

'Bill of Rights for the Dying' stresses dignity

Dear Mrs. Farrell:
Is there such a thing as a "Bill of Rights" for the dying older person. Miss C.A.

Dear Miss A.:
At a Michigan workshop for the terminally ill patient and the helping person in Lansing, a Bill of Rights for the Dying aged person was written.

Although it relates primarily to the nursing care of the older person in an acute care hospital, its concepts can be applied to any aged person who is dying.

It says:
"I HAVE the right to be treated as a living human being until I die."
"I have the right to maintain a sense of hopefulness, however changing its focus may be."
"I have the right to express my feelings and emotions about my approaching death in my own way."
"I have the right to participate in decisions concerning my care."
"I have the right to expect continuing medical and nursing attention



gerontology
A. Jolayne Farrell

even though "cure" goals must be changed to "comfort" goals.

"I HAVE the right not to die alone. I have the right to be free from pain."

"I have the right to have my questions answered honestly."

"I have the right not to be deceived."

"I have the right to die in peace and dignity."

"I have the right to retain my individuality and not be judged for my decisions, which may be contrary to beliefs of others."

"I have the right to be cared for by caring, sensitive, knowledgeable people who will attempt to understand my needs and will be able to

gain some satisfaction in helping me face my death."

Dear Jo:

What do you think of the latest exercise craze — walking? I am in my late 70s and have rarely let a day go by that I haven't taken a brisk half-hour walk. I guess I am just "ahead of my time."

Mr. R., Windsor Reader

Dear Mr. R.:

Congratulations! You are indeed

ahead of your time. Walking has been the recommended exercise for people of all ages for generations. Finally, it is now getting some good press.

Walking and riding a stationary bicycle are now referred to as low-intensity exercises and two recent studies have concluded that this type of exercise is the exercise of choice for people over age 50.

ROBERT DEBUS, a doctor who is director of the cardiac rehabilitation program, Stanford University School of Medicine, Palo Alto, Calif., compared the effects of 12 weeks of home-based exercise training in 44 healthy sedentary middle-aged men.

Twenty three of the men trained at high intensity (75 to 87 percent of peak heart rate), 21 trained at low intensity (60 to 72 percent of peak heart rate), and an additional 20 subjects served as controls — they

didn't exercise at all. At the conclusion of the study both groups had a marked increase in peak oxygen consumption as compared with the control group. In addition, it was also disclosed that those training at low intensity experienced the benefit of a lower heart rate when resting and during exercise.

THE OTHER study that supports low-intensity exercise is one done by William Evans at the Center on Aging, Tufts University School of Medicine, Boston.

Ten healthy older subjects (average age 68) and 10 healthy younger subjects (average age 22) participated in an aerobic exercise program that also lasted 12 weeks. The program consisted of riding a stationary bicycle three days a week for 30 to 45 minutes.

According to Dr. Evans, the older

subjects' skeletal muscles had an almost 100 percent improvement in the ability to use oxygen after training, which was greater than that of the younger subjects.

IT IS A pleasure to see research that supports low-intensity exercise. It is an easy and convenient way to keep fit.

Anyone planning to take walking a little more seriously should invest in a good pair of walking shoes. Excellent ones, especially designed for this purpose, are available at local sporting goods stores.

Thank you for your timely letter, Mr. R., I'm sure that many of our readers will follow your example as it is never too late to start.

Readers can write to Jolayne Farrell at P.O. Box 66, Postal Station G, 1075 Queen Street East, Toronto, Ontario M4M 3C4.

Cancer center 'makes difference'

Breast Cancer strikes one in 11 American women.

Judith Anderson, program coordinator for the Oakland County Health Department breast cancer detection and education center, said, "Here at BCDEC we are trying to make a difference in these statistics."

"Our primary purpose is to improve the survival rate of women by detecting breast cancer at an earlier stage. We are achieving our purpose — our detection rate is 14.7 percent. The national rate is 6-8 percent," she added.

TO HONOR the Health Division's success, the breast cancer center is hosting a 10th anniversary reception from 4-7 p.m. Monday, Oct. 20, at 27725 Greenfield, in Southfield.

As one of his first acts as county executive a decade ago, Daniel Murphy directed the Oakland County Health Division to look into the possibility of establishing a mass screening service for the detection of breast cancer in women.

Murphy subsequently recommended that the program be expanded through linkage with the Michigan Cancer Foundation, which obtained a grant from the National Cancer Institute to coordinate the varied screening, educational, treatment

and research programs in the Tri-County area.

"When the grant expired in 1980, I recommended continuing the program," said Murphy. "It's important for women to know that early detection can save lives."

THE OAKLAND County clinic has seen 12,301 new patients since 1976. Of those, 182 patients were found to have breast cancer.

The initial breast examination cost is \$12. Following visits are \$7. There is no charge for patients 60 years of age or older.

Other services include health history, height, weight and blood pressure monitoring.

Reports are sent to the patient's private physician. There is a medical consultant every two weeks for patients who do not have their own physician.

FOLLOWING A patient's initial examination, notification by mail serves as a reminder of annual or more frequent visits.

Public health nursing services provide follow-ups for patients who demonstrate a suspected malignancy and encourage medical recommendation for care.

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