



# COSCO News

Council of Senior Citizens' Organizations of B.C.

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<https://www.facebook.com/COSCOBC/>



## LOOKING AHEAD

*A Message from Sheila Pither, COSCO President*

This is the final article I will write as President of COSCO. My term will be over in mid-February and I won't be running again, not because I don't enjoy the work but because there are other things on my agenda. As Past President I am included in the Executive Committee for one year so I'll adjust to a different role.

As we look forward to 2022, I know that everybody's first wish for the New Year is that we destroy the virus that is still wreaking havoc all over the world. It is a determined little beast and just as people are thinking that the worst is over along comes another wave. This was my first wish last year too. For COSCO our wishes are linked to our work. For 71 years our organization has been active as a focused protector of the welfare of seniors in British Columbia. It isn't just a matter of identifying a need, it's a pledge to do something about it.

Long-term care is still very much on our minds in terms of influencing governments and establishing standards. We know it has been a dreadful time for many fragile and vulnerable people. It has been a nightmare and it still is. Nothing short of reform will do. A few cosmetic changes, which will soon be eroded by those who have profited from their investment expectations, cannot placate our outrage. COSCO has been trying to move both the federal and provincial governments to recognize their obligations and to act on them. Many other strong organizations have made the same demands. We will continue to hammer away. The broken promises are not mended.

Then there is Pharmacare. For a few heady weeks it looked as though we might finally get a universal program that would benefit all Canadians. It has been a long road and the arguments are well known. Big Pharma fought tooth and nail to keep things the way they are. What else would one expect? The Throne Speech did not mention Pharmacare. The broken promises were not mended.

One of our big successes is our ***Stay on the Road*** workshop. We partner with ICBC staff to explain mature driver assessment, which is ultimately the responsibility of RoadSafety BC. Our audiences have been huge so far. ICBC driver examiners do the road assessment work and hearing from them in the workshop gives extra authenticity to the whole experience.

In the New Year we are going to refresh our ***Passing the Torch*** workshop, which deals with the recruitment and retention of retired people who will carry on the vigorous activities that have

During my term in office I have been honoured to work with our Executive Committee, our affiliates and our associate members. Whenever I needed help it was there and I can't begin to say how exhilarating it was.

Council Of Senior Citizens'  
Organizations Of BC (COSCO)

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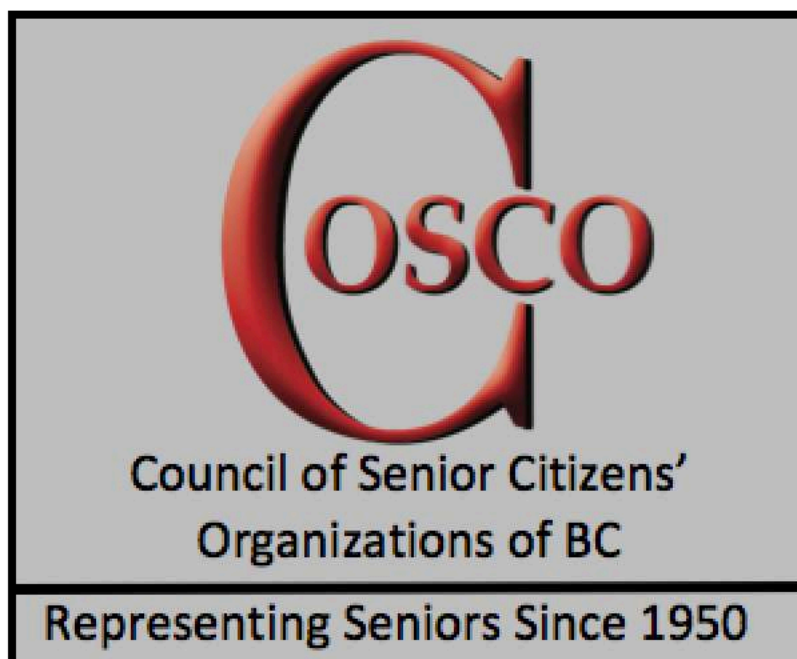
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## About COSCO

COSCO is an umbrella organization that brings together 64 different seniors groups, representing approximately 70,000 women and men to work on common issues.

COSCO is affiliated with the 1,000,000 member National Pensioners Federation (NPF) which promotes these issues at the national level.

COSCO is a registered non-profit organization  
Send your letters to the editor or other contributions to:  
[cosconews.editor@coscobic.org](mailto:cosconews.editor@coscobic.org)

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# Are You Worried About the Medications Older Family Members Are Taking?

*By Johanna Trimble and Janet Currie*

## ***Some facts about medications and older adults***

Often, adult children are the first to notice the effects of prescription medications on their family members. These can include problems with memory, over-sedation, confusion, dizziness, balance problems, urinary problems, falling, or unusual behaviours.

Two out of three older Canadians take at least five medications, and one out of four take at least ten. Risks of adverse drug reactions increase with each drug. All drugs have the potential for adverse drug reactions, including over the counter drugs. These reactions can be mild or serious, temporary or permanent and can begin suddenly with a new drug or take time to develop, even years. Older adults become more sensitive to medications as they age and their bodies process drugs differently. Smaller doses may be as effective and safer. The number of prescriptions for older adults usually increases over the years, especially if more than one doctor is prescribing; yet some may no longer be necessary or safe.

## ***Are new health symptoms caused by medications?***

New or worrisome symptoms may be due to a prescription drug, not a new health condition. This is especially likely when new drugs are added. Regular review of all medications (especially if taking more than five drugs) is recommended for people of any age.

## ***What can a concerned person do?***

**Be sensitive when talking to older family members about any changes you see or concerns about their medications.**

A person may have noticed new symptoms in their older relatives or friends and worry that their health is getting worse. They may fear that reducing medications will be dangerous. The person can make the suggestion that perhaps a review of medications would be helpful. It is important to reassure the older person that “taking charge” of their medications is not the intention. Explain that medication reviews by a pharmacist, a nurse or a doctor are a normal process to check for possible dose problems or drug interactions, and determine whether some drugs may no longer be needed. Ultimately, most seniors are concerned about maintaining their independence.

## **Keeping a medication record**

First, with your family member's consent, ask their pharmacist to print out a list of medications. This is an opportunity for both of you to bring up questions or concerns. If your family member uses multiple pharmacies, each pharmacy will usually only list the prescriptions they have filled. It is important to double check that any list of medications is complete.

This can be a start to creating a medication record, which can be entered on a pen and paper grid or on a computer spreadsheet. Include over-the-counter drugs and supplements. List the name of the drug, the dose, what it was prescribed for, how often it is taken, when it was prescribed and who prescribed it. Update it frequently. The *Canadian Deprescribing Network* provides a sample record form for your use here:

<https://www.deprescribingnetwork.ca/blog/2018/6/13/medications-older-family-members>

If your parent, or family member is unable to request a list him/herself, you may need to produce official documentation showing you as their healthcare decision-maker. This may mean having a "representation agreement" or a similar document that names you as the person who can make health care decisions on their behalf.

## **Medication reviews**

Depending on your province, a medication review may be free of charge from a pharmacist if a certain number of drugs are taken. Check with your local pharmacist. Give the complete list you've prepared to the pharmacist. Ask your family member if they would be willing to have you come with them to discuss the results of the medication review with the pharmacist. Ask for the review to be sent to your family member's doctor and make sure the results are discussed with them. Be sure to request a longer consultation appointment to do so. Be aware that some older Canadians may feel uncomfortable raising medication-related symptoms with their doctors fearing this may be seen as impolite or indicating a lack of trust.

## **Medication reactions in the hospital**

Be sure to find out which drug caused the problem and note the information on the medication list you are keeping. Make sure this reaction is reported in your family member's or medical record and to their family doctor and pharmacist. Sometimes people are taken off a problematic drug in hospital, only to have the same drug or drug class prescribed again later, due to lack of communication. This may result in an emergency hospital visit. Hospital discharge information may not reach the right people at the right time.

## **Looking out for your family member**

You can be an invaluable help and resource to your loved ones. Respectfully discussing your concerns, and offering practical solutions and a helping hand can prevent serious health issues. Your support can also help your family member maintain their independence and feel empowered about their health.

Learn more about managing medications by visiting: [deprescribingnetwork.ca](https://www.deprescribingnetwork.ca)

## Looking Back ... and Forward

Last summer nearly 600 people died because of the heat dome. The BC Coroners Service considers a death heat-related when:

- the localized environment of the body temperature of a decedent is consistent with hyperthermia; or
- there is no direct temperature at the time of death, but there is evidence to support that heat had a significant causal effect on the death.

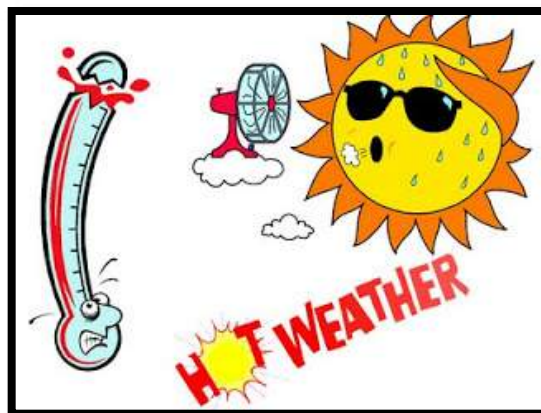
Three quarters of these deaths occurred in the Fraser Health and Vancouver Coastal Health areas. And 69% occurred in people over 70. The number of men and women who died was nearly equal.

Since extreme weather events seem to be upon us in the form of massive forest fires, heat domes and torrential rains, it is important to gather as much information as possible to be prepared for these preventable deaths. The Coroners Service will attempt to do that by convening a 'death review' panel in the early spring of 2022. Their findings are expected later in the spring.

In the meantime, there are a few things that we can do in times of extreme weather:

- Ask a family member or friend to check in on you regularly. This is especially important for seniors living alone.
- Learn about areas in your community that are cooler or air-conditioned and visit for at least a few hours. You may need to organize transportation to take you to and from these areas.
- If you are able, consider installing an air conditioner in your home
- If you are able, consider a 'heat pump' system in your home.

*Information from BC Government's Coroners Service, November 2021*



## Problems of Income Security for Low Income Seniors



Many seniors who received the CERB (Canada Emergency Response Benefit) and who are recipients of the GIS (Guaranteed Income Supplement – an income top-up for low income seniors for those receiving Old Age Security) were

surprised in July 2021 when they found that their GIS had been reduced or eliminated. This occurred because the use of the CERB income to calculate their GIS inflated their financial situation. To make a bad situation worse, if a senior received the CERB from Employment Insurance (EI) they had to go through a long process to get their GIS reinstated. But if a senior received their CERB from Revenue Canada Agency, at this point in time, they cannot get their GIS reinstated.

To make matters worse, seniors were impacted in other ways.



For example, if they live in BC Housing or other non-profit housing, they have to do annual income verification. And because their income was higher,

they are paying more rent.

But because of the GIS cutback, they have less income to pay this increase.

Another example, if they receive SAFER (Shelter Allowance for Elderly Renters), they also have to do annual income verification. They end up losing part or all of the SAFER and have to pay more rent out of their reduced income.



The 411 Seniors Issues committee is working on this. We have spoken to provincial and federal politicians and continue raising the issue where we can. We want the federal government to exempt the CERB (which was an emergency benefit) as income when calculating the GIS.

*Reprinted, with permission, from 411 Seniors Centre Society,  
The Old Timers' Rag, 2021*





## Practical Technologies for Ageing in Place



Dr. Samir Sinha

Dr. Samir Sinha, a leading Canadian gerontologist from Mount Sinai Hospital in Toronto, was the featured speaker in a recent webinar. He gave a description of some of the issues of Ageing in Place.

One study showed that 100% of seniors want to stay in their own homes until they can no longer cope. This is partly a reaction to the horrors we witnessed in Long Term Care homes during the pandemic. Since COVID 60% of seniors are changing their minds about long-term care, but 30% of them don't feel they are prepared for an emergency if they do stay at home.

The most common type of emergency: falls! Falls are the leading cause of injury-related hospitalizations. 1/3 of seniors fall each year and 1/3 of these falls will result in serious injury. 80% of hospitalizations are due to fall injuries. And half the falls happen at home. Other types of emergencies include heart issues, stroke, breathing difficulties, and severe allergic reactions. Memory impairment can lead to 'wandering' and leaving appliances unattended (e.g. stoves). This can lead to all kinds of problems. Another problem is 'sprains and stains' resulting from arthritic or weakened joints -- and finally, as we in the province know too well, emergencies due to natural disasters.

Seniors are at higher risk for falls due to some natural ageing processes. Both vision and hearing affect balance. Also, diabetes, obesity, cardiovascular and respiratory diseases, lack of exercise and dementias all risk balance and mobility. There are also some external factors that increase the risk: clutter in the home, poor lighting, medications and mobility aids.



What tools help prevent falls or help with the outcome of falls? Dr. Sinha suggests that there are practical technologies for seniors wanting to age in place. These include smart phones that a senior can carry with them. Apple has included an app that detects falls and also has GPS. Smart watches and fitness trackers can give similar information. Some hearing aids include fall detection abilities. Virtual care is possible where a person can call their doctor and often the doctor can see the person on screen. Remote health monitoring can also help prevent hospitalizations. There are also some smart home devices, which keep track of medications. The device can be programmed to beep when you need to take a pill or pills.

There are also Personal Emergency Response Services (PERS) that will connect to an emergency response centre, where help can be dispatched. Many are easy to use where a person only needs to press a button to call for help. Some GPS trackers and fall detection devices have 2-way voice activation. The doctor noted that 30% of people who fall lay on the floor for more than an hour. Getting help quickly can prevent some complications and hospitalizations. It can also extend the length of time a person can remain at home.

Various companies have these devices. *Telus, Life Assure, Phillips Lifeline, Galaxy medical Alert* are some. Costs vary.

Dr Sinha comments that the top priority is keeping a person safe. Seniors should talk to their health providers about devices, as a first step. Also, seniors should take some fall prevention classes to strengthen muscles and improve balance. We should be doing 150 minutes of exercise a week. Get in touch with an occupational therapist to assess the home for things like grab-bars in the bathroom and railings near steps. There is much we can do. But be sure to take into account the costs of any home adaptations. Many programs are available to help with this.



*Webinar sponsored by: Sinai Health, University Health Network, National Institute on Ageing (NIA), Ryerson University and Telus Health*



## Accessing Home care

*Cathy Battocchio*, a registered nurse, with Fraser Health Home care walked us through a virtual workshop on how to access Home Care. Although there are a number of other health regions in the province, this information likely applies to all.



Home Care through public health is personal care. This includes washing, transferring to and from bed, toileting, dressing and heating up meals (they do not prepare meals). To be eligible for Home Care a person must be a Canadian citizen or Permanent Resident and reside in Canada for 3 months before applying.

The cost of the service is dependent upon a person's income. Those receiving Guaranteed Income Supplement (GIS) pay no fees.

The program also offers respite care for caregivers living in the home. In this case the client can go to a care home for up to 30 days a year if the caregiver has to leave or go on holidays.

A family member or your doctor can contact the Home Health Service Line (in Fraser Health it's 1-855-412-2121), for the initial assessment. In other areas of the province call your Health Authority and ask for the Home Health Services.

Other services like shopping, food delivery and rides to medical appointments are taken up by the community. The United Way is one such organization, with their *Better At Home* program. Neighbourhood houses can help with cooking. Local seniors' centres may have programs or can help you with finding one.

*Presentation from Burnaby Health and Wellness Fair, November 2021*

## Opinion: Two Life and Death Realities for Seniors?



When the first Canadian legislation on medical assistance in dying (MAID) was introduced in 2016 by Minister of Justice and Attorney General of Canada, Jody Wilson-Raybould, she stated the government's intent was to *"affirm the inherent and equal value of every person's life; avoid encouraging negative perceptions of the quality of life of persons who are elderly, ill or disabled; protect vulnerable people from being encouraged to die in moments of weakness; re-affirm society's goals with regard to preventing suicide; and encourage a consistent approach to medical assistance in dying across Canada."*

All well and good if you are **not a senior** living in Alberta in 2021. But if you are, you will find the values, norms, and human rights espoused in the new "Critical Care Framework" of the Alberta Health Ministry quite chilling and in stark contrast to those espoused in the federal preamble to MAID.

Since mid-2021, the Alberta Health System includes a "triaging" protocol making it legal to ration care to vulnerable adults and children (though after a public outcry the triaging of children was excluded). The 32-page protocol states: *"When activated the triage protocol will be used in all health care facilities and actual care units in Alberta to **prioritize patients who have the greatest likelihood of survival.**"*

It seems likely, therefore, that those adults considered unworthy of receiving critical care resources are going to be disabled adults and seniors who have chronic health conditions (most do) and will therefore be judged less likely of survival. Apart from medical doctors who swear an oath to do no harm, there seem to be few protections for seniors from the worst impulses of the current Alberta government and those eager to do its bidding.

Many of us will remember hearing the Alberta premier's response on TV only a few months ago to a question about the deaths of so many seniors in long term care: *"they had outlived their life expectancy"*, he said.

During COVID, BC and Ontario have also quietly developed “ethical” public health guidelines for rationing health care in emergencies. The principles underlying these guidelines, appears to be based on the British 18th century moral doctrine of utilitarianism ---the greatest good for the greatest number. But the greatest good for the greatest number has just left out a huge portion of the population, seniors.

We have ostensibly come some way since then in protecting the human rights of vulnerable people but given the abuse, neglect, and many deaths of residents in long term care across Canada (many more than in other developed countries) and the years of severely inadequate funding by all governments of the most vulnerable seniors in long-term care, we need to demand a re-think from our politicians based on 21st century not 18th century values and customs.

The underlying message for seniors in Canada today is that they are not valued; their inherent right to life is not protected; negative perceptions of seniors rooted in ageism are reinforced; and seniors should feel guilty for accessing health care on an equal basis with others.

As a developed society, we do not accept discrimination based on ethnicity, race, skin colour, gender or religion but discrimination based on age is not only widespread and tolerated but now being promoted in health care.

For this reason, COSCO strongly supports the establishment of a United Nations Convention on the Rights of Older Persons that will protect all seniors from the worst impulses of our very fallible politicians.



*Kathleen Jamieson*



**FYI**

The new federal Minister of Seniors is ***Kamal Khara***

Website: [Canada.ca/seniors](https://Canada.ca/seniors)

## Upcoming Events

***Stay on the Road*** workshop will be offered again in January by **zoom**.

Check the website for the poster and registration early in January.



***Happy Holidays*** everyone!

Stay safe and healthy



***See you in 2022!***