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Don't let guilt rule out the retirement home

My mother and I arrived at the outpatient surgery center promptly at 8:00 a.m. She and she walked into the surgery suite while I wished her well and promised to guard her purse.

A woman who looked to be my age was also waiting and we began to talk. She was with her mother-in-law, who was having a cataract removed. The similarity of our situations bonded us, as women often do. We were caregivers for our aging parents, members of a rapidly growing sorority.

Her mother-in-law had moved in four months ago. It seemed like a lifetime. Mama had little-short term memory, broke most of the heirloom china, lit the oven to heat food she was supposed to warm up in the much safer microwave. She worried about Mama all the time.

She no longer chatted with girlfriends at lunchtime but ran home to take care of Mama. She was getting nervous tics and fighting with her husband. Mama came to them because her daughter, the only other sibling, was worn out and went on anti-depressants.

I told her about my mother's retirement community. My mom had an apartment on the third floor. Pull cords were placed in the bedroom and bathroom; one yank would bring help right away.

She usually fixed her own breakfast and lunch but ate dinner in the dining room with the other residents. The van went to the grocery and drug store on Wednesdays.

Her apartment was rented month-to-month. Although the fee seemed high at first, it covered everything: utilities, cable, security, transportation, weekly cleaning, meals in the dining room, activities and, best of all, peace of mind for both of us.

When Grandma goes to live with family she is most likely in her 80's or 90's. In her 60's and 70's, she was probably traveling, still working or doing volunteer work. She may have replacement hips or knees and survived cancer or a heart attack. It's highly likely she has a short-term memory loss that makes her a danger to herself and others.

Modern medicine has yielded many blessings and living longer is a big one. That longer life comes with a passel of medical bills, Medicare paperwork and prescriptions that must be re-filled, not forgotten.

Most elderly people have several physicians, including, but not limited to: neurologists, cardiologists, oncologists, internists, and ophthalmologists. All those doctors order diagnostic procedures and lab tests that require appointments. If physical or occupational therapy is prescribed, yet more appointments must be made - and kept. Transportation has to be provided.

The image of grandma at home with the family, baking bread and knitting, is as mythical and beautiful as a Norman Rockwell painting. Grandma requires a lot of medical care and as much monitoring as a curious toddler. Life is frustrating and sad; end- of-life issues must be faced.

Put her in the middle of a boisterous family, add a few teenagers, with both mom and dad working full time, and you have a recipe for failure. Place her in a well run retirement community and you afford her the opportunity to remain independent, and to stay out of her daughter's kitchen.

Placed in the hands of caring professionals - cooks, servers, housekeepers, security personnel, activity directors and van drivers, Grandma can relax and concentrate on needlework, visiting with new friends, or even writing a memoir.

My companion asked for the number of the retirement community. I wished her well as she left with her mother-in-law. I hope the family will look hard at the reality they are living and pray they will have the courage to consider a retirement community, for everyone's sake.