

# 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 groggy 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 their family home in France. 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?

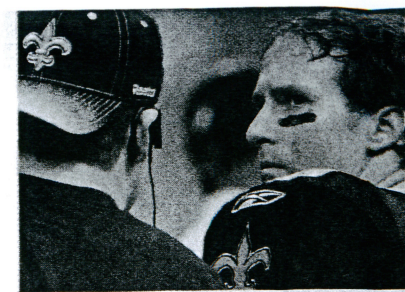
My mother's plight made my stress considerable. Each month, Lois Taber paid \$4,069 to reside in her assisted-living community, \$1,400 for private aides and an average of \$140 for medications. Just before she died at age 82, she liquidated

assets from her 401(k) to pay for a \$5,800 hearing aid. At \$169.50 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 had forced 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 in structure to our Veterans Affairs system, Fiona's mum, Pat Reid, suffers from disabling arthritis and diabetes, and cannot move without great pain. But a government-supplied 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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Sara Mansfield Taber, a psychologist and writer, is the author of "Bread of Three Rivers: The Story of a French Loaf."



## Illegal motion? Saints QB Drew Brees throws a flag on the NFL. Page B2

# In Europe, a better life for the elderly

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income patients receive this service free. The National Health Service provides general practitioners, nursing care, ambulance services, diabetic 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 \$325 per month) from the government to help him look after her. With this government support, Pat is able to stay in the home 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.

In France, Juliette's maman, Madeleine Fournot, has Alzheimer's disease. She receives assistance via a national health reimbursement system similar to Medicare as well as through a special program for the elderly and disabled called l'Allocation Personnalisée à l'Autonomie ("Personal Autonomy Allocation"). Since the government refunds 560 of every 1,200 euros Juliette spends on her mother's medical expenses, she is able to hire a caregiver who looks after her mother around the clock 3½ days per week. This allows Madeleine to stay in her suburban Paris home, where her family has lived for three generations, and provides Juliette a regular respite from elder care.

Madeleine receives one free doctor's visit per month, and the doctor makes house calls when needed. Four days a week, a physical therapist visits her, charging a one euro co-pay per visit — less than the cost of a cup of coffee on the Champs-Élysées. Because Madeleine is on blood



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

thinners, a hematology technician comes each week to check her blood levels. If she is in bed when he arrives, she can stay snug under her covers while he takes the sample. All medications related to Madeleine's Alzheimer's are free, as is transportation to her neurologist in Paris. Her doctor simply fills out a form stating that she cannot stand without assistance, and she is reimbursed for the 30-minute taxi ride into the city.

Other services available to Madeleine include daily medication-administration house calls by a trained nurse, daily meal service (a three-course lunch and soup for dinner) and a specially designed activity program for Alzheimer's patients. The total monthly cost of Madeleine's care is 1,500 Euros, or \$2,205.

I am struck by all that Fiona's mum and Juliette's maman can take for granted.



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 from their doctors and cash compensation for family members who care for them, I often had to take time off from work — an expensive proposition for a self-employed psychologist and writer — to help Mom. Taking her back and forth to her medical appointments ate up entire days and, with her disabilities, she could barely get in and out of my car. This was hard work, not quality time with an aging parent.

Mom, Mum and Maman were not very different people. All three married civil servants, led middle-class lives and retired on government pensions. Pat and her husband, a BBC editor and translator who es-



Madeleine Fournot, an Alzheimer's patient, lives in France with her daughter, Juliette. All her medications are provided free of charge.

caped five Italian prison camps during World War II, sought to create a peaceful life for their children. After her husband died, Pat took a job on the local council for village planning. Madeleine spent most of her middle years in Afghanistan, where her husband was posted with the United Nations. My mother worked in orphanages and schools in Asia, Europe and the United States as she followed my father, a CIA officer, across three continents. All three women eventually became widows and developed significant medical problems. Illness and enfeeblement limited their lives, and they came to require help with their daily activities.

There, the similarity ends. As seniors, each woman's quality of life was shaped by her government's health-care policies. The services offered to older people in Britain and France seem, to this American

observer, straightforward, logical and humane. These countries provide the basic help their elders need to remain in their homes and in their communities, close to family and friends. It upsets me to think how much more peacefully my mother's life might have ended had she had the support available to older people in Britain and France. Why should Mum and Maman be able to grow old at home, but not Mom?

Many Americans protest that Europeans pay high taxes for medical care. It is true that people in other countries pay more in taxes, but, between out-of-pocket expenses and private health insurance premiums, many Americans spend much of their tax savings staying alive. Of course, high-quality health care costs money. Treating Mom like Mum and Maman is expensive. But Pat and Madeleine both have much lower living and medical expenses than my mother had, and, unlike Americans, they never had to pay for health insurance in their prime.

If our taxes were somewhat higher but we received dependable services that enabled us to spend less out 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 emotional burdens — wouldn't peace of mind outweigh the additional cost?

My mother, a physical therapist and teacher with a blow of cumulus hair, was a hard-working person whose motto was: "If, at the end of the day, I can say I've helped someone's life to be better, then I've had a good day." It would have been nice if, at the end of her days, she could have taken her shoes off.