

Elderly concerns are incomes, taxes, accessibility

By LIZ SAYLOR
Staff Writer

Loneliness, health care costs, mobility and communication with doctors are issues which concern the elderly.

Martha Stucker, clinical nursing coordinator for N.C. Memorial Hospital, defined elderly with the federal definition of 60 years and over.

"I guess we probably go along with that definition because we're trying to work with all aspects of aging: disease in the aged, rehabilitating elderly with disease who need to be able to function better. So there's both a prevention and a curative piece of it. And then there's a third group of the really frail elderly who are ill enough to be hospitalized. They may need more sophisticated services in their own homes when they get out ... more sophisticated, more skilled, and more ... just more!"

One of the special concerns of the elderly is their fixed incomes, Stucker said. "As their need for health care increases, they frequently don't have enough money to pay for it. With the cutbacks in Medicare and other third party insurers, that's a big issue for the elderly — paying for their own health care."

Stucker said other issues concern the elderly. "They also are upset about taxes. Cost of nursing homes has them scared to death. They know they can't afford it. Nobody except the very wealthy could be able to save up enough money for their retirement to cover all the expenses that they see coming up, all the services they need. They also avid readers of the latest developments in our knowledge about aging and diseases of aging, and so they tend to be very scared of Alzheimer's disease," Stucker said.

"My impression is that death is not the scary thing. It's living with decreased ability to function and participate in independence."

Stucker said society or younger people can show the elderly acceptance and friendship without seeming con-

descending, forced or unnatural. "It is sometimes very touchy to do that," Stucker added. "I think the approach is one of friendship, not 'I have come to do for you,' but 'I have come to be your friend.' When you need something done, who do you turn to first? Friends. So if there is a friendship established between the younger and the older persons, I think the older person is more likely to call upon that person for help when they need it."

Stucker urged college students to check with local nursing homes or the Southern Orange Senior Center, 410 Caldwell St., and adopt a grandparent.

"The elderly are concerned that when the rest of us are planning things, we don't take them into consideration," Stucker said. "You know how hard the handicapped people have fought to get curbs that they can go up. Well, elderly people need almost the same kinds of considerations. If you're going to put signs up, you've got to make them big enough so they can read. You try to match up what we know occurs physiologically with the design of a facility, program or system."

It is easier for younger people to "get around the problems of the system," Stucker said. "If you had a broken leg and needed a ride over here, you'd call a friend. An elderly person who has a broken leg and needs a ride over here has to call a friend who has good vision. When they call upon their friends, their friends are just as constrained as they are. So it's tougher."

For those older people who won't admit they're old or have "special needs," Stucker would tell them to be more reality-oriented. Using vision problems as an example, Stucker said to tell them to go ahead and turn on more lights, use larger wattage, and keep on sewing or reading the newspaper. It is important for people to accept that certain physiological changes take place with aging but overall functioning need not decrease.

Euthanasia is another issue concerning the elderly Stucker said. But the attitudes about euthanasia are different with every person. "Many elderly people that I have talked with are fully for it because they are so fear-

ful of being a burden for their families or society in general," Stucker said. "Others are not. Their feeling is that, 'I have taken care of elderly people before me, society has taken care of them, and I expect that they will take care of me. So they are utterly against it.'"

Stucker said, "I cannot speak very much for the medical profession. Because it's illegal, my official opinion is you can't do it. I think we're getting closer to euthanasia, because we're willing to admit in the medical and nursing profession that we do not need to utilize the most advanced, expensive technology at our disposal in all cases."

"I don't know that we'll ever get there, legally, but I think there is a changing attitude that people have much more to say about what kinds of life-saving and life-sustaining technologies will be used on them. Certainly the medical profession respects the existence of living wills."

"I think it's going to get worse for the elderly before it gets better, in society, in general, in terms of the accessibility issue that I think is a real biggie," Stucker said. "We're having cutbacks in Medicare, cutbacks in housing programs for the elderly and the handicapped, so that special housing is difficult. I don't see any tax breaks coming down the pipe, any new ones, for the elderly."

Stucker said, "Geriatrics, as a study, is fairly new, but we've learned a lot, and there's been a lot of education going on. I think the elderly are learning a lot, and I think medical and health professionals are also, but I don't think society has learned enough yet to be willing to pay attention to the needs of the elderly."

"Private industry has probably learned the most," Stucker said. "Look at the Wendy's commercial. It's a perfect example. They're clearly marketing the elderly population. McDonald's has not chosen to do that yet; neither has Pepsi, and maybe it's on purpose. But you can see that private industry knows where it's at. So that's kind of interesting. And it's true. A lot of the elderly go to Wendy's and always have!"

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