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## Transcript: Topics for Older Persons

**Narrator: Robert O'Gorman**

[Mary]

When the doctor called to set up an appointment to talk about my mammogram, I did not want to talk. I told her, if it is bad news, tell my daughter.

[Joanne]

After my surgery and treatments for cancer of the uterus, I thought someone would talk to me about how this would affect my being intimate with my husband. But, no one did. They probably thought I was too old to be interested in sex. And, I was too embarrassed to ask.

[John]

I know Mary Ellen will want to remain in our house after I'm gone, and I'd like to see that that happens. So, when I heard that there are ways you can sell your life insurance policy for money, I thought that was something I should look into.

[Rita]

I thought insurance would be easy when I got to be 65 -- you simply get on Medicare and your problems would be over. So I was surprised to find out that there were more choices to be made. I knew about Medicare Part A and Part B, but I didn't know how complex it had all become.

[Jim]

Quality of life issues are very important to my wife and me. I play golf and am active in other outdoor activities, like hiking, camping, and fishing. My wife and I have also enjoyed a good sexual relationship. So, the possible side effects of treatment for prostate cancer -- impotence and incontinence -- really scare me.

[Ruth]

If I have another stroke, a bad one, my husband would have to make some hard choices if I couldn't decide for myself. I've already told him that I wouldn't want to be kept alive by machines. But, I know it would be hard for him to tell the doctors to take me off life support. That's more than I think he could take.

[Doris]

I realize I'm going to die sometime in the near future and I've made my peace with that. The problem is my three children. They don't like the idea of me just "giving up." They make me feel like I'm letting them down. My oldest son even acts like he's mad at me. The other day he told me that I should think about my grandchildren -- didn't I want to live to see them grow up? Well, I was just heartsick at this.

[Isabelle]

I'm taking so many different pills, I honestly can't keep them straight. It's hard to remember when to take them and how to take them. I can't understand the pages of instructions the pharmacist gave me. And, it's hard paying for them, too. The new nurse helped me find a way to keep better

track of them all and how to take them better, too. Why didn't I get this information sooner?

[Bessie]

I've been undergoing chemotherapy for several months now. I go to see my doctor every four weeks, and it seemed that each month I was getting more and more exhausted. When I tried to talk to him about this, he suggested I get more rest. "Just take it easy," he said, "at your age, it's normal to be slowing down some." I have to tell you, I was a little offended by the casual way he said this.

[Joe]

When my cancer doctor told me there wasn't much he could do for my pain, I decided to call the pain clinic I heard about at the hospital. The receptionist said I needed a doctor's referral for insurance purposes. Well, I wasn't going to call my cancer doctor, so I thought I'd call my family doctor. She was very sympathetic and referred me with an appointment to the pain clinic the very next day.

[Narrator]

Welcome to the audio program, "Topics for Older Persons." If you have already listened to the six Basic Skills audio programs of the Cancer Survival Toolbox<sup>®</sup>, you may be wondering why a separate audio program for older people might be needed. If you don't have a copy of the Basic Skills program, you can order it FREE by contacting us at 1-877-T-O-O-L-S - 4-U that's 1-877-866-5748, or by visiting our Web site, which is [www.canceradvocacy.org](http://www.canceradvocacy.org)

[Narrator]

So, are there certain situations, circumstances, or challenges that older people face when they find out they have cancer? We believe there are, and that these issues deserve special attention. Examples of these issues include finding quality cancer care despite your age and other health problems; getting help paying for medications you need, but are not covered under your insurance; and standing up for your rights in a health care system that sometimes discriminates against the older patient.

[Narrator]

Before we begin, let's remember that we have a specific definition for the term "cancer survivor" in the Cancer Survival Toolbox: from the time of diagnosis and for the balance of life, a person diagnosed with cancer is a "cancer survivor." Also, this audio program comes with a special resource booklet. That booklet includes all of the services and agencies mentioned in this program, as well as other services that you might find useful.

## Social worker & nurse

[Social Worker]

How common is cancer? I read recently that about one-third of the adult American population is 65 years of age or older. And, since cancer is a disease of aging, it's not surprising that more than 60 percent of all newly diagnosed cancers every year occur in people over 65 years of age. That means that every year almost three-quarters of a million people over 65 get cancer. That also means that some of your friends and family may have a history of cancer. They might be cancer-free now or they might still be on active treatment. So, yes, cancer is a common and major health concern for older people. When you add to this the fact that many older people already have at least one other chronic health problem, then managing cancer gets more difficult. This makes effective communication between the cancer survivor, the family, and the health care team very important.

[Nurse]

It used to be that doctors did not always discuss medical findings and treatment choices with their patients. They looked at all of the facts and chose what they felt were your best options. During the mid-1970's, some doctors often did not tell people directly that they had cancer. With the patients' rights movement that has changed and, more than likely, your doctor will want you to be a full partner in your care. That means you'll need to find a way to let your doctor and the health care team know what type of treatment you choose for your cancer, if there's a choice between different types of treatment. You should also tell your doctor if you have any other special needs during treatment. For example, if you are a vegetarian or cannot tolerate milk products, your doctor should know this. Also, your doctor needs to know if you're taking any vitamin supplements, natural "medicines," over-the-counter medicines, or any type of non-traditional treatment, because some of these medicines can cause problems with the treatment you will be getting for your cancer. This might make you a little uncomfortable at times, but by working on your communication skills, you can become better at it.

[Narrator]

Some people claim that "they don't want to hear about bad news, that they don't want to know if they have cancer." This may be especially true in some cultures. Listen to what Mary has to say about learning her diagnosis.

## Mary, in her 80s

[Mary]

About four months ago, I found a small hard lump in my right breast. It did not hurt, but it did not go away. I tried to ignore it, to pretend that it was not there. But then it seemed to be getting bigger, and I finally mentioned it to my daughter. She had been after me to get one of those tests -- a mammogram - but I did not want to. So, she called my doctor and told her about my lump. Dr. Ryan asked to speak to me on the phone, and she said it was too dangerous for me not to get it checked. So, I let my daughter schedule the test, but I told her to tell the doctor that if it was cancer, I did not want to know. In my homeland, the doctor makes all decisions, and you just do what they say.

[Mary]

After the tests, Dr. Ryan called and asked me to come in and talk with her. I agreed, but told her I did not want her to tell me anything bad -- if it was bad, I wanted her to tell my daughter. She said she understood my concerns, but that she cannot give me any treatment unless she talks with me in person. She also said I would have to sign something called an "informed consent document," which says I know what I have and how she will treat it. Dr. Ryan said I should bring my daughter with me to help me understand, but that I did have to come and talk with her myself.

[Mary]

I was very scared, and when we got to Dr. Ryan's office, I wanted my daughter to go in alone. I kept telling her I will be better not knowing anything. But, Dr. Ryan herself came out and again told me how important it was that I come into her office, too. So, my daughter and I went in. Dr. Ryan talked very softly, and was very kind. But, when she said it looked like I might have breast cancer, I started to cry. I told her I did not want to hear anything else. She waited for a few minutes, and just held my hand. When I calmed down, she went on and told me that there are new ways of treating cancer now. I said I remembered my mother was burned very bad after she had breast cancer, that she could not use her arm anymore. Dr. Ryan explained that all of that has changed, and that women with breast cancer can lead very normal lives. She said I would need to make some choices about what kind of treatment I would prefer, and whether I would want to have what she called "breast reconstruction" -- that means making my breast look almost like it used to be before the surgery. She said that I did not have to make those decisions now, but could take some time to get used to the idea and think about my decisions. She said that she and my daughter would help me with those decisions. While I still felt scared, I felt better knowing that there was so much they could do about my cancer.

[Narrator]

Research shows that an informed patient usually does better in treatment. They know what to expect, what side effects, if any, to look for and when to call the doctor or nurse with a question or problem. Yet many people are afraid or reluctant to question their health care team. This can lead to poor care, misinformation, and increased problems. You must remember that the most important person on your health care team is you. You have a responsibility to let your doctors, nurses, and others know when you have a question or concern. You'll find that they will gladly work with you to find solutions.

[Narrator]

Listen to how another cancer survivor, Joanne, dealt with a difficult problem when she needed to address a sensitive issue.

## Joanne, in her early 70s: Part I

[Joanne]

I had surgery and radiation therapy to treat my cancer of the uterus. My husband and I have been married for 52 years, and lovemaking has always been a good part of our marriage. After my surgery and treatments, I thought someone would talk to me about this, but no one did. I think they thought I was too old to be interested in sex. I kept wanting to ask my doctor when my husband and I could have relations again, but I was too embarrassed. Last week, we decided to try again anyway, but it was painful for me. My husband said it felt different to him, too. This made me even more determined to ask about it.

[Joanne]

I had a doctor's appointment this week. I was just going to come out and ask. I felt I had a right to know the answer -- they should have talked to me about it. I practiced what I was going to say, and wrote down questions I wanted to have answered. I thought that if I had them written down, I would be more assertive. But, it is so hard to talk about such private things.

[Joanne]

Well, I got to my appointment and when the nurse was asking me if I was having any problems, I got up all my nerve and told her about my discomfort during sex. She could sense how uncomfortable I was and right away put me at ease. She said she thought someone else had discussed that with me earlier, and apologized so sincerely for not having brought this up earlier. She also gave me a booklet on the problem and recommended a certain cream.

[Narrator]

Joanne reminds us that your needs, both medical and personal, are very important. If something doesn't seem right or if you have questions about your health or how your body is responding to treatment, communication can be the key to finding a solution.

[Nurse]

As a nurse, I'm in a good position to see problems that cancer survivors are having and to help them. I offer them several tips about communicating with their health care team. First, writing down your questions or concerns is an excellent way of making sure you get answers. It's also helpful to have an extra copy of your questions. That way, you can give one copy to your doctor or nurse to read and you can write the answers down on your copy as you discuss each question. Sometimes, the doctor may seem to be in a hurry, but if you have a list, that helps to make it go all the more smoothly. If you have a lot of questions, you may want to let the office staff know that ahead of time, when you make your appointment. That way, they can schedule you for a little more time.

[Nurse]

Another useful tip is to bring a family member or close friend with you. It frequently helps to have two people listening to what the doctor or nurse says. If you wish, your family member or friend can wait outside when you are examined, and you can ask that they be sent in when the physical exam is over. You also might want to ask the doctor if you can bring a small tape recorder along and record what he or she says. This is particularly useful if you have a hearing problem and don't always catch what is said.

[Nurse]

If you do have a hearing problem or vision problem or some other barrier to communication, tell your doctor and nurse about it. Your treatment is too important not to understand what is going on.

[Narrator]

Your health care team also needs to know if there might be anything else that could get in the way of good communication. They need to know how to communicate with you in a way that you can understand.

[Social Worker]

It's a very good idea to let the health care team know if you have difficulty reading or if you've never learned to read. In my job as a social worker, I've seen that many older people may not have had the opportunity to get formal schooling, and some very intelligent people never learned how to read. Or, perhaps English is not your native language. It may take a lot of courage to tell your nurse that you can't read, but the doctor cannot legally give you treatment if you're unable to understand a consent form for treatment. So, it's important to tell your nurse if you're unable to read, and ask that your nurse or doctor read you any form that you need to sign.

## Joanne, in her early 70s: Part II

[Narrator]

You may find that you can communicate with your health care team, but don't know how to talk to your family and friends about your cancer. Maybe you haven't told them because you think it's best not to worry them. Or, maybe you're very worried about what their reaction might be. Yet, cancer is a family problem, and you need the support of your loved ones and friends to get through the treatments and help you cope. Try the following exercises to help you talk to your loved ones and close friends.

[Social Worker]

First, get out a pencil and paper and write down all of the reasons you think you should tell them about your cancer, and all of the reasons you think you should not tell them. Look at each reason and try to decide if it really is a good reason, or if you're just making excuses because you don't know how to tell them or are afraid of how they will react. Next, think of the three most important things about your illness that you want your family to know. Write them down, too. For example, you may want to say: "I have cancer, but I'm very hopeful about it being cured or controlled. I want you to be hopeful, too." Or, "It's my life, and I need to be the decision maker." Or, "I want to be able to ask for help when I need it." Once you have decided what exactly you want to communicate, it usually seems easier.

[Social Worker]

Other communication tips include using the word "cancer." Remember cancer is a disease like any other disease. Cancer can be cured, it can be controlled, and many people live for decades with cancer as a chronic illness. Set a specific time that you want to tell your family and friends. It might be helpful to tell one person in advance and ask them to help you tell the others. Address your emotions honestly. It's okay to say, "I'm scared but hopeful" or "I'm relieved to finally know what's wrong." Set the ground rules for your family's involvement. You might need to insist that they not call your doctor without your permission. Or, that you're quite confident in the surgeon you have selected and that you do not want to travel to a medical center in a distant place for a second opinion. Or, that they respect your privacy and not discuss your condition with people outside the family. You might want to tell them that you value their input, but that you'll need to make your own decisions about your treatment.

[Social Worker]

Dealing with acquaintances may be harder. Too often, news of someone's illness does become known publicly. And sometimes, the effects of cancer treatment can be hard to hide. Therefore, it might be useful to think about, and practice, a couple of responses to well-meaning, but perhaps nosy neighbors. You may find everyone wants to tell you a cancer story -- about someone they knew who had cancer and died from it, or who had a terrible time with the treatment, or who had your kind of cancer and did very well. With negative stories, you may need to be abrupt, and simply say something like, "As part of my treatment, my doctor has recommended that I only listen to positive stories." Depending on the situation, you may need to be a little short with that person and ask if he or she is trying to scare you. As you experience some of these situations, you will develop easier responses. You may want to write a few down and practice using them before they are needed.

[Narrator]

What's important to remember is that each person is different and each person's cancer is different. Cancer is not one disease, but many. There are over 100 different kinds of cancer. For example, there are numerous types of breast cancer, different kinds of leukemia, and so on. The experience of others with cancer should not be taken as an example of what will happen to you.

[Social Worker]

You may also want to talk to a Pastor, Priest, or Rabbi about your cancer. You may have questions about what meaning cancer has for your life. It is important to remember that some members of the clergy don't know very much about cancer as a disease, and that their responses may be similar to those of well-meaning friends. They may also tell you about others who died or suffered. Again, you should ask for what you need. You may need to communicate that you want to discuss religious or spiritual issues, not your disease or treatment.

### Joanne, in her early 70s: Part III

[Social Worker]

If you don't have someone you can talk about your spiritual concerns with, there are several resources available to you. You can ask to speak with a pastoral counselor at your local community hospital. He or she will be able to help you directly, or make a referral for you. Or, if you live near a religiously-affiliated college or university, you could call and ask if they have a counseling service. Also, some communities have parish nurse programs, whereby churches have support programs organized by a specially trained nurse, called a parish nurse. Other congregations have visitor programs or programs that will assist you with transportation or in other ways. Also, spiritual counseling is a part of all hospice programs.

[Social Worker]

What if you don't have family or close friends in your area? It may take a little time looking, but there are good services available in most communities for persons with cancer. Your local division of the American Cancer Society may be able to help you find somebody you can talk to about your cancer. Or, your local hospital or senior center may host a support group for persons with cancer. If you would like more information, ask your nurse for some resources when you go for your next appointment.

[Narrator]

In summing up this section on communication, you are in control of your life and you need to maintain control of your illness. For these things to happen, you'll need to become a good communicator. If you have not reviewed the Basic Skills program entitled, Communicating, you may want to do so to help improve your communication skills.

[Narrator]

In this next part of the audio program, we will discuss the importance of finding information -- the information you need to deal with your cancer and to find out what other resources may be available to you. There are many excellent sources of information at libraries, in bookstores, and cancer resource centers in your local hospital, at your senior center, or on the Internet.

[Narrator]

When trying to find information about your cancer, keep several important facts in mind. First of all, remember that information about treatment changes rapidly, and you want to be certain that you have current information. Your information should not be more than a year or two old. Second, you want any information you find to be accurate. Look for well-known and reliable sources, such as the National Cancer Institute. You can also ask your doctor, nurse, or social worker to recommend books or other sources of reliable, up-to-date information.

[Nurse]

One of the greatest resources available today is the Internet, which is made up of computers and computer networks that are inter-connected around the world. Many older people feel that they won't be able to use the Internet because they lack computer skills. Yet, one study showed that at least 20 percent of all people who recently started using the Internet were over the age of 50. In fact, it's been estimated that at least 40 million older persons are online -- using the Internet for finding information and sending messages through e-mail.

[Nurse]

You can probably get access to the Internet at your community library, senior center, patient-resource center, or the home of a family member or friend who uses the Internet.

[Nurse]

As you search, you will need to be cautious of the source of Internet information. Just because a Web site has the word "cancer" in it and sounds good may not be enough. It may actually be promoting some type of hoax or something that will cost a lot of money and for which there is no good scientific evidence. Also, be careful about Web sites that ask for money for cancer research or services. Before writing a check or giving your credit card number, check to make sure the group is legitimate. You can do this by calling the Council of the Better Business Bureau at 1-703-276-0100.

[Narrator]

While many cancers can't be cured, they often can be controlled for a long period of time, even years. As time goes by, you may need additional information about your cancer and related problems. Listen to how John found the information he needed.

## John, 65 years old

[John]

I developed cancer years ago. My doctor said that I would never be cured... that it would be like a chronic disease. I've done pretty well for the past seven years. But, now I've had a recurrence and have gone through all of the treatment options. The other day I asked my doctor how long he thought I had to live. At first, he didn't want to say. But I kept pushing him, and he finally said probably 12 to 18 months. That made me sit up and take notice. It also made me realize that I haven't done quite enough planning for my wife, Mary Ellen.

[John]

At first, I felt overwhelmed. Mary Ellen and I have had a lot to deal with the past few years. I retired from my job at the power company. That took some adjusting. I missed my friends and I had trouble getting used to a whole new role in life. Just as that seemed to be settling down, Mary Ellen retired from her teaching job. We thought we would travel and do all of those things we couldn't do before when we were working and raising our family.

[John]

Then, all of a sudden, I had cancer, and it took over our lives. To make matters worse, Mary Ellen started having trouble with her blood sugar and blood pressure. I think she's just so worried about me that the added stress made her do poorly.

[John]

We planned pretty carefully for our retirement, and we get by. I know Mary Ellen will want to remain in our house after I'm gone, and I'd like to make sure that happens. I've met with a financial planner and my pension is good even after I'm gone, so I think Mary Ellen will be able to manage. But a new worry for me is that we are going to need to get the roof fixed. It may have to be replaced completely. That's a cost we didn't plan for. After working for years to pay off our mortgage, I don't want to take out another one. And, besides, a mortgage payment would almost take up every extra cent we have each month. It's hard enough paying for the medicines that Mary Ellen and I need each month.

[John]

There's also one other thing I've been thinking about. We live in the north, and all of our lives, we've talked about going to Florida in the wintertime. Each year, we'd talk about it, but we never seem to have the extra cash. This winter may be my last chance, and I really would like to take Mary Ellen there. I have an old army buddy that I've kept in touch with all these years. He and his wife live in Florida. They keep asking us to come for a visit. I'd like to do that, but we'd need some extra cash.

[John]

Recently, I heard about a way to sell your life insurance policy for money. I need to be certain that Mary Ellen has enough money to live on, but we have a couple of policies. One of them would probably take care of the new roof and a trip to Florida.

[John]

I remember I read about selling your life insurance policy in one of our senior magazines. They said you had to be careful, because there are some frauds out there -- but there are also some good ones. I looked it up again, and they are called "viatical settlements" -- where you sell your life insurance policy to a company for cash. The amount you get is a reduced percentage of the face value of the policy. The company pays all future premiums and then collects the policy's full benefit when you die. There are some restrictions. You have to check with your life insurer about whether you can sell your policy. You also have to have a life expectancy of five years or less. If it's less than two years, you won't have to pay taxes on your settlement. You don't even have to be over the age of 65, and you don't have to be disabled.

[John]

I checked on the Internet, and found that that there are a couple of options. You can sell your policy, or take out what they call a "secured no-payment" loan against your policy. This is like a line of credit, which means you can use what you need when you need it, and you will only owe what you borrow.

[John]

I also found some other sources of information. I called the cancer resource center at the hospital and they gave me the toll-free phone number of the Viatical & Life Settlement Association of America. at 1-800-842-9811. I also decided to talk with my lawyer before I make a final decision. But I now think I have enough information to go on. I just will feel more secure knowing that Mary Ellen won't have to worry about the roof, and I know she will love Florida.

[Narrator]

John's solution is creative and it works well for him and Mary Ellen. Other people may not have the option of taking a loan against an insurance policy or actually selling the policy. In fact, many couples count on the insurance money as a way to help the surviving spouse or family manage financially in the future.

[Narrator]

Other couples may need to think about different solutions. These might be selling their house and moving into an apartment or an assisted living facility that provides meals,

checks on residents to be sure they are okay, and may even have a nurse on duty. Whatever the choice, it is critical that you get good information before making a decision.

[Social Worker]

When it comes to your health care, the need for good information starts when you choose a health care plan. It used to be that if you were 65, you were eligible for Medicare. Medicare is the federal health insurance program established by Congress in 1965 for seniors and people with disabilities. Medicare is divided into two parts: Part A, which is hospital insurance, and Part B, which is medical insurance. Medicare applications are handled through your local Social Security office. There are several beliefs about Medicare that aren't true. First of all, it is not free. There are annual deductibles, and are many things are not covered, such as routine physical exams, hearing aids, or care in nursing homes. Recently, Medicare has expanded its choices for health insurance to include health maintenance organizations, which are also called **MANAGED CARE ORGANIZATIONS**.

## Rita, 65 years old

[Narrator]

Rita had breast cancer years ago -- in her early 40s. She had surgery and never had another problem. She will soon be turning 65 and she needs to enroll in Medicare. Listen to the concerns Rita has.

[Rita]

I thought insurance would be easy when I got to be 65 -- you simply get on Medicare and your problems would be over. So I was surprised to find out that there were more choices to be made. I knew about Medicare Part A and Part B, but I didn't know how complex it had all become.

[Rita]

Because I had a history of cancer almost 25 years ago, I've always been careful about keeping good health insurance. I don't expect my cancer to come back, and I'm in very good health. I'm good about getting my annual physical exam, eating right, and taking care of myself. So, I set out to find the information I needed to make my choice about Medicare. I started with my local Social Security office. When I asked about the different types of Medicare, the explanation didn't seem very clear. But the woman there gave me some good handouts to read.

[Rita]

First of all, one handout explained what the different options were. It said that no matter which Medicare option I chose, I would still be in the Medicare program, and would receive all of the services that original Medicare offers. I was most interested in a MANAGED CARE ORGANIZATION. For a fixed monthly premium, the MANAGED CARE ORGANIZATION provides many different kinds of health-care services, many of which are not provided by regular Medicare, like physical exams and vision and dental care. All of these services were important to me. But I kept thinking, there must be a catch to this or everyone would choose this instead of regular Medicare. So I kept checking further.

[Rita]

I found the catch -- it was choice. The MANAGED CARE ORGANIZATION would not let me go to just any doctor or hospital I chose, unless I needed emergency care. You have to go to a MANAGED CARE ORGANIZATION doctor. They call this being "locked into" the MANAGED CARE ORGANIZATION. If you need to see a specialist, like a cancer doctor, you first have to get a referral from your family doctor, who they call your "primary care doctor." The other problem is that the Medicare MANAGED CARE ORGANIZATIONS can change their benefits every year. Why, they can even drop Medicare coverage completely. Then, you'd have to change to another Medicare program.

[Rita]

After checking out all of my questions, I did decide to select a Medicare MANAGED CARE ORGANIZATION. My family doctor was in the plan, and the fact that right now I don't have any illnesses needing a special doctor made my choice easier. I like how easy it is - very little paperwork or forms to fill out. And I have the right to get out of the MANAGED CARE ORGANIZATION at anytime for any reason. It took some effort, but I feel I got enough information for me to make my choice.

[Narrator]

Once you have found the information you need, you are ready to make some decisions about your plan to live with cancer and its treatment. Let's look again at the example of Jim, whom we met in Basic Skills program 3. Jim was newly diagnosed with prostate cancer. His own doctor had reviewed treatment options with him: surgery to remove the tumor; radiation treatment to shrink the tumor; or, an approach they call "watchful waiting". Now, Jim needs to make a decision. As always, he asks his wife to help him through the situation. Listen to some of the concerns that Jim has.

## Jim, 67 years old

[Jim]

It's hard deciding what treatment is best for my prostate cancer. Even the doctors seem to have different views. And so do many of the guys I know who have had the same problem. My wife and I have a system we use when trying to decide about a problem. We start by listing all of our important issues on a sheet of paper. For my treatment decision, we decided to list the things we value most in life. Quality of life issues are very important to us. I play golf and am active in other outdoor activities, like hiking, camping, and fishing. My wife and I have also enjoyed a good sexual relationship. So, the possible side effects of treatment for prostate cancer -- impotence and incontinence - are really something for me to think about.

[Jim]

The specialist told me that my tumor is very small right now and he said some cancers grow very slowly. And, depending on the size of the tumor, the type of cancer it is, where it's located, your age, and other factors like race, one option for treatment may be "watchful waiting." This means not doing any actual treatment right now, but keeping a close eye on the tumor. The doctor did say that it was important for us to understand what could happen if we choose "watchful waiting" - that my cancer might spread quickly and it might not be able to be controlled then.

[Jim]

While I would love to avoid surgery or radiation treatment, "watchful waiting" sounds very hard to me. I've always liked to take action, to get things over and done with. I started wondering if I would always be thinking about my tumor and be worried that it was growing. It seems like I would have to go for checkups all the time to be sure I was still okay. I also had some concerns about the radiation treatment. So, I kept asking myself, wouldn't it be easiest to just have the surgery, get the tumor out, and then deal with any side effects, if they happen

[Jim]

I decided that the best thing was to get information about treatment side effects. So, I talked to my doctors some more, and got information from several reliable sources on the Internet. I found out there are a number of therapies available today to help with side effects, and that even the surgery has changed - they now do what they call "nerve-sparing" surgery to help prevent problems. I decided that the surgery was the best option for me.

[Narrator]

Keep in mind, too, that treatment decisions will be influenced by your type and stage of cancer and by other medical conditions you may have. For example, "watchful waiting" may be a treatment option for some prostate cancers, but it is never an option for breast cancer or for most other cancers.

[Narrator]

Another important area where we need to use good decision-making skills is on end-of-life issues. You have a legal right -- and a moral right -- to decide what kind of medical treatment you want -- or don't want -- if you become seriously ill. Making these decisions ahead of time and putting them in writing in a legally valid document will help make sure that your health-care team and family follow your wishes if you are not capable of communicating when the time comes. Listen to how Ruth took care of this decision.

## Ruth, 75 years old

[Ruth]

I'm 75 years old. I was recently diagnosed with early-stage breast cancer. I haven't had too many health problems, other than heart problems and a mild stroke two years ago. Turns out my chances with my breast cancer are very good, but I'm still worried about having another stroke. George and I have been married for 52 years now and he depends on me for so much. If I have another stroke, a bad one, he'd have to make some hard choices if I couldn't decide for myself. I've already told him that I wouldn't want to be kept alive by machines. But, I know it would be hard for him to tell the doctors to take me off life support. So, I decided to put my wishes down in writing, so he won't ever have to make that choice.

[Ruth]

I called the social work department at my local hospital and asked the social worker for some information about a living will. She suggested I use a document called "Five Wishes" from an organization called Aging with Dignity. She gave me their phone number and Internet address. When I called them, they were very helpful and sent me a copy of the "Five Wishes" form. I felt a sense of relief when I received that form -- it gave me a way to take care of something very important to George and me. I took out a sheet of paper and started listing what's important for maintaining my quality of life. Then I asked myself some hard questions. First of all, who would I want to make health-care decisions for me if I couldn't make them for myself? I wrote down my husband, but then I thought about my oldest daughter, Annie, and a couple of my closest friends. So, I wrote down their names, too, and reasons why I should or should not choose each person. It's too important a decision to make all at once, so I put this sheet of paper away and re-read it a few days later. I added some new reasons that I thought about to the list and crossed off other ones. After this, I felt pretty comfortable with my decisions.

[Ruth]

The next question from the "Five Wishes" is what kind of medical treatment I would want if I became seriously ill or were dying. Do I want life support treatments, like being put on a respirator, or would I want to be resuscitated -- have my heart started again if it stops? Do I want blood transfusions, or kidney dialysis, or to be given food by tubes? What about antibiotics if I get pneumonia? There's a complete list of questions in this "Five Wishes" document -- many you could never think of on your own. My social worker told me that the "Five Wishes" document is a legal document in the state where I live. So, my answers are very important and I know my wishes will be carried out.

[Ruth]

First, I needed to talk with George and our daughter, Annie, about my decisions. At first they were uncomfortable -- these things are not easy for people to talk about. They kept telling me that my cancer was caught early and I shouldn't be worrying about what might not happen. But I knew we would all feel better once we talked about it and knew we had a plan together. So, I told them what I had to say was very important and that they should listen to what I had decided and why I had arrived at my decisions. I told my husband that I would like Annie to be my health-care agent. After all, she has had some training in healthcare and is comfortable in hospitals and talking with doctors. I also told George that I honestly think it would be too hard for him to make these kinds of decisions. I knew his feelings might be hurt... maybe they were. Well, we were all nervous about talking about these questions. But, I'm certain we all felt better knowing what to do -- not knowing would be much worse.

[Ruth]

Annie had some questions about my answers on the form. So, we finished it up and agreed that George and I would go discuss the document with our lawyer and then give a copy of it to all of my doctors and the hospital where I get treated, so that it can become a permanent part of my medical record. I have to say that this whole experience has really helped all of us feel so much closer. And, now we can look to the future feeling a lot more secure.

[Narrator]

You can obtain a copy of the "Five Wishes" document by calling 1-888-5-WISHES (1-888-594-7437), or on the Internet at [www.agingwithdignity.org](http://www.agingwithdignity.org). "Aging with dignity" is one word in the Internet address. Keep in mind, too, that "Five Wishes" is only one example of a document for making sure that your wishes at the end of life are followed. Each state has a form of its own and your lawyer, doctor, or hospital can assist you with finding copies.

[Narrator]

Once you have made your mind up on important questions about your medical care, you may need to get prepared to solve other challenges or problems that may come up.

[Social Worker]

We know that we often find solutions to a bigger problem when we break the bigger problem into smaller pieces, and then work on the smaller problems first. When working with cancer survivors, I find it also helps to think about other major problems we've had in our lives and to think about how we solved them -- what we did right, and what we could have done better. Previous problem solving can offer a blueprint for how to deal with current problems.

[Narrator]

Doris is a good example of this. She lives in a small town and feels very lucky that all of her children have stayed nearby, instead of moving away like the children of so many of her friends. Listen to how Doris and her children dealt with a major family problem.

## Doris, 75 years old

[Doris]

I've lived with my cancer for a long time, and I recently had my fourth recurrence. My cancer is now very advanced, and the only treatment left is experimental. I've talked to my health-care team. They've told me that the side effects of the treatment are pretty serious. My doctor says he's not sure it will help me very much. After all of the surgery and chemotherapy I've had, I just don't want to go through chemotherapy again -- especially if it has little chance to help me. I realize I'm going to die sometime in the near future and I've made my peace with that. I'm very religious and count on God to get me through.

[Doris]

The problem is my three children. They don't like the idea of me just "giving up." They make me feel like I'm letting them down. My oldest son even acts like he's mad at me. The other day he told me that I should think about my grandchildren -- didn't I want to live to see them grow up? Well, I was just heartsick at this. I adore my grandchildren and if it was possible to live long enough to see them raised, you can be sure I'd do anything to make it happen. I was so upset after our conversation. For several days afterwards, I even thought about changing my mind. But, I've just got to be realistic now.

[Doris]

I decided I needed some help to solve this problem -- that I needed to talk to someone outside the family. I thought about my minister and how helpful he was when my husband, Ed, died five years ago. I called him and asked if he could meet with me. We had a long talk and he helped me understand the problem better -- that my children were afraid of losing me, too, and that I need to help them prepare for my death while at the same time living as fully as we can and spending time -- good time -- together. He said we are experiencing what is called "anticipatory grief" -- we are grieving the fact that we are going to lose one another and that we need to talk about these feelings. I also told him that I did not want to become a burden on my family -- that I had always been fairly independent, and that my children have their own lives to lead. At the same time, I knew I couldn't get through this without the help and support of my children.

[Doris]

So, we decided on a plan that has several steps. I called the local hospice and went and met with them. Since our town is so small, I already knew two of the women who worked there, and they have been very kind to me. They described their services. They are what is called a "home care hospice." They provide care so you can stay in your home. They also told me about how I select the hospice Medicare benefit that covers nursing care and medications, including medications for pain, if I should need them. They said they would get in touch with my doctor about a referral. I know my doctor will agree. She works part-time with the hospice program.

[Doris]

The people at the hospice also agreed to help me set up a meeting with my children. The hospice nurse, social worker, and pastoral counselor would all be present to help me explain my choice and what we can expect. And, what role my children will need to play.

[Doris]

The next part of my plan was to get my children together to tell them about my final decision. My birthday was coming up -- my 79th! I sent a note to each of my children asking them to come to my house on Thursday evening for an early birthday dinner. I asked them not to bring any

presents. At first, my daughter objected -- she said it would be easier if they just took me out to our favorite restaurant for a celebration. "Thank you," I said, "but no." I wanted them to come to my house.

[Doris]

They were all able to come, and we had a nice meal together. I had cooked many of their favorite dishes. When dinner was over, I said I wanted to tell them about the best birthday present they could give me. What I wanted was their blessing about my choice to forego any more treatment for my cancer. I said that I wanted them to help me have the best quality of life that I could possibly have in whatever time I had left.

[Doris]

Then, I told them that I had chosen to enter a hospice program and that I would like all of them to come with me to a meeting there. I said I knew that they were afraid of losing me, and that I felt the same way about leaving them. But, I also reminded them that together we had faced difficult times in the past -- when their father died -- and that we would face the future in the same way -- together. I also said that we had other decisions that we needed to make and that I would ask each of them to help me with specifics, like getting my legal and financial affairs in order... and making funeral arrangements. I told them that I did not want to become a burden to them. We talked about what services the hospice could offer, including what they called "respite services" where I could enter the hospital for several days if my children were unable to help me during a short time. They all said we would never need to use the respite option, but I still wanted them to know that was available to us.

[Doris]

We did cry a little, and at times the conversation was hard. But, we were finally able to talk fairly openly about my situation and clear the air. We seemed like we were working together as a family again. I must say, it was a very good birthday indeed.

[Narrator]

Doris is obviously a very brave and strong person. But, the key point here for all cancer survivors is that, if you can set your goals and are willing to put some effort into it, you can find ways to overcome a seemingly large obstacle by overcoming all the small ones, one at a time. Doris did this by identifying the problem, getting the facts, thinking it through carefully, and carrying out her plan. She and her family also took the time to think about how they had solved previous problems. This experience served them well.

## Isabelle, 80 years old

[Narrator]

Isabelle has a different problem. She lives alone and doesn't have very much formal education. In the past ten years, her health has gotten worse and it has gotten harder to manage. She's overwhelmed and needs someone else to help her solve her problems.

[Narrator]

Isabelle has had high blood pressure for almost ten years, and she takes three different pills for it every day. Then a year ago, she had early-stage breast cancer and is now on a drug for that. This year, her cholesterol was high and her family doctor prescribed a new pill for that. And, she has arthritis and needs a medicine for the pain. Let's listen to her story.

[Isabelle]

I'm taking so many pills that it's hard to keep them all straight. I have to take 10 everyday. I can't keep them straight - when to take them and how to take them. I can't understand the pages of instructions the pharmacists gave me. And, taking all these pills makes me feel sick to my stomach. My bowel problems also seem worse now since I started that new medicine for cholesterol.

[Isabelle]

Sometimes, I just can't stand to take all those pills everyday. I never miss my cancer medicine -- I know how important that is. But for some of the other pills, I take some one day and some the next. I try not to take my arthritis pill unless the pain is pretty bad or I have to go somewhere that I need to get in and out of the car or walk a distance. The nurse told me I should take my pain pills every day, but I don't want to overuse them. I'm afraid of getting addicted to them and I'm worried that if I use them too much, they won't work so well when I really need them.

[Isabelle]

I'm also having trouble paying for all these pills. Some months, I just can't get my refills until my next Social Security check comes in. It's been hard sometimes -- it makes me feel bad.

[Isabelle]

But then last week, I had to go for a check-up with my family doctor. He wanted me to have a test to make sure I was doing okay on the new cholesterol medicine. When I got there, there was a new nurse at the office. Her name was Gwyn, and she is what they called a "nurse practitioner." Gwyn asked me what medicines I was taking. I tried to remember all the names, but just couldn't. I told her I just call them by what they did -- like my water pill that helps me get rid of water I don't need. Gwyn asked me to come back later in the week and bring all of my medicines in a paper bag. She said I should bring everything I take in a week, even medicines I bought at the grocery store and my vitamins, too.

[Isabelle]

When I went back, Gwyn took a lot of time with me. She looked at each medicine and asked me about it. She wanted to know what time I took it, what I took it with -- like food and water -- and if I ever missed doses. I had to be honest and tell Gwyn that sometimes I got confused and that sometimes I couldn't afford to have my prescriptions filled on-time and that I had to do without some of my pills for a few days. I also told her I feel like these medicines take over my life -- it's just too much for me.

[Isabelle]

Well, guess what. Gwyn said it was a wonder that anyone could keep so many pills straight, and that we needed to make some changes. I never expected a nurse to say that. She talked with my doctor and they changed my blood pressure medicine so I only have to take one pill a day, not three. We also talked about my problem with constipation. Kind of hard for me to talk about that, but Gwyn was very easy to talk to. So, I was able to relax and talk honestly. She asked me about what I eat, and what we could do to help me be more regular. She said I should eat more fruit, drink a glass of prune juice every morning, and take a walk every day. That sounded good. But when I told her walking was hard some days because of my arthritis, she asked me about my pain medicine. I told her I'm afraid of getting addicted to it or having the effects wear off, so I only take it when I really needed it. She set me straight - she said getting addicted to pain medicine hardly ever happens and that the kind of medicine I'm taking is not one that you could even get addicted to. She also said that I have to take my pain pill every day to keep a certain level of it in my bloodstream. If I wait until the pain gets bad before taking the pill, it won't work too good. And, I might even end up using more medicine if I did it that way.

[Isabelle]

Gwyn did two other things for me. First, she helped me draw a medicine chart. It will help me remember when to take my pills and how I'm supposed to take them -- like one is on an empty stomach in the mornings, another one is with food, like with breakfast, lunch, and dinner, and one's at bedtime. This will sure help me keep track of my medicines and keep me from skipping doses. Best of all, Gwyn says this will help me control my arthritis pain better.

[Isabelle]

The last important thing Gwyn did for me was to tell me about a prescription program that I can enroll in and get help from the state to pay for my pills. She even had the forms there and helped me get started with them. I need to add some financial information and give the form to my pharmacist each month, but it will be a huge help for me. I might even have a little money left over at the end of the month.

[Isabelle]

After talking with Gwyn, I had a feeling like a heavy weight was taken off my shoulders. I know I'll do a better job of keeping track of my pills and taking them right. Why didn't I get this information sooner?

[Narrator]

All good problem solving starts with information and knowledge. Think of a problem you're now facing. What kind of information do you need before you develop a plan for your problem? You may want to stop this audio program for a few minutes and get out a piece of paper and pencil. First, write down what the problem is that you want to solve. Be as specific as you can. Then, list all of the information you still need and where you can find that missing information. Next, list what kind of help you might need to make your plan work. Ask yourself: am I ready to accept that help? How can I get support for my plan?

[Narrator]

Approach your plan with the attitude that it will work. Once you've carried out the first few steps, you are likely to see progress and you will want to keep your plan moving. Keep setting small goals, and review your progress. If things aren't going as you would have hoped, check to see if some part of your plan needs adjusting. Have any circumstances changed? If so, make changes

in your plan as necessary, and keep going. You can only solve problems one step at a time. And remember, you have been solving problems all of your life -- cancer-related problems can be solved, too.

A big part of problem-solving is negotiating. If you have been diagnosed with cancer, you'll need to be prepared to negotiate at many times about your treatment and care. Let's look at Maria's situation.

## Social worker

[Social Worker]

Maria's husband died several years ago. Since then, she has lived alone and has found it more and more difficult to take care of her home and yard. Then, last year she developed cancer, and the treatments have taken their toll. Maria now finds it hard to move around without getting short of breath and feeling fatigued. Given the stage of Maria's illness, her doctor feels she should not be living alone any longer and has suggested to Maria and her children that they get together to decide about making some new living arrangements for her. The doctor even suggested that a nursing home might be a good idea.

[Social Worker]

Maria was devastated to hear this suggestion, as she very much wants to continue to live at home. She lives on a fixed income and does not have a lot of extra money to pay for housekeeping and gardening help. But, she has always been good with figures and she and her husband went over their finances carefully before his death.

[Social Worker]

Maria decided that she needed to collect some information so she can negotiate for herself better. I'm an oncology social worker at our local hospital. I had first met Maria when she was in the hospital after her cancer surgery. She called me now to ask if I could help her collect information about the services in her area, like how you apply, what kind of waiting list they have, and how much they cost. I gave her an important telephone number -- the Eldercare Locator number -- 1-800-677-1166. It's a national number, but when you call it, you can get help in finding local support resources. At first, Maria was uncomfortable about calling a national number, but she thought, it's a free call, so why not give it a try. The people who answer are friendly and helpful. They had all kinds of suggestions and resources for her. She felt good knowing they were there if she ever needed to call them again. Most importantly, the Eldercare people told her about how she could get meals delivered and get some household help.

[Social Worker]

Once she had this information, I helped Maria plan an agenda before meeting with her children.

[Social Worker]

She feels ready to negotiate for where she wants to live and how her care can be managed at home.

[Narrator]

Many people in Maria's situation may choose differently. Another person may be comfortable with a move to a nursing home or assisted-living facility, but they, too, will need information and resources to make this happen. Still other people may have planned ahead and purchased special insurance just for nursing-home care. They, like many of us, have discovered that Medicare does not pay for nursing-home care needed at the end of life. Medicare pays only for care that is considered "skilled" and that needs a nurse to perform it. Medicare and other insurance do not cover what is called "custodial" care. This is care needed to bathe, dress, feed, and assist a person in their usual daily activities.

[Narrator]

State Medicaid insurance will pay for nursing-home care that is custodial, but your financial assets and income must be very limited to qualify. Couples may fear that the remaining partner will lose their home or ability to financially support themselves, while caring for the partner with cancer. Laws are in place to protect the surviving spouse. You can obtain this information by contacting your state Department on Aging or your local Area Agency on Aging.

[Narrator]

This last section of the program, Standing Up for Your Rights, may be the most important. After all, who knows better than you what you need and want for your life, but sometimes, being an older person makes it more difficult to get what you need or desire. This may be especially true with pain control.

[Narrator]

Chronic pain is common in older people. In fact, older people often believe that some level of pain is expected as a part of aging. Some health-care workers may believe this, too. Yet, chronic pain has a very negative impact on most people. They can become depressed, stop going out or seeing friends, have difficulty sleeping, or getting around. Too often, pain is under-treated in older people.

## Joe, in his early 70s

[Nurse]

A patient who came to our pain clinic recently, Joe, has prostate cancer that has spread - or metastasized -- to the bones in his hip. He has had a chronic pain problem relating to arthritis for the past two years. But, the spread of cancer to his hip made the pain much worse. So, Joe asked his cancer doctor if he could get something more than Tylenol to help his pain. The doctor didn't pay much attention to Joe's request, saying, "With your pain, there isn't very much I can do. And besides, at your age, everybody has a little pain." Joe didn't feel comfortable arguing with his doctor and he didn't want to seem like he couldn't take it. But, his pain was making his life miserable.

[Joe]

I heard about a pain clinic at the hospital that specializes in treating hard-to-control pain. I decided to call them to see if they could help me. The receptionist there asked which doctor had referred me, and I told her that I was referring myself - that my doctor did not seem to be able to deal with my pain. The receptionist explained that my insurance might not pay for their services unless a doctor referred me. That made me think about how I could find other ways to pay for the service, or maybe another way to get a referral to the pain clinic.

[Joe]

Even though I have not seen my family doctor since my cancer started, I called her and told her my problem. She was very sympathetic and explained that sometimes pain problems are difficult to handle and that not all doctors or nurses know how to manage cancer pain. She seemed to feel that the pain clinic could really help me and was eager to help me see a doctor there. With her referral, I got an appointment with a cancer pain specialist the next day. This doctor told me that I did not have to live in pain, regardless of my age or my cancer. He said there are many things we can try but that the first thing is to find out exactly what is causing my pain. He looked at my X-rays and thought that I could be helped by having a short course of radiation therapy to those places in my bones where the cancer has spread. He explained that it might take a few days for the radiation to work and, until then, I would get pain relief from using both prescription and over-the-counter medicines.

[Joe]

I was afraid of taking strong pain medicines. I didn't want to be all "drugged up" and lose control - I need to stay alert. The doctor and nurse assured me that they would help me find a pain control plan that would help me stay alert and keep my pain under control. The nurse showed me how to use a pain assessment journal that would help them understand my pain situation better. I got regular appointments so that they can check how well my pain plan is working. They even have a 24-hour telephone "hot-line" so that if I do have problems, there's always someone for me to call. I understand my pain problem better now. I know how to use the medicines so that they control my pain. And, I feel like I can do a better job of taking care of myself. It is such a relief.

[Narrator]

This example has characteristics of what we will call "ageism" or "age discrimination." This is when someone discriminates against another person solely on the basis of their age. Like racism or sexism, ageism is a negative view that some people have that the desires, fears, or concerns of older people are somehow different from, and not as important as those of younger people. This can mean that the needs of older people don't get the same attention. It can also mean you might have to work harder to carry out your plans.

[Narrator]

Joe found a way to get his needs met. He stood up for his rights. He realized he didn't have to keep seeing a doctor who wouldn't listen to him. He found someone to assist him with getting his pain under control.

[Narrator]

Maintaining a healthy lifestyle is another type of self-advocacy. This means eating right, exercising, and getting enough rest. All of these activities are made more important when you have cancer. If you have difficulty eating due to mouth sores or nausea, talk with a nurse in your doctor's office about medications. The nurse may also suggest that you see a dietitian who specializes in working with people who have cancer. Cancer-related fatigue is another serious problem for people with cancer. Once again, others may think your fatigue is related to the fact that you're getting older.

[Narrator]

Health-care professionals have recently recognized that cancer-related fatigue can be severe and that it can limit many of your usual activities. Fatigue is very common among cancer survivors. Yet, it is hard for doctors and nurses to observe and evaluate fatigue during a short office visit. Therefore, you may have to find a way to describe to your health-care team what your fatigue feels like and how it affects your life. In cancer-related fatigue, it's not just a matter of feeling tired - no amount of rest will help you overcome this fatigue. Listen to how Bessie got her health-care team to hear her concerns.

## Bessie, in her late 60s

[Bessie]

I've been undergoing chemotherapy for several months now. I go to see my doctor every four weeks, and it seemed that each month I was getting more and more exhausted. When I tried to talk to him about this, he suggested I get more rest. "Just take it easy," he said, "at your age, it's normal to be slowing down some." I have to tell you, I was a little offended by the casual way he said this. I've always been an energetic person, but I found I was even too exhausted to do things I have always liked to do. Then one week, I was so tired, I started staying in bed. That made me feel very depressed. My niece came to visit me, and seemed alarmed that I was doing so poorly. I told her I was just too tired to get up. She called and made an appointment with my doctor and said she would drive me there the next day. Before going I thought about my fatigue. It had started right after I finished my first round of chemotherapy. It had gotten worse every month. I made a list of all the things I could do and enjoyed doing before I started my treatment. Then I made a list, a very short list, of what I could do now. I took those two lists with me and told the doctor that I wanted to be able to do those things again -- I wanted my life back. This time, he heard me and ordered some additional tests to help understand my fatigue.

[Bessie]

The nurse came in and did what she called a "fatigue assessment." She not only went over what I could and could not do, but she also asked a lot of things, like how I felt emotionally, how much stress I was under, what I was eating, and how I slept at night. Then she asked me about my support system, did I have people who could help me if I needed help? People who could take me places or get me to appointments? I told her my niece is my biggest support, but that I also have friends at the church and senior center.

[Bessie]

The nurse said that I was a little anemic, and that that could be part of my fatigue, although fatigue can be very complicated. I did get a prescription to help with my anemia, but just as importantly, the nurse helped me develop an exercise schedule so that I could build up my physical activity level. She told me I might want to try some dietary supplements to maintain my nutrition, and she suggested that I might want to talk to someone, a therapist, about my depression. While talking with her, I realized that I had been depressed ever since my cancer was diagnosed. While my outlook is good, I do find it hard to go for my chemotherapy each month. Instead of seeing a therapist, I decided to join a cancer support group at the community center. It's a special kind of group that uses journal writing to help people cope. I really enjoy it, and I'm back to attending a few other social events and having friends over for lunch. I'm beginning to feel like my old self again.

[Narrator]

Physical problems can lead to emotional problems. When you are in pain or overly fatigued, you may become depressed. This seems to increase your pain and fatigue even more. There are some clues for telling if you are depressed. For example, you may be feeling sad. You may be unable to concentrate. You may lose interest in your usual activities -- stop going places, reading the newspaper, or watching your favorite shows on television. You may find that you're sleeping a lot more or that you don't feel like getting up and getting dressed during the day. Or, you may have difficulty sleeping at night. You may also have changes in your eating habits -- maybe you just aren't interested in food or maybe you're eating all the time. You might start feeling helpless or hopeless or begin thinking that life no longer has much meaning for you. Some people even begin wishing they would die, or think about taking their own lives. They fear that no one is listening to their needs, that they are becoming a burden on their families. If you are feeling this way, call your doctor, nurse, or social worker and make an appointment. Tell them how you're

feeling. They can help you get your pain, fatigue, and depression under control.

[Narrator]

If you have signs of depression, don't wait to get help. In addition to making you feel more miserable, depression can actually interfere with the healing process, which is the last thing you need when you are trying to recover from cancer. It might also help to remember that hope changes as situations change, and there is always something to hope for. Try this exercise. Take out a sheet of paper and start a list numbered from 1 to 10. Write down 10 things that you are hoping for this week. These hopes may be general, like having a better quality of life, or specific, like feeling well enough to go to church on Sunday. Review and update your list once a week. Check off hopes that you have achieved. Look at the remaining hopes and ask yourself if each item is still important to you. If it is, keep it on your list. If not, replace it with a new hope. Remember, that a hopeless person becomes a helpless person, so it is very important to always have something to hope for.

[Narrator]

In conclusion, cancer is a common problem for many older people, but simply being older should not add to the burden of the disease. This audio program has focused on issues that have special meaning for older cancer survivors. Don't forget to look in the accompanying booklet for important telephone numbers and Internet addresses for additional resources to help you. The six Basic Skills audio program of the Cancer Survival Toolbox also have many ideas and suggestions for improving your skills in becoming your own best advocate. We encourage you to listen to these audio programs and practice - and use -- the skills that they cover.

[Narrator]

This concludes our program, entitled Topics for Older Persons.