physical and emotional adjustment afterward which is very similar to those who were long-term caregivers.
- E. Normally, when you take someone into your home to be cared for, the person isn't too bad at first, but gets increasingly worse physically and/or mentally over a period of weeks, months, or years. With this short-term, terminally ill loved one, it may start out difficult and stay difficult the whole time.

## ARE YOU ABLE TO BE A CAREGIVER?

- I. **Determine The Lord's Mind In The Matter** This is the most important thing. Don't proceed any further until this is determined.
  
- II. **Evaluation Of Your Own Family's Situation**
  - A. Physical Room – Do the kids double-up in their rooms; does the loved one need private quarters (private bathroom, bedroom, sitting-room area)?
  - B. Divided Attention – is your situation such that the children and spouse can participate willingly, or will they add to the stress when expected to participate in loved one's care or to share a parent's attention with the loved one?
  - C. Financial Considerations – Does your loved one have financial resources of their own, or are they dependent on you and your siblings financially?
    1. If so, make arrangements with siblings and stress the importance of their being faithful. At least they aren't having the responsibility of caring for him/her full-time, they are contributing only money, not time, energy, and other resources. Keep records of contributions from them in a ledger for future reference.
    2. If the loved one has the financial ability, it is expected that the loved one contribute to the running of the household whether or not his help is actually needed.
    3. The woman of the home may find herself using more "ready made" or "quick" foods because she is lacking in time due to her additional responsibility to the loved one; things will cost more that way, but time is at a premium.
    4. Hiring someone to occasionally come and sit with loved one will add up financially.
    5. Additional trips in the car to doctors and treatment centers become expensive, especially if you need to pay a babysitter for your kids while you tend to the loved one.
    6. The payment for additional expenses should come from the loved one if the money is available; if you don't have this arrangement made before hand, it will be awkward to ask for help later. Also, if you just keep quiet and take it out of your own "pocket," it'll be another stress, this time financially, on your family. Also, your paying all the loved one's expenses is reserving his/her money, but for what? If you have siblings, it will be divided up among all of you,



so all you have done is use your own money to protect your siblings' inheritance, while they may or may not be contributing to the loved one's care. Is this fair to your own family? Is it being a good steward of your financial resources?

**III. Emotional Considerations**

- A. Keep in mind that the "honeymoon" period may last a day or a week, a month or a year, but it will wear off as the loved one becomes more "at home."
- B. The initial "We are doing what is right in God's eyes" attitude may begin to weaken as the body gets tired and the nerves are stretched.
- C. No one in the family will have as much time for themselves (or for each other) as they once did. Vacations or weekends camping are a thing you put on hold "for a more advantageous time." Even getting to your son's baseball game may be a problem sometimes.
- D. A couple may find themselves "separated" in that one stays home with the loved one while the other takes the kids somewhere. Guard against this becoming a problem.

**IV. Consideration of Other Close Relatives**

- A. If you are going to be caring for a parent, you need to discuss things with your siblings, if any, and anyone else who is involved in their care who might have questions. Don't be overly concerned about suggestions or statements made by those not directly involved in the caregiving process. You can't please everyone, but don't scorn good, solid advice either.
- B. Keep in mind that the principal caregiver, the one on whom the physical care resides, gets first consideration. The others are support and assistance, and the siblings having to "go out of their way" time-wise or distance-wise isn't to be considered a problem as long as you have been reasonable in your expectations.
- C. Don't feel obligated to meet everyone's expectations—you'll burn out rapidly; and always guard against displaying self pity for the work you are called to perform. This is especially important to your testimony during difficult times.

## WHO WILL STEP IN?

You have become the principle caregiver. You have accepted the responsibility and intend to follow it through.

But what if you can't? What if you get the big, bad flu expected this year? What if you need surgery and will be hospitalized for a week with an additional six weeks of recuperation? What if one of your own children needs your undivided attention in a crisis in his life?

You need back-up arrangements in place and ready to go, hoping you never need them. Prepare informative listings for your own use or for someone else's use if you are incapacitated. It will help to keep your heart and mind at rest, and it will keep your loved one in as familiar a setting as possible. (Note: It is a good idea to have a similar list about everyone in your household, no matter their age or physical condition.)

### I. Medical Care Information List

This list should contain all pertinent information about your loved ones medical condition, needs, and drugs.

- A. Phone numbers of emergency medical care
- B. Medications
  1. List all the medications your loved one takes (even over the counter items)
    - a. Where the drugs are stored
    - b. The drug names and milligrams or whatever applies
    - c. The dosages and frequency of administration.
  2. Put an extra copy of the drug information with this list so the substitute can take the information with them to a doctor or hospital and still have this for homecare.
- C. Doctor's name, phone, office hours
- D. Sleep problems or schedule
- E. Allergies/sensitivities
- F. Medical history in case loved one has to be hospitalized by someone other than his normal physician.
- G. Names, hours, phone numbers, and contact names of any assisted care organization you use even occasionally. Could be day care, weekend care, or long-term care facility you suggest if you will not be able to return as caregiver.
- H. Food: strong likes and dislikes—Sometimes there are foods that your loved one may like very much and which can be used to entice him to eat if he is on "strike"

On the other hand, a substitute would want to avoid the stress on her and on your loved one of insisting he eat something he'd rather not eat. It's a temporary thing; as long as there is enough nutrition to get by on in an emergency.

Some elderly or infirm must have food strained or pureed and even have a thickener added to the puree sometimes. Where is everything the substitute needs to do this?

**III. Legal Matters**

- A. A notarized copy of the loved one's living will
- B. Information as to location of loved one's will and who can retrieve it if it is in a safe-deposit box—should be more than just you.
- C. Information about who has power of attorney in legal matters in your absence—always have a pre-arranged back-up for this too.
- D. Information about who has power of attorney in medical matters in your absence—always have a pre-arranged back-up for this too.

**IV. Phone numbers of family to be contacted in case of an emergency for you or the loved one. Should contain their names, relationships, work phone numbers, home phone numbers, addresses, and in what instances they should be contacted.**

**V. Things a substitute can do to “entertain” or occupy your loved one**

- A. Negatives: Problem areas to avoid discussing as they result in mental disturbances needlessly. Activities or subjects that you know aggravate your loved one and should therefore be avoided.
- B. Good areas for a substitute to delve into to fill the time: simple table games, things to discuss, photo albums to peruse with loved one. Use your experience with your loved one to compile this list, and be creative.

**VI. A list of people on whom the substitute can rely for help**

- A. Should be people with whom you have discussed this possibility and asked permission to put them on the list
- B. Include the name and contact information for your elder and/or deacon. That individual will attempt to organize some of the help needed to get you through the crisis.
- C. Should have names, addresses, phone numbers for work and home, work hours, any specialty for which they could be called (spiritual help, food help, “adult sitting” for short while to relieve the substitute, nursing care, etc.).

## **EVANGELISTIC AND PURPOSEFUL CAREGIVING**

As a caregiver, you should keep in mind that if your loved one isn't saved, or if you are not sure they are saved, that your care for him may give you many, many opportunities to encourage your loved one to accept the Lord. Do not put this off until "a better time," because your loved one's mind may begin to decline or his mind may instantly become faulty due to a stroke or something like that, and you could be left without further opportunities.

If your loved one is saved, then you can use the otherwise idle times as opportunities to use Scripture to lift up her spirits and redirect her thoughts from herself to the Lord. Helping your loved one to feel useful and needed will go a long way in stabilizing her mental attitude toward life in general. Her mind will not be so inclined to wander into areas where it shouldn't go.

Depending on your loved one's mental abilities, you can encourage her to use her remaining time to pray for others. You can even provide prayer sheets and a little book for her to keep track of those for whom she has prayed. Provide opportunity for her to follow up (phone, mail, at church) on prayer requests and make notes of answered prayer, which will encourage her in her own circumstances too.

You can encourage your loved one to have a card or telephone ministry where he can encourage others with notes and quick phone calls, and this, too, will encourage him, because he will not see himself as being useless, and he will be encouraging others in the process. Buy note cards or greeting cards on sale, and don't forget a supply of stamps!

Most churches probably have a ministry or two that needs to have tracts or other pamphlets stamped with the church name, address, and phone number. Find out who is in charge of this work, and offer your loved one's services.

These are just a few possibilities to help your mind get started on discovering what is available in your church and community that will encourage your loved one.

## IS IT REALLY ROLE REVERSAL?

*Honor thy father and thy mother, as Jehovah thy God commanded thee; that thy days may be long, and that it may go well with thee, in the land which Jehovah thy God giveth thee.*

*Deut 5:16 NASB*

We are commanded to honor our fathers and our mothers, but most of us are unsure about what everyday things we should do to fulfill this commandment. The commandment does not tell us that when our parents are aged and need our help that we are to become parents to our parents. It says to *honor* them. You say, “What’s the difference?”

Those who have children know what it is to parent a child—you teach, discipline, and instruct them with the goal bringing their growth and maturity into a godly lifestyle in the future.

With our parents it is different. There are things that have happened during our childhood and growing up years that have put “roadblocks” between some of us and our parents. If we are holding against our parents any grudges or bad attitudes about our growing up years, we will not be able to honor them properly nor be completely thorough our caregiving until we scripturally resolve those issues.

We find ourselves frustrated with the caregiver role, not realizing that we are frustrated because our parents aren’t the guiding lights in our lives that they once were. Much of what our parents used to be is now gone; they are no longer the strong role models that they once were. We have had to assume that role and take over and direct much of their daily lives—*it doesn’t “feel” natural.*

So, to say that your roles are reversed isn’t really a true statement. You have not become a parent to your parents. It would be better to consider this ministry to aging parents as a God-given privilege and responsibility. To do it as unto the Lord is to find joy and stability through the difficult times and to have a peaceful parting when your loved one goes to be with the Lord, knowing that you have done all in your power to fulfill the commandment to *Honor thy father and thy mother.*

## **EMBARRASSMENT & INTIMIDATION**

### ***Taking Your Loved One Out Into Public***

#### ***Negatives***

- You feel like you and your loved one are on display.
- They put things in your cart that you have to take back out—maybe 20 boxes of Cream of Wheat.
- They are wheel-chair dependent, and you have them as well as groceries to care for.
- They like to greet strangers like long-lost friends.
- They drop things, break things, and you feel like you need to pay for it.
- They get irritated or angry when they can't find what they want. They think the store is hiding things from them. The things aren't "where they were yesterday." Of course, they've never been in that store before or not for a long, long while anyway.
- Maybe you aren't feeling well yourself that day, and you are losing your patience, so you take them home and need to return later to do your shopping—but they have had their trip to the store, a habit deeply ingrained in many people.

#### ***Positives***

- Taking a loved one with you and dividing your time well is showing your community that there can be success in caregiving—even if you have to go back alone later when someone else can "adult sit" and finish your shopping.
- It shows the community that there is a place for your loved one, regardless of a disability, illness, or deformity.
- It is a lesson to those who observe us that many of us have deformities or disabilities of one kind or another; some are just more apparent than others.
- It is a testimony to the community of your Lord's ability to minister grace to you in such difficult circumstances.
- It is a living example of "visiting the widows and the fatherless in their affliction" for the world to see that the elderly or infirm are not to just be tossed aside.

**THE TEN ABSOLUTES**  
**(Talking To People With Memory Disorders)**

**Never ARGUE, instead AGREE**

**Never REASON, instead DIVERT**

**Never SHAME, instead DISTRACT**

**Never LECTURE, instead REASSURE**

**Never say REMEMBER, instead REMINISCE**

**Never say I TOLD YOU, instead REPEAT**

**Never say YOU CAN'T,  
instead say DO WHAT YOU CAN**

**Never COMMAND, or DEMAND,  
instead ASK or MODEL**

**Never CONDESCEND,  
instead ENCOURAGE and PRAISE**

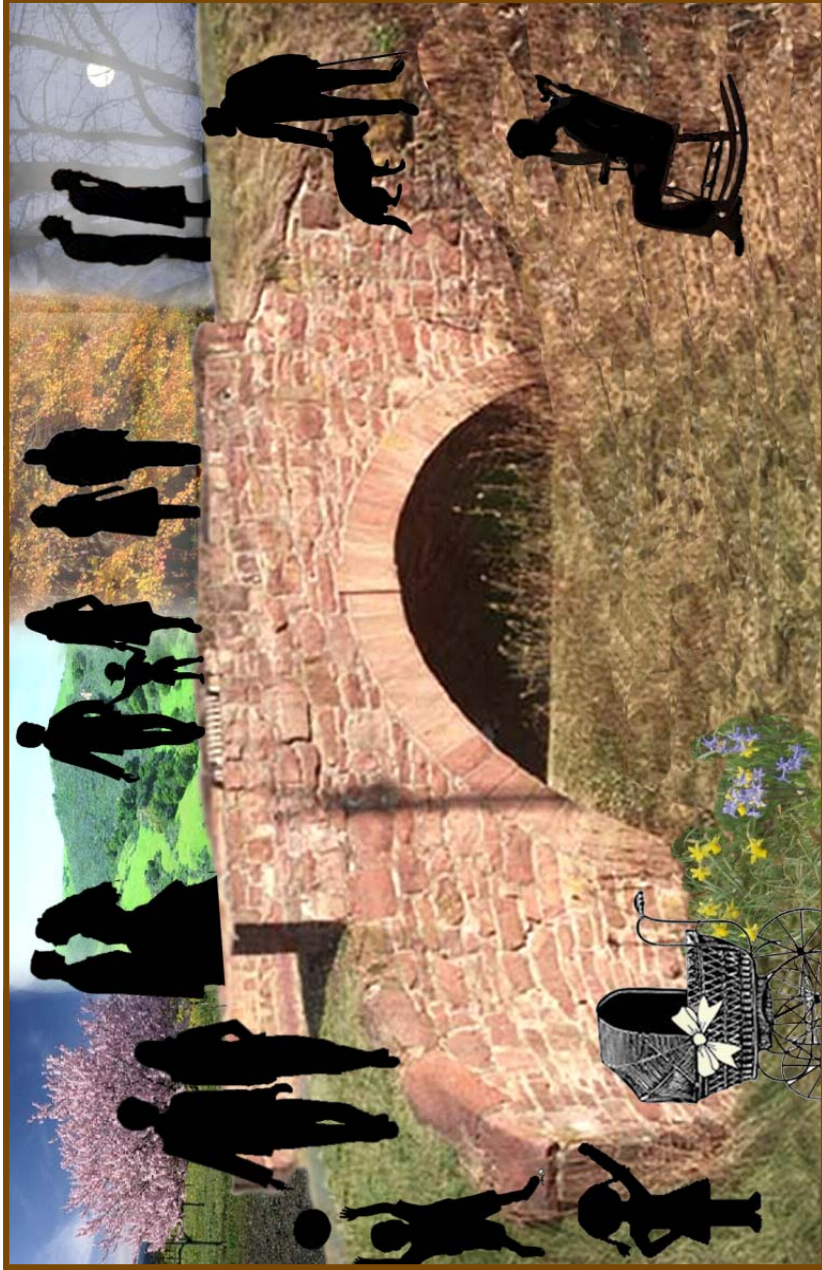
**Never FORCE, instead REINFORCE**

From the book  
"Caring for People with Alzheimer's Disease:  
A Manual for Facility Staff" by Lisa Gwyther, 2001.

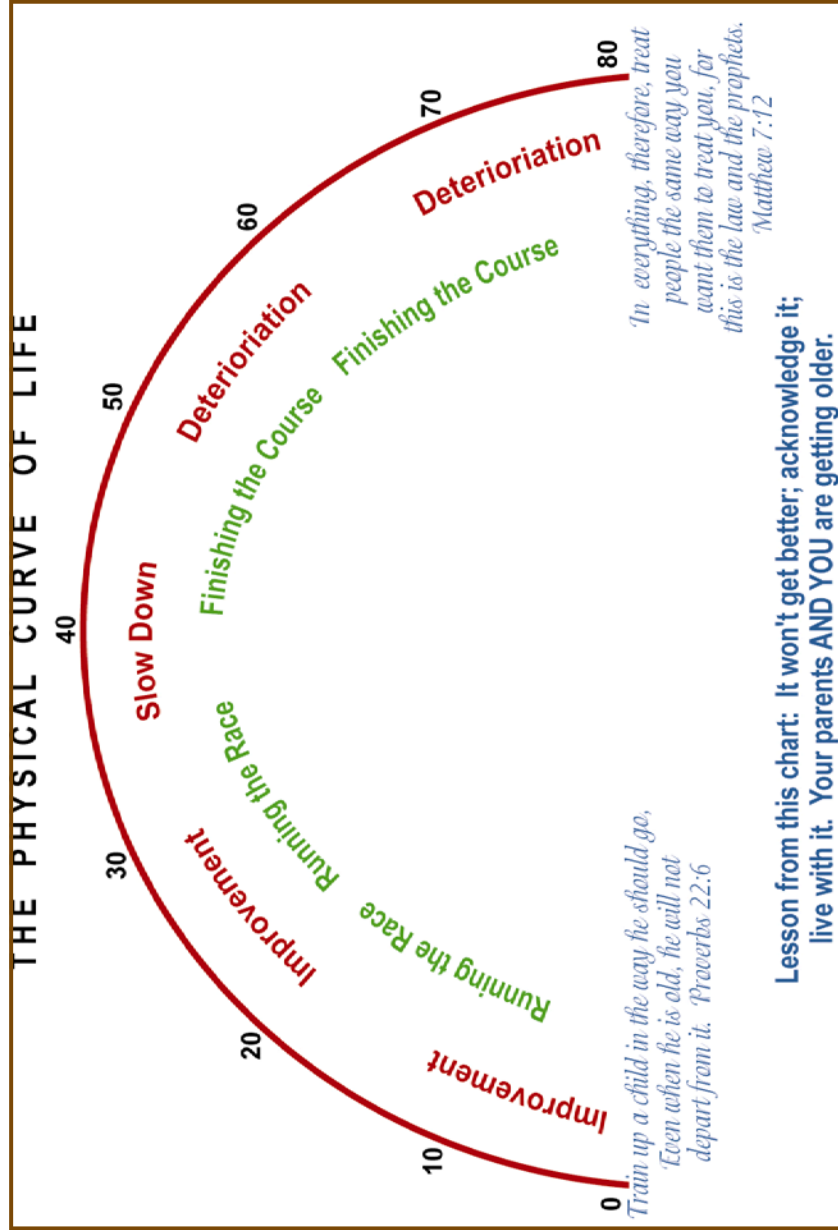
## **SO WHAT DOES ALL THIS MEAN TO YOU AND TO ME?**

Most likely you will either be a caregiver or be cared for before you die. It is important, as a Christian, to pre-determine your reaction to the need to become a caregiver or, for that matter, a care recipient. Know what God expects of you. Do not make a decision without the knowledge of what God thinks and requires of His people.

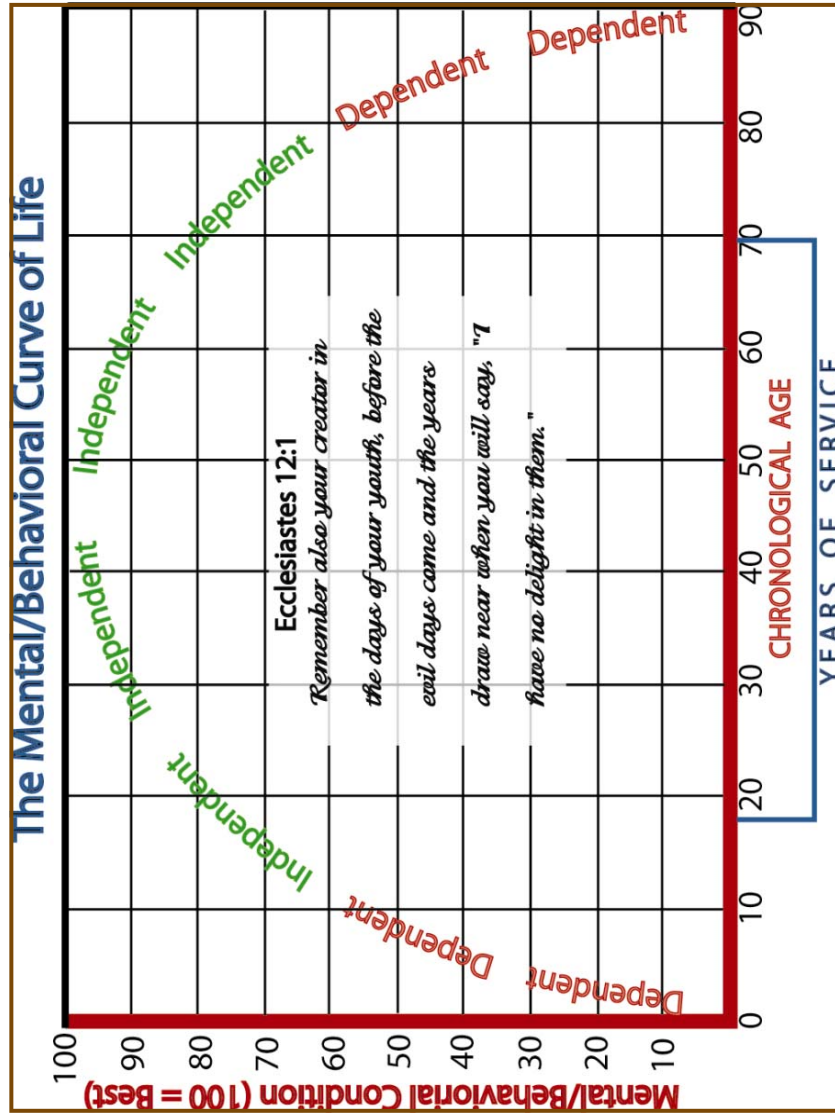




# ONCE AN ADULT—TWICE A CHILD



# ONCE AN ADULT—TWICE A CHILD



<b>Observed Behavior</b>	<b>Yes</b>	<b>No</b>	<b>Un- sure</b>	<b>High Concern</b>
Does he repeat himself or ask the same questions over and over?				
Is he more forgetful, such as missing appointments or forgetting conversations?				
Does he lose things often, such as keys, purse, important papers, or money?				
Does he need reminders to do things like chores, shopping, or taking medicine?				
Does he lose track of thoughts in a conversation or have trouble remembering words?				
Does he seem sad, down in the dumps, or cry more often than in the past?				
Has he started having trouble doing math, paying bills, or keeping a checkbook?				
Does he seem less interested in family activities, social activities, or hobbies?				
Have you noticed changes in personal hygiene, dressing, bathing, or using the bathroom?				

<b>Observed Behavior</b>	<b>Yes</b>	<b>No</b>	<b>Un- sure</b>	<b>High Concern</b>
Has he started seeing, hearing, or believing things that are not real?				
Has he had a personality change, such as saying hurtful things or acting inappropriately?				
Are you concerned about his driving, or has he stopped driving?				
Are you concerned about his judgment, such as trusting strangers, recklessly spending money, or making decisions that are not consistent with his previous behavior?				
Does he have difficulty operating simple household appliances, for example, oven, thermostat, remote control, microwave, or telephone?				
Does he become upset, anxious, or nervous, especially when separated from family?				
Does he sometimes seem confused by time (e.g. confusing night and day or frequently misjudging how much time has elapsed)?				
Has he become irritable, angry, agitated, or suspicious?				

**QUOTE FROM GEORGE PUCHTA'S**

**THE CAREGIVER**  
**RESOURCE GUIDE**

*Page 11, paragraph 2*

*Making decisions while in a  
crisis can be challenging.  
Emotions can confuse  
the issues, and  
options are seldom given  
the consideration they merit.*

**BE SURE EVERYONE'S LEGAL PAPERWORK IS IN ORDER  
(including your own)!**

You should plan ahead, especially in financial and legal matters. Be sure that you and your loved ones (plural—not just a sick loved one) have prepared legal papers such as a will, medical power of attorney, general power of attorney, and a living will. Do not wait until your loved one is hospitalized to draft a living will. It cannot be over stated how important it is to do this before a stroke or dementia takes over mental facilities.

Although legal counsel is preferred, there are software packages that will do this job, but be sure to have the documents properly witnessed and notarized. It's a good idea to give a notarized copy of the living will to the doctor of your loved one, put copies of it and of all other pertinent documents in a safe deposit box, and give copies to each close relative who would be involved in decision making (so you can engage them in discussion *now* instead of when stress is high in an emergency).

Have an accountant assist you, if necessary, with organizing financial planning for your loved one.

While your loved one is still mentally and physically (and therefore legally) able to sign legal paperwork, *sit her down and discuss everything from finances to funeral arrangements*. These are not pleasant topics, but they will assure your loved one that you want to carry out their wishes, and this results in a peace of mind when a crisis occurs.

## WHEN & WHERE TO GET HELP

The following information is adapted from *When Someone You Love Needs Nursing Home, Assisted Living, or In-Home Care*, by Robert F. Bornstein and Mary A. Languirand, New Market Press, New York, Copyright 2001. ISBN 1-55704-534-8.

### SIGNS OF DECLINE

- 1) Environment is in more disarray than normal.
- 2) You may find past-due notices/unanswered mail just lying around.
- 3) They may begin to do something, forget they were doing it, and just leave it unfinished (like cooking soup on the stove).

When the elderly seem unable to do for themselves, the reason normally falls into one of three categories: 1) injury (recovering), 2) illness (diabetes or glaucoma are first suspects in the elderly), or 3) some form of dementia.

It is not so much the presence of their illness that determines if an elderly person can live alone—it is the *extent to which* his/her illness causes decrease in the skills they need to take care of themselves. Watch for these signs and be prepared to take positive action—don't be taken by surprise!

### CAUSES OF FUNCTIONAL DECLINE

Why would a person lose the ability to do things like cooking, communicating, or managing finances? Why would a normally clean person just stop keeping herself clean and/or allow her teeth to begin rotting away? Lack of attention in these and other areas normally can be attributed to one or more of the following:

**Changes in Physical Abilities**—Loss of strength, decrease in stamina, imbalance, and/or muscle control.

**Changes in Perception**—

- Vision Change/Loss
- Decrease in Hearing
- Diminished Smell and Taste
- Decrease in Sensitivity to Touch



***Changes in Thinking Patterns***—Our brain still functions in the same way; however, 1) the speed with which we handle **information** declines, especially where a rapid response is required, and 2) we lose the ability to divide our attention and carry out two or more tasks simultaneously (like holding a conversation while driving).

***Psychological Changes***—The way we once coped with things is no longer effective. A person's personality becomes "magnified," such as a person who has always needed to be with other people all the time can become so dependent that they won't "let go." Many senior adults experience depression, and this can lead to their inability to function normally.

### **DISTINGUISHING TEMPORARY DECLINE FROM LONG-TERM DETERIORATION**

Just because your elderly loved one forgets something one time does not mean that they are declining. You need to watch closely and see if there is repetition of this behavior to determine if he is really seriously declining and needs professional help.

If he continues to repeat unusual behaviors, you should do the following:

Have his/her doctor check to see if there is an illness causing the problem, as we have already discussed. If there is, begin treatment and see if the repetition continues.

If his problem is due to a medical condition that has no effective treatment, the doctor may be able to at least indicate the course of the illness, what you can be expecting, and even give you a tentative time frame. Don't be afraid to get information from the Internet and the multitude of eldercare books now available.

If the behavior in question is not from a medical problem, you will need to look for a psychological factor and possible professional intervention.

## **MEDICARE RESOURCES**

<http://www.caregiving.org/medicare/index.htm>

## **ALZHEIMERS WEBSITES**

**www.alz.org**—This is the main web page for the National Alzheimer’s Association. Information on the disease, caregiving, research, and the Alzheimer’s Association is available.

[www.alzheimers.org](http://www.alzheimers.org)—This is the web site for ADEAR, the Alzheimer’s Disease and Referral Center, part of the National Institute on Aging. It contains links to information, referrals, research, publications, and Alzheimer’s centers.

## **WEBSITES ABOUT CAREGIVING**

Eldercare is a big issue in America today. If you do a Google search, you will find a multitude of information. In our search of many of them, we ran into absolutely no problems except for the occasional differing philosophy between the world’s care and the Christian care in which we are interested. Be prepared for these sites, but don’t discount them entirely, as many do contain good, helpful information and links to other sites.

Following are a few examples of sites we used. We did not search every inch of them, looking for problems. We looked for the information we needed, found it, and moved on.

**FAMILY CAREGIVER ALLIANCE** 1-415-434-3388  
<http://www.caregiver.org/caregiver/jsp/home.jsp>

**ELDERWEB** 1-309-451-3319 [www.elderweb.com](http://www.elderweb.com)

**ELDERCARE ONLINE**— “The Internet community of eldercaregivers”  
<http://www.ec-online.net>

**ELDERCARE SEARCH (a government site)**  
<http://www.eldercare.gov/Eldercare/Public/Home.asp>

**CARE GUIDE**—<http://www.careguideathome.com>

## PUBLICATIONS YOU MAY CONSIDER

(There are no Publications with which we can align ourselves officially as a church; however, there are a few that do contain very helpful information as well as links and/or publication information, but it your responsibility to weigh the advice in light of Scripture.)

### Biblical Caregiving Principles and The Caregiver Resource Guide

#### 2nd Edition

Scriptural Guidance on caring for aging or ill family members. Published by Aging America Resources, Inc. Lots of good, helpful information.

### A Complete Guide to Caring for Aging Loved Ones

The Official Book of The Focus on the Family Physicians Resource Council

ISBN 0842335889 Pub Doug Knox " Whether readers are preparing for the responsibility or are in the midst of caring for an aging loved one, this complete guide from Focus on the Family provides practical information plus a spiritual and emotional life-line. Caregivers and potential caregivers will learn what the Bible teaches about care-giving and receive the keys to effectively fulfill that role." (From BAM web site.)



### A Dignified Life: The Best Friends Approach to Alzheimer's Care/A Guide for Family Caregivers

Virginia Bell, M.S.W. & David Troxel, M.P.H.

ISBN 075730060X Publisher Health Communications Incorporated "... shows you how to meet the daily challenges of caring for someone with dementia. You will gain confidence as you develop the 'knack' for responding to any situation you might face with your loved one." (From back cover of book.)



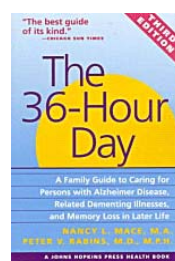
### The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer Disease, Related Dementing Illnesses, and Memory Loss in Later Life

Nancy L. Mace; Peter V. Rabins; Paul R. McHugh

ISBN 0801861497; Johns Hopkins University Press

The purpose is to enlighten the families of Alzheimer's patients as well as patients with other types of dementias, make them understand the patient and disease better, ease and improve their caregiving, inform them about expected consequences of the disease and suggest ways to manage the difficulties.

(Above comments from Barnes and Noble web site.)



The following Devotional excerpt is used by permission of Dr. Warren Vanhetloo and was written after his wife went home to be with the Lord following years of needing his caregiving.

Dec. 26, 2005

...In recent weeks many have commended me for feeding my wife three meals a day through her difficult years. Though they mean it as a compliment, my retort was often, "I haven't done anything more than any man should do." Doing what I ought to do is not special; that should be ordinary. Hundreds have prayed for us. That's an act of special kindness, not an obligation. That deserves commendation.

**Doing what we can "in sickness and in health" is not going a second mile; it's merely doing what God wants us to do, what we once promised to do.** A few have commented, "Yes, but so few men do it today." Well, I do know of good men who have done it. It's been a pleasure to do it. If I could do it over, I would endeavor to be even more tender, more considerate, more faithful. Gerry endured so much so long so ungrudgingly - what God was accomplishing through her suffering, we may not know till after the final judgment. What we do know is that she willingly, faithfully submitted to what God permitted to come upon her.

Dr. Warren Vanhetloo is a retired grandfather and former preacher-professor at Calvary Baptist Theological Seminary. He has served as an adjunct instructor and Professor Emeritus, 1998-present.

## CAREGIVING

written by Jo Bradley

Many people have a personality suited to caregiving—the giver, the rescuer, the nurturer. Some enjoy fulfilling a need or honoring a duty. These types of people often become caregivers by profession or in the home. Sometimes we become caregivers simply because someone we love needs to be cared for, so we do it. Ultimately, we make the details of life work for someone else.

I first learned to be a caregiver in nursing school, then as a young nurse at age 20. After that, I became a wife and mother, both caregiving roles. While my children were still small, I helped be a caregiver to my mother-in-law. A few years later, it was my parents—Pa after a stroke at home for 16 months and then in a nursing home another 18 months, and Mother in assisted living for 10 years with dementia. My parents and in-laws are gone now, and the kids are grown, but a valuable collection of experiences remains alive for me.

At some point you will likely become a caregiver or be close to someone who is. It may be for children, a loved one in a hospital or nursing home, someone disabled, a parent, a grandparent, or someone mentally ill. Sometimes caregiving duties are doubled up for those in the “sandwich generation” like me, where we are caring for children and aging, disabled parents. Or, as people live longer, a child in his 70s may be caring for a mom in her 90s. You might even be the recipient of caregiving.

As studies show, caregiving provides great reward, satisfaction, and sense of accomplishment, but there is also mental and physical strain. The greatest reward comes if companionship and affection is enjoyed with the one being cared for. The greatest physical strain comes when the caregiver has his or her own health problems and is really not physically able to do the job they need to do. The greatest mental strain comes when the one cared for has behavior problems and is uncooperative, which takes a toll on the caregiver.

For a person in need, having a good caregiver is the key to their quality of life. To have someone familiar to depend on makes all the difference in the world. In looking back with my parents, the year my dad was in our home was one of the best years of my adult life. He looked at me with so much love in his eyes, and even though he often called me the wrong name, I would do it again in a heartbeat. And the visits with my mom in the last two years of her life were some of the sweetest times I ever had with her. She didn't scold me, and she was always happy to see me.

Typically, women are more likely to be caregivers. In a family, the job is often left to one person even if there are several who could help. Parents feel better if their disabled child can be cared for within the family. Caregivers who receive community support and take scheduled breaks are more likely to be able to continue. Leisure time is necessary for health and recharging energy, but caregivers often feel guilty about taking time out. Caregivers who feel stressed about the situation are less likely to take care of their own health needs.

Caregivers must learn to cope with the hardships so they can enjoy the rewards. Here are a few ideas to help:

- ♥ Have a list of help you need so when someone asks, "What can I do?" you can be specific.
- ♥ Plan regular breaks to recharge.
- ♥ Get regular health check-ups.
- ♥ Go outside.
- ♥ Play your favorite music.
- ♥ Look through picture books.
- ♥ Find something to laugh about, even if it's silly.
- ♥ Meditate and pray.
- ♥ Ask for help and be specific.
- ♥ Call a friend.
- ♥ Do some type of physical activity.
- ♥ Eat good food regularly.

**Article is used by permission from the October 2006 issue of GreerNow Magazine.**

## PAM FREEMAN'S TESTIMONY

Approximately 18 years ago my father-in-law was dying of cancer, and my mother-in-law was struggling through the early stages of Alzheimer's disease. We lived an ocean away from them, serving the Lord in a ministry. We had to ask ourselves, "What should we do?" We found the answer in 1 Timothy 5:4.

*"if any widow has children or grandchildren, they must first learn to practice piety in regard to their own family and to make some return to their parents; for this is acceptable in the sight of God."*

My husband was their only child, so our duty was very clear. For most people the responsibility to care for their parents would not necessitate having to leave a ministry, but our ministry circumstances on a foreign field, combined with the nature of my mother-in-law's illness, left us with only one viable option.

Though it was easy to see our obligation, it was difficult to fulfill it. My husband was 31 years old when we took on the responsibility of caring for his parents. We had served the Lord on the foreign field for six years. While on one hand we considered it a privilege to care for his parents and wanted to do so, on the other hand our hearts broke to leave a ministry that we felt had only just begun. Months after we returned, Ed's father passed away. Today when I look back on those 14 years that we cared for Mom I can honestly say that in my mind the difficult times are far overshadowed by God's goodness and faithfulness to her and to us. Because of those times that for many people can feel like a wilderness experience, we can share with you a few of the ways that we saw how the Lord "provided for them (us) in the wilderness {and} they (we) were not in want."

**The provision of material needs.** God quickly provided for our material needs. Having studied only for the ministry, my husband was not prepared for secular work, but the Lord led Ed to pursue work in a field that for these past 15 years has not only provided well for our family but has given him skills that he has been able to use in the Lord's service. The Lord provided us a home that allowed a measure of privacy to my mother-in-law and us yet enabled us to care for her growing needs.

**The provision of protection.** It is only after you live with an Alzheimer's patient, especially one who has their days and nights turned around, that you realize the many things that can and often do happen. Although Mom had her share of memorable accidents, we are thankful for the Lord protecting her, especially since we could not be with her at all times.

Even when accidents occurred we could see His protecting hand as they could have been so much worse.

**The provision of comfort and encouragement.** Often when my mother-in-law was having a difficult day or felt lonely, a Christian friend would come by for a visit or take her out to lunch or to her home for a visit. Of course, Mom would soon forget, but at the time it ministered to her and helped her through the day. Times such as those were a great encouragement to me because I knew they were evidence that the Lord saw Mom's need and prompted someone to call or do that act of kindness.

**The provision of wisdom, grace, and strength.** When Mom was diagnosed with Alzheimer's we had never even known someone with Alzheimer's disease, so there was much to learn as we cared for her. We also had to balance caring for her with caring for our very young children. My Mother-in-law was a sweet, unselfish, godly Christian, so in a sense caring for her was easy, but caring for someone suffering with Alzheimer's disease is not always easy. Being asked the same question literally hundreds of times, trying to communicate with someone who cannot retain what you have said for even one minute, or trying to reason with someone who is hallucinating can tax anyone. Many were the times that I felt overwhelmed, at times just because of my own failures. Those times drove me to my knees and after pouring my heart out to the Lord, a verse would always come to mind to clear my thoughts, and I would always feel comforted and encouraged by knowing He was in control and working out His purposes. When Mom finally went to live in a nursing home, I remember the struggle to keep going there, sometimes day after day. I would often sit in the parking lot to ask the Lord for the grace and strength to go in one more time, and it was always given me.

**The provision of everything pertaining to life and godliness.** The greatest comfort that we experienced during the years that we cared for Mom came from the fact that we knew that because of her faith in Christ for salvation that she was safe in His hands. No one could pluck her out of His hand nor could anything separate her from the love of God in Christ Jesus her Lord. We did not need to know why this had come upon her or us; we only needed to trust Him. I am not sure how the Lord used this experience in Mom's life, but I feel confident that her many prayers to Him and her unwavering faith in Him during those difficult days brought glory to Him. As for me, I know that He used the daily difficulties to show me areas where I needed to be changed. He also used it to teach me more of what He is like in His many attributes and character. Now as I remember those years, I remember them as years of God's gracious provision in our lives.



## CAROLYN BOLLING'S TESTIMONY

In 1999, Bob and I were working in a literature ministry in Indiana. We had been there for eight years. During that time my mother, who lives on the other side of Spartanburg, started having mini strokes. She is not saved and she had no one to take care of her. The Lord brought to our hearts the Scripture in John 19 of how the Lord Jesus cared for His mother as He was dying on the cross. He charged His disciple John to take care of His mother, and John took her home with him. So we knew the Lord was directing us to move back here to care for my mother. What we didn't know was that the Lord was going to open up a wonderful opportunity for Bob to work at BJU doing the same thing he was doing in the other ministry.

So we moved to Greenville. I started working part-time and driving to my mother's (a drive of one hour each way from our home to hers) two or three days a week to help her. It wasn't long before my blood pressure got out of control, and I could no longer keep up the pace. Since the Lord had brought us here to help my mother, we felt that caring for her should be the priority. I quit my job, and for the past eight years I have been going to my mother's several times a week. She has gotten much weaker and still does not know the Lord.

Lost people can be very hurtful and difficult. Through this the Lord is continually showing me the wickedness of my own heart. The Lord has shown me that honoring our parents is not dependent upon how they treat us, but it is a commandment of God. As my health has also gotten worse, I often come home at the end of a long day feeling overwhelmed and grieving over my sinful heart and wrong attitude. I continually cry out to the Lord for grace to be what I should be.

The Lord has spoken to my heart many times through Thomas Watson's book on the Ten Commandments:

*In speaking of parents, children must speak honorably. They ought to speak well of them, if they deserved well and in case a parent betrays weakness and indiscretion, the child should make the best of it and, by wise apologies, cover his parent's nakedness.*

*Honor is to be shown to parents by relieving their wants. Joseph cherished his father in his old age. It is but paying a just debt. Parents brought up children when they were young, and children ought to nourish parents when they are old. The young storks, by an instinct of nature, bring meat to the old ones, when by reason of age they are not able to fly.*

The Scriptures tell us to repay our parents, for this is good and acceptable before God. My mother worked hard in the cotton mills to provide for me when I was a child, so I am thankful for the opportunities to help her now. The Lord has been gracious in sparing her life for so long. She will soon be 84, and I am grateful for the time the Lord is giving me to be with her. The greatest burden of my heart is for her to be saved.

## THE FIFTH COMMANDMENT

By Beth Eubank

The fifth commandment exhorts believers to honor their parents. It is my desire to honor my mother by caring for her in her last days. My dear mother has always been a giver. She loves and prays for her children, grandchildren, and great grandchildren unconditionally. She has always been strong and independent, yet gentle and kind. She has sacrificed so that her children could benefit. She loves the Lord and instructed her children in His ways for as long as I can remember (Proverbs 22:6). It is my desire and privilege to serve the Lord through honoring and caring for her (1 Timothy 5:4).

Mom has lived with us for over three years. She has COPD as well as severe osteoporosis. As her health has steadily declined, her physical needs have escalated, but the Lord has been faithful (Psalm 25:10).

He has been faithful by giving me the extra strength needed to juggle a job, family, and her care. When it became necessary for me to have more hours to devote to mom, the Lord made it possible for me to take a lighter load at work. The university graciously allowed me to take a reduced load, enabling me more time to devote to her needs (Psalm 91:11-16).

He has been faithful by giving me a wonderful family. My husband helps and supports me as I care for mom. Our son spends time with her and stays with her a good bit of time when I am working. Our daughter willingly and unselfishly brings our grandson over every day. These daily encounters with family, especially her great grandson, Peter, have been a tremendous blessing to her. My brothers, sister, and aunt have also been very supportive and help as much as they can by phone calls and occasional visits.

He has been faithful by keeping us (Titus 3:1-8; John 10:27-29). It is a great comfort to know that we rest in the finished work of Jesus Christ. It is also a great comfort to know that His timing is perfect and that mom is a believer and will one day be in heaven with no more pain or cares. We are so grateful for Dr. Saito and her tender ministry to mom. While mom struggles with pain and breathing difficulties, the extra time that she has had on earth has given her the opportunity to see 12 of her 13 great grandchildren! She will hopefully see number 13 next week! God is faithful and good, and I thank Him for His wonderful works to the children of man (Psalm 107:1, 8, 9, 13, 15, 21, 31).

## NURSING HOME CONSIDERATIONS

By Janie McCauley

The caregiver's own situation is a significant part of the decision as to when to "let go" and let someone else, like a nursing home, provide some of the care for your loved one. If she has to work (for example, to retain her own medical insurance or retirement fund), she can consider hiring an in-home worker to stay with her parent while she's away. But this kind of help usually costs \$15 per hour, and it includes no medical supplies or food. It can easily cost more than nursing home care.

I had Comfort Keepers stay in my mother's home with her when it became apparent she needed help, and I was on the field with the Musical Mission Team. The cost was \$11,000 a month. These women did not cook for Mom. They gave her strawberry shortcake, chocolate, and other junk foods and then kept her asleep on pills. One young worker had her boyfriend in the home with her and Mom overnight. These workers would not take Mom to doctors' appointments. They spent their time reading books, watching television, and sleeping.

So I flew to Chattanooga from Europe. It was immediately apparent to me that Mom's health had deteriorated greatly in two months. I took her to her doctor. She went immediately to the hospital, where she stayed for months as the doctors attempted to diagnose her problems and find the right medicines to treat them. Mom, in fact, never went home again. After two months in the hospital, she was sent to a nearby home with skilled nursing care.

After some months I took Mom to the most highly recommended neurologist in the region. He ran brain scans and tested Mom's mental abilities. He diagnosed a kind of mental debility called dementia with Lewy bodies. Unlike Alzheimer's, this dementia can actually be imaged on a CAT scan. Mom remained quite smart. She could spell, do simple math problems, recite the date on the calendar, and give basic facts about politics and current events. But she had no larger sense of things, no accurate memories of her life, and no common sense. She was childlike and argumentative. She had elaborate hallucinations.

This neurologist advised me to move Mom from Chattanooga to Greenville, put her in a good skilled nursing home, and visit her daily to be certain that she was being well cared for. He said, "She needs you nearby during the last two years of her life."

I think you must rely on doctors to determine if there's any possibility of keeping a parent in your own home. Mom was immobile and rigid from Parkinson's disease. I could not have cared for her and administered her medications at home. She saw a doctor almost daily.

The choosing of which nursing home to use was a choice I did not make quickly. I visited several homes and revisited the ones I thought might be good. I talked with nurses and the financial manager in each home under consideration. I also talked to family members who had loved ones in these homes. I read online reviews and ratings.

While I looked for the right home in Greenville, Mom stayed in the home she had been taken to from the hospital in Chattanooga. I drove there almost every weekend to check up on her care and visit her. After a couple of months, I began spending every Saturday disposing of and packing up the essentials and items that carried memories in preparation for selling Mom's house. This process took five months.

By the time I had the house in Chattanooga ready to sell, I had found a good place for Mom here in Greenville. So we finally made the move some 7 months after her health breakdown.

Mom's adjustment to her nursing home was very difficult for her and for us. Her greatest fear in life had been that some day she would be placed in a nursing home. She had to give up her privacy, almost all of her possessions, her life's savings, her independence, and any control she might have had over her own life. Her first roommate howled out obscenities all night. The nurse's aides were smart alecky, insulting, and demeaning. I stayed with Mom all my non-working hours and all night for the first week. Then a stomach virus raged through her wing of the nursing home, and the patients were all quarantined. I could not see Mom for 10 days although I could call the nurses' station and have the phone taken to her. Meanwhile I was working on getting a room change for her. This initial adjustment was excruciating for us both. Mom would never fully adjust to her new life.

I did have to come to certain understandings with the nursing home staff concerning my mother's medical care. I studied and then signed a number of legal papers concerning her treatment and the "what-if's" should she require emergency care. In general, I did not want the staff to administer every new drug and treatment that came down the medical industry pike, but I did want her to be comfortable and emotionally stable.

The Lord led me to the facility where Merilee Mullinax is the nurse practitioner. I consulted her at every turn. She was not only very helpful; she was available to me via cell phone at any hour of the day or night.

I became a vital partner in my mother's care. In this particular home the caregiver sat down with key staff administrators at a conference about the patient every three months. These sessions were very helpful and professional. I could say anything I wished about Mom or the quality of care she was receiving. I did so in diplomatic fashion, however, trying to be positive about as many issues as I could be. I tried to make all my remarks thoughtful and temperate and to express my gratitude for the care Mom was receiving.

The discussions of medical care were professional and well-handled. The head nurse gave stats on Mom's state of health as well as her general outlook. These sessions were very reassuring.

I also had to ask the staff to change Mother's room 4 times. She was in 5 different rooms over her 20-month stay. The change can never be made quickly, and Mom was not patient about this. One of the most difficult periods was when she had a young black woman as a roommate. They squabbled horribly. Bill and I went in as referees almost every day. I was afraid to even think of asking for a change in this situation. I thought Mom might be thrown out of the facility for political incorrectness. But I finally found the words to say, and the staff members quickly agreed that the roommate had the nastiest temperament of anyone in the facility. They quickly made the room change.

On the whole, I worked hard to establish respectful relationships with the staff. Mom's approach was head-on conflict, and I feared that the aides would make her suffer because of her complaints and her general attitude toward them. Many of them were very childish themselves, and some were very lazy. They disappeared from the floor for hours. I tried to be nice

enough to them to compensate for Mom's attitude. Also my husband and I visited at least once daily, and we did some of the jobs the aides habitually left undone.

On the whole, we had more issues with individual nursing home workers—i.e., aides and nurses—than we did with the system itself.

Mom never really adjusted to nursing home life. She was frustrated and angry with the staff for their failure to respond to her needs in the way she wanted them to. She was lonely, having left behind her home, her extended family, her friends, her church.

She remained spiritually discouraged for the 20 months she was in the nursing home. When she had been a shut-in in Chattanooga, her pastor visited her weekly and brought tapes and church bulletins. In Greenville she had no church or pastor. Of course, Bill prayed with her, and we both read the Bible to her, but she longed for contact with more Christian people and for pastoral care.

The Lord helped with this need in two ways: After she had been in the home for about a year, two Mt. Calvary seniors couples began to visit her monthly or more often. She recognized them and longed for their visits. And a pastor from Brushy Creek Baptist Church was available for a weekly visit to have prayer with anyone in the home who wanted his shepherding. Mom appreciated his prayers with her.

I did have some emotional and spiritual struggles during this time. I was anxious about the financial pressures associated with expensive long-term care. Mom quickly spent all her savings. The transition to Medicaid was a long, complicated process, but once the change was made, Mom received, if anything, even better care than she'd had as a private pay customer. And we never had to tell her she'd run out of money. That would have been very humiliating for her. She had recurring nightmares about being in a poor house and hearing her wealthy brother mock her.

Twenty-four hour days were just too short for all the responsibilities I had to fulfill. Mom was very angry if I did not come early in the day and then again at night. Balancing all my responsibilities was very difficult. I desired to act with love and respect in all my dealings with Mom. I did not

want her to get the sense that she was a burden to Bill and me. At the same time we simply could not do everything as she wanted it done, nor be at the nursing home for the amount of time she wanted us there.

I often second-guessed myself about having moved her to Greenville. She often said that if she had stayed in Chattanooga, church friends and her siblings would have visited her daily. She was very lonely for them.

There were also many blessings during this twenty months. Bill grew even taller in my eyes. He was incredibly uplifting to Mom. He visited and helped every day. She especially appreciated his praying with her. He actually maintained better rapport with her than I did.

The two couples who visited occasionally from MCBC were a great encouragement.

I could see the Lord's merciful hand ruling over all these events. Mother never had to be sent to the hospital from the nursing home. If she had been, she would have lost her place at the home, and we'd have had to start all over again finding an appropriate place for her.

We had no difficult medical decisions to make at the end. Mother died in the night of a heart attack.

The Lord sustained me through a life-threatening illness that came on in the 13th month Mom was in Greenville. Her mind had declined to the point that my illness did not seem to take any toll on her health. Had she had all her faculties, she would have been hysterical about my coming down with cancer a second time. Instead she looked at me and said, "Well, I don't have cancer, but I have a lot more pain than you do!"

The Lord Himself proved sufficient to meet all our needs at this most difficult time of our lives.

## MY PRAYER

(by Jean Talbert)

Let me not die before I've done for Thee  
My earthly work, whatever it may be.  
Call me not hence with mission unfulfilled;  
Let me not leave my space of ground untilled.  
Impress this truth upon me—that not one  
Can do my portion that I leave undone;  
For each one in Thy vineyard hath a spot  
To labor on for life and weary not.  
Then give me strength all faithfully to toil,  
Converting barren earth to fruitful soil.  
I long to be an instrument of Thine,  
To bid men at Thy table, 'Come and dine.'  
To be the means one human soul to save  
From the dark terrors of a hopeless grave.  
Yet I want most a spirit of content,  
To work where e'er You wish  
my labor spent.  
Whether at home, or in a stranger clime,  
In days of joy or sorrow's sterner time,  
I want a spirit happy to be still  
Or by Thy power to do Thy holy will.  
Let me not die before I've done for Thee  
My earthly work, whatever it may be.

The amazing blessing of this poem is that Mrs. Jean Talbert, who recently went to be with the Lord, had Alzheimer's Disease for many years, yet she lingered on in a bed while those of her family cared for her as one would care for a little child. But our God does answer prayer, and she prayed that God would keep her alive until she had done for Him whatever her earthly work was, so this means she was still doing something for Him, even in her baby-like state and even though we may never know what that work was.