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Caregiver Empathy is Cornerstone

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For every dementia patient who cannot care for themselves, engaging a competent serving the Caregiver—is almost a given. In their support, libraries and internet sites brim with pages, papers, and books addressing the independence-robbing diseases. Councilors and support groups also offer details to the person(s) providing for ailing folks. National and local organizations also detail the issues and provide excellent suggestions on dealing with every situation a caregiver might need to address, such as handling night wandering, refusal of bathing, incontinence, and more. Yet, few resources define what a caregiver is and what a caregiver needs to do well. Empathize with the patient!

Attending to the patient's needs:

- Comfort the patient; it is not their fault that a disease is attacking.
- Remove stress, anxiety , and pain
- Hygiene
- Medications
- Happiness
- Emotional and spiritual support
- Daily needs
- Nutrition
- Life decisions

Initial giving care often begins with assisting a patient with tasks. The time progression of relentless disease usually increases the amount and details of care. From helping to attending to every need and bodily function. The intensity will increase, yet the goal of caring about the patient as a person first never changes. Giving care is both the feeling and the tools to use to help. Remember, I must, that the patient is still in there. Access to memory, motor functions, etc., may change with time, but the memories and mind do not drain out of the person. Most caregiver help documents and support groups focus on the caregiver in the context of the help they can provide. I just read a book, updated 20-plus times, penned by two medical professionals. This encyclopedia-like reference brims over with every situation a caregiver might encounter. However, it is not organized in the progression of the disease order. It only once addresses the issues from the patient's perspective. Two books in my library do: Tuesdays with Morrie by Mitch Albom and Still Alice, authored by Lisa Genova. Each author knows and practices the difference between sympathy and empathy.

Front-line symptom diagnostician:

Most patients' ability to function, for example, with any of the dementia diseases, tends to deteriorate with time. Attacks on the brain, not the same with each different variety, can alter the symptoms in the patient. The caregiver is the front line for identifying, documenting, and reporting changes. The caregiver is the first person to see changes in mood, gate, speech, motor controls, and all the rest. The medical professionals are not in daily contact; the giver is. In addition to attending to the patient's needs, changes in their condition play a critical role. Critical. Communicate with the medical team.

Maintaining a positive support attitude starts with deeply understanding the difference between sympathy and empathy. Empathy is putting yourself in the patient's mind and remembering that they still have memories, personality, and whatever the brain does. Being slow or unable to recall something means their access on demand is slowly compromised. Give them credit through empathy. Books, documents, YouTube videos, etc., are full of information about what not to do. These suggestions mostly take into account the feelings of the patient. Please do not take away any of their life. Do not put the task ahead of the patient's needs, emotions, and self-worth. Understand and practice empathy.

Longer-term decision maker:

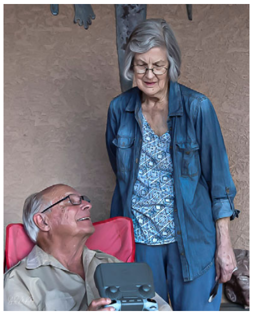
No matter what conditions we address today, tomorrow might well be different. More challenging still are the longer-term issues facing any relentless disease. Beyond the legal framework, the family, medical professions, the patient to the extent they can, and the caregiver necessarily work today with an eye on the future. Decisive actions may be complex, but if there are longer-term consensus, these choices transition smoothly if the path is understood and suitably planned. Start the planning early, ensuring the patients' wishes are well understood.

Research institutions, resources, and organizations can help while ensuring the living will, and other vital legal documents are up-to-date and readily available. Keeping the path clear of obstacles ensures that future decisions focus on the care of the patient and not the absence of papers and resources. No matter what the initial path looks like, modify it as needed. Reassess frequently and evaluate significant decisions regarding what might be next.

Taking care of the Caregiver:

With increasing pressures, needs, and stress accompanying an ever-increasing amount of care comes extensive stress on the Caregiver. Knowing when to ask for help, be it time off or expertise better handled by another, and keeping the caregiver healthy and positive is the cornerstone to helping the patient.

I am no expert. Reading, listening, and talking with people who are, I discovered the often overlooked perspective of the patient. Perhaps I have the opportunity here to interview my wife, understand her perspectives, document what she says, and learn to adjust my approach to caring while giving due time and credit to the person daily experiencing the changes and challenges of dementia.



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