Caring for Mom, Mum and Maman

BY SARA MANSFIELD TABER

In the final months before her death in May, my mother kept her shoes on all day, even when napping. She had to—at her assisted-living facility in Mitchellville, Md., three certified nursing assistants looked after 39 residents. My mom couldn’t depend on one of them to have the time to put her shoes on when she needed to get out of bed. Only in the mornings and evenings, when one of her private aides was with her for about 30 minutes, did she have personalized care.

Disabled by heart disease, two hip replacements and depression, my mother was often grumpy when I visited. She needed me to take her hand and pull her up so she could grab the bed rail and maneuver into a sitting position. Though she brightened when I told her stories about her grandchildren over lunch in the facility’s dining room, her joy vanished as soon as we returned to her unit. A blank look on her face, she would lay back on her bed, prone and helpless.

Like many American women of my generation, I struggled to figure out how to best care for my aging mother. As the end neared, I compared notes with my friends Fiona and Juliette. Fiona lives in Canada, but her mother lives in their native England, while Juliette lives with her mother in Switzerland. How could we establish safe and comfortable environments for our ailing mothers? How could we find high-quality medical care within reach of their incomes, and our own? And how could we preserve their mental health and sense of well-being while limiting our stress?

My mother’s plight made my stress considerable. Each month, Lois Taber paid $4,000 to reside in her assisted-living community, $1,400 for private aides and an average of $140 for medications. Just before she died at age 82, she liquidated assets from her 401(k) to pay for a $5,800 hearing aid. At $150 per ride, the retirement home’s fee for transporting her to medical appointments was prohibitive.

Other than Medicare, my mom had no government-subsidized elder-care services. Already, the lack of affordable in-home support for my parents to leave their beloved house in Chevy Chase, Md., to receive the basic care they needed. Overseas, things are different—that is, better. In England, which has a national health system similar to its structure to our Veterans Affairs system, Fiona’s mum, Pat Reid, suffers from diabetes and, diabetes, and cannot move without great pain. But a government-subsidized home health aide visits Pat at breakfast, lunch and dinner every day. This costs the family 120 pounds a week (approximately $785 per month), a little more than half of what my mom paid for private aides. Lower-

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income patients receive this service free. The National Health Service provides general practitioners, nursing care, ambulatory and psychiatric clinic visits, medications and hospitalizations for no charge.

Doctors and nurses make home visits. In addition, Pat’s son Simon, who has no work at the moment and lives in his mother’s converted garage, receives 50 pounds a week (about $52 per month) from the government to help him look after her. With this government support, Pat is able to stay in the house where she lived with her husband for more than 35 years. The cost of her care is well within her monthly income of 2,000 pounds.

Pat Reid, of England, suffers from arthritis and diabetes. The government supplies her with a home health aide at mealtimes every day.

Lois Taber, who passed away in May, paid more than $4,000 each month to reside in an assisted-living facility in Maryland.

They enjoy access to services far beyond free and full medical and prescription drug coverage. In England, my mother’s $5,800 hearing aid would have been free. While Mum and Maman get house calls, we received dependable services that enabled us to spend less of pocket on doctors’ visits, medications and nursing care—services that helped us remain independent, at home, and that relieved our families of financial and personal burdens.

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