

Be a Helper

How to best assist clients caring for palliative loved ones

palliative care doctor once told me if I wanted to be a trusted advisor, I had to get to know Edith. When I asked who Edith was, she said, "Has your mom completed all the paperwork to be able to receive care at home?"

Over the past year, my mom's health had deteriorated, and she decided she would not go to any more emergency rooms or specialists' appointments. "Enough is enough," said my 85-year-old Irish mom. For those of you with Irish moms, you get it. This led us to have the difficult conversation with her family doctor about end-of-life options. The family doctor personally introduced us to the LHIN in-home palliative care doctor, who in turn set up our care team.

A couple of things I learned in December, among many others. First, when a person has a terminal illness, and is likely to pass away at home, there is a lot of red tape that can be avoided when the proper paperwork is completed should they in fact pass at home. This includes having a visible DNR (Do Not Resuscitate) at the home. If the ambulance is called, they must do their best to resuscitate even if there is one on record at the hospital. Second, and perhaps most importantly is the value of a family doctor who is current, compassionate, and connected within their own circle of influence who can put things into action quickly.

Let's go back to my question, who is Edith? Turns out Edith is not a who but a what. It stands for "expected death in the home," and is a simple form completed by the palliative care team, along with the patient. It clearly outlines which funeral home to call, and that the person is expected to die in their home due to a chronic/terminal illness. This eliminates the red tape if a person passes at home. In other words, it makes a very difficult time less difficult.

Advisors often struggle with being unique, looking for something that can set them apart from others. If you're dealing



with clients in the sandwich generation, there is help for caregivers of seniors. Providing information about what is available, not only in Ontario but in most other provinces, can set you apart, and more importantly, provide valuable information for people who wouldn't know where to begin.

As a licensed insurance professional, we learn very early on the importance of urging our clients to have an up-to-date will, POAs, and beneficiary designations on insurance policies and investments. I've come to realize we really should learn about the resources and services available to people who are chronically/terminally ill and their caregivers.

Jennifer Moir, owner of Age Well Solutions in Ottawa, spoke at a meeting I attended last year, which was a catalyst for me to start asking questions of my moms' caregivers. I'd urge anyone who is working with aging clients to look her up at www.agewellsolutions.ca.

If you want to be helpful to clients with aging parents, take some time to go through

the links below and provide your clients with these resources as part of an annual review. During your discovery meetings, if you're aware that they are caring for an elderly person, be their trusted advisor, and provide them with these useful links:

- www.centrallhin.on.ca
- www.centrallhin.on.ca/en/goalsandachievements/palliativecare.aspx
- www.canada.ca/en/health-canada/ topics/end-life-care.html
- www.canada.ca/en/health-canada/ services/palliative-care.html

We are living in unique times. Many people are not able to see or be with their aging family/friends as they transition to the afterlife. Knowing what I know now provided my brothers and me the ability to be with our mom, in her own home, until her final days — COVID-19 or not. •

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