

Philosophy of Aging and Eldercare

Brother Stephen Glodek, SM



Old age. There are some lucky ones who little by little slow down to be sure, but otherwise go on to the end pretty much as usual.

For the majority however, it is like living in a house that is increasing in need of repairs.

The plumbing does not work right anymore.

There are bats in the attic.

Cracked and dusty, the windows are hard to see through, and there is lots of creaking and groaning in bad weather.

The exterior could use a coat of paint. And so on.



The odd thing is that the person living in the house may feel humanly speaking, as much as always.

The eighty-year-old body can be in precarious shape yet the spirit within is as full of beans as ever...

Very young children and very old people also seem to be in touch with something that the rest of the pack has lost track of.

There is something bright and still about them at their best, like the sun before breakfast.

Both the old and the young get scared sometimes about the future, and with good reason, but you can't help feeling that whatever inner goldenness they're in touch with will see them through in the end.



1. Religious are stewards of their physical, mental, and spiritual health.



 Since life is a gift from God, religious are called not only to maintain life but also to return this gift in full freedom to God at the appropriate time.



3. Religious communities should be environments where chronically sick or aged members feel at home and truly a part of the community.



4. Caring for a sick religious is a reciprocal ministry.



5. In caring for a sick religious, a community is called to express its love generously while at the same time respecting other needs and the communal good.



6. When a religious is suffering from serious disease, decisions regarding treatment - especially end of life decisions - should be made jointly between the religious and his or her community.



7. Both the dignity of the individual and the nature of religious life require that communities and other caregivers be truthful to their sick and dying members.



8. Religious have the right, like all people, to refuse forms of treatment that are burdensome and do not offer a reasonable hope of benefit.



- Assess or reassess where the congregation or province is with regard to the care of your senior members.
 - demographics
 - financial situation of the congregation
 - resources of the National Religious

Retirement Office (NRRO)



- 2. Self-sufficiency is *a virtue of the past* for most congregations.
 - Seek help from congregations or provinces who can share with you their experience or resources.
 - The National Religious Retirement Office (NRRO) is a valuable networking resource to deal with these complex questions.



- The congregation or province needs to articulate, to put down on paper, your operating philosophy for aging and eldercare.
 - Evaluation
 - Reevaluation
 - Changing demographics and leadership



- 4. Develop a program of on-going formation regarding eldercare.
 - For the different changing age cohorts in your province or congregation.
 - Preparation for transition to retirement, for transition from local communities to care centers, and for death.



5. Be transparent toward the congregation or province regarding the financial situations that affect and influence the programs and plans that you are making together for aging and eldercare.



6. Eldercare is not just a monthly agenda topic for the leadership council.

- Someone needs to be missioned within your congregation.
- Job description: to focus eldercare in a practical, consistent theme for the leadership team.
- Encourage and develop resources for ongoing conversation and education in your local communities.



John 21:18

Amen, Amen I say to you, when you were younger, you used to dress yourself and go where you wanted; but when you grow old, you will stretch out your hands, and someone else will dress you and lead you where you do not want to go.