Preface

How did this book come to be? I have spent decades in contact with elders, and what I have seen—both inside and outside my nursing career—has been a lot of misunderstanding of aging itself. I saw dismissiveness, stereotyping, and assumptions that were not fair to the older person, with both patients and legal clients. I began to write about aging partly out of frustration with that unfairness, and partly because of the inevitable vulnerabilities many elders have to face. I didn’t want to see them overlooked, taken advantage of, or treated less than respectfully. I wanted to share what I have learned from thousands of patients and what nearly three decades of practicing law, sometimes representing aging clients, has taught me. I wanted to bring into focus all that I have studied and learned about aging since retiring from a litigation practice to focus on aging clients and their families as a consultant and mediator. I am a senior citizen myself, a Baby Boomer with an aging mother-in-law, and some of what I write about is from personal experience as well as from my professional perspective.

My first career was in nursing. As a student, I had worked as an aide in nursing homes, one of which was across from my college dorm. After graduating from the University of San Francisco with my bachelor’s degree in nursing and my public health certification, I spent some time working in hospitals and nursing homes. I then got a job as a home health nurse, visiting clients (both wealthy and low-income) throughout the day. Most had financial worries as they aged. I recall that when I started, the supervisor told me that most of our agency’s clients were older people. I wasn’t sure I wanted geriatrics for a career; I thought that sounded kind of dull. Wrong! As it turned out, I loved it. My older clients were the most appreciative, it seemed, and we got along quite well. I often noticed how vulnerable they were, because of their many impairments and the need for others in the family to look out for them. Yet, at the same time, most of them wanted
fiercely to hold on to any independence they could. I worked at honoring that while also trying to keep them safe.

All those years ago, nursing was not fairly compensated in relation to the extent of nurses’ education and the responsibility we had for our clients. (Fortunately, that has changed!) So eventually I chose to go to law school, working my way through while nursing, in an effort to still be of service to individuals while improving my financial prospects. I worked as a lawyer for established firms and eventually opened my own personal injury litigation practice, which succeeded for 25 years until my retirement. During those years, when I represented a 90-year-old, I was appalled at how inconsiderate others appeared to be in failing to accommodate her aging. When somewhat frail elders were my clients, I became ever more protective of their rights than I was for younger persons, mainly because the elders sometimes had trouble speaking up for themselves, but also because an injured older person generally does not recover in the same way a younger person does. The failure of my lawyer brethren to understand this often upset me, and I wondered why they seemed so unaware. I realized that perhaps no one had ever explained the specific problems of aging to them—and I thought about what I could do to change that.

After retiring from my litigation practice, I founded AgingParents.com, a consulting and mediation office, with my psychologist husband, Dr. Mikol Davis. We expanded it to AgingInvestor.com to help educate financial services professionals about aging clients. Our work with aging clients and their adult children has taught both of us a great deal about the problems families have and how to best solve those problems. After hearing hundreds of stories and mediating countless family conflicts over the past several years, I felt it was time to share some of the commonalities and lessons learned. Every client has been my teacher.

I also grew increasingly concerned about elder abuse. I saw lawyers who thought they were being good advocates unwittingly aiding and abetting abuse by taking an impaired elder’s word for everything, never questioning obvious signs of memory loss. Perhaps they simply didn’t know the danger signs of cognitive impairment well enough to see how complex an issue this is. I wanted to change that too. And I wanted to help not only lawyers, but also business and financial professionals to better recognize the safety
risks posed by financial decisions when an elder with incipient dementia was in front of them.

My effort here is from both my nursing perspective, having personally had my hands on thousands of aging clients over 10 years of nursing, and my legal perspective. In combining these two points of view, my hope is that you, the reader, will come away better prepared to address the aging clients who will inevitably cross your path at some point. Whether it is in your office or in your own family, my hope is that your understanding of the aging person/client will deepen. I also hope that you will take special care of these folks, whether family, friends, or clients, in whatever way you provide service to them. After all, they are ourselves, a few years down the road.