

ascertain who has decision-making authority in the event that the patient can no longer communicate or make decisions. This process may be more challenging when assisting elders in a same-gender relationship because the patient's partner does not have the automatic legal authority afforded to people in heterosexual marriages. Hospice and palliative care staff should honor any advance directive stating that the same-gender partner is authorized to make decisions if the patient no longer has the ability or the capacity to do so.

If members of the family of origin contest an advance directive of this sort, or if there is no directive, extremely difficult and painful conflicts can arise between members of the patient's family of origin and family of choice — especially if the patient has been estranged for years from the family of origin. Without an advance directive in place, the elder's family of origin has the legal power to bar the patient's life partner from the hospital room, even when the patient is dying. That is why advance directives and related legal documents are so important: they ensure that the patient's wishes are honored and that the basic rights of the patient's partner are not denied.

Hospice and palliative care programs that seek to provide quality end-of-life care for LGBT elders can take the following simple steps to improve procedures and services.

Admissions and intake process

- Change intake forms to be inclusive of same-gender relationships or partnered status.
- Determine who has the legal authority to make decisions in the event that the patient

no longer can do so.

- Ask patients to define their family of choice and family of origin, and encourage them to identify any potential conflicts between the two families.
- Encourage patients to complete advance care planning, as well as legal and financial paperwork.

Interdisciplinary care

- Recognize the potential psychosocial issues related to families of origin and families of choice.
- Consider any medical issues related to transgender patients.
- Pay attention to spiritual issues of LGBT elders whose faith traditions do not affirm their identity.

Grief and bereavement counseling

- Support the patient's partner, especially in the event that the loved one's death isn't acknowledged by others as the deep loss that it is for the partner.
- Help surviving partners express grief. Especially for those who are not out, public acknowledgement of their loss may be minimal or absent.
- Advocate for surviving partners whose workplace doesn't offer bereavement leave to unmarried partners.

Staff training

- Teach staff about the unique needs of LGBT people at the end of life.
- Allow staff the opportunity to express their misgivings or fears about caring for LGBT elders.
- Reinforce the idea that hospice staff must respect each and every patient and family

and must provide the highest possible quality of care.

All older adults deserve comfort, care and compassion at the end of life. Hospice and palliative care programs can open doors and build bridges to ensure that all older adults in their community, including LGBT elders, receive the care and services they need. If your agency doesn't care for LGBT elders at the end of life, who will? ■

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GLMA urges FDA to revise blood donation policy

Current guidelines cited as 'dangerous, outdated and unscientific'

by Lisa Shaner

The Gay and Lesbian Medical Association (GLMA) has called for the Food and Drug Administration to revise its blood donation policy regarding men



'Two decades ago, when the agent that causes AIDS was unknown, these guidelines might have made sense ...'

— GLMA Executive Director Joel Ginsberg

who have sex with men. Within the past year the American Red Cross and other

organizations that collect donated blood, including the American Association of Blood Banks and America's Blood Centers, have encouraged the FDA to review a policy in effect since the early 1980s that prohibits men who have sex with men — regardless of sexual activity, safer-sex practices or HIV status — from donating blood. The groups say that the likelihood of receiving a unit of HIV-infected blood is one in two million and that blood

banks use nucleic acid testing, which detects HIV and hepatitis earlier and much more accurately than older testing methods.

"Two decades ago, when the agent that causes AIDS was unknown, these guidelines might have made sense based on the very limited data available at that time," said GLMA Executive

see fda on 28

Alyson Thomas presents a weekend of pageantry *not* to be missed — **Saturday, March 10th**
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The 8th Annual Carolina Continental Pageant

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Doors open at 9 pm • Pageant starts at 10 pm

Entertainment by — Miss SC Continental Tatyiana Braxton, Miss SC Continental Plus Nina Cherry and Miss NC Continental Plus Lola Lush



Maya



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Simba



Desiree

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Simba Hall - Mr. Continental

Desiree Demornay - Miss Continental Plus

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