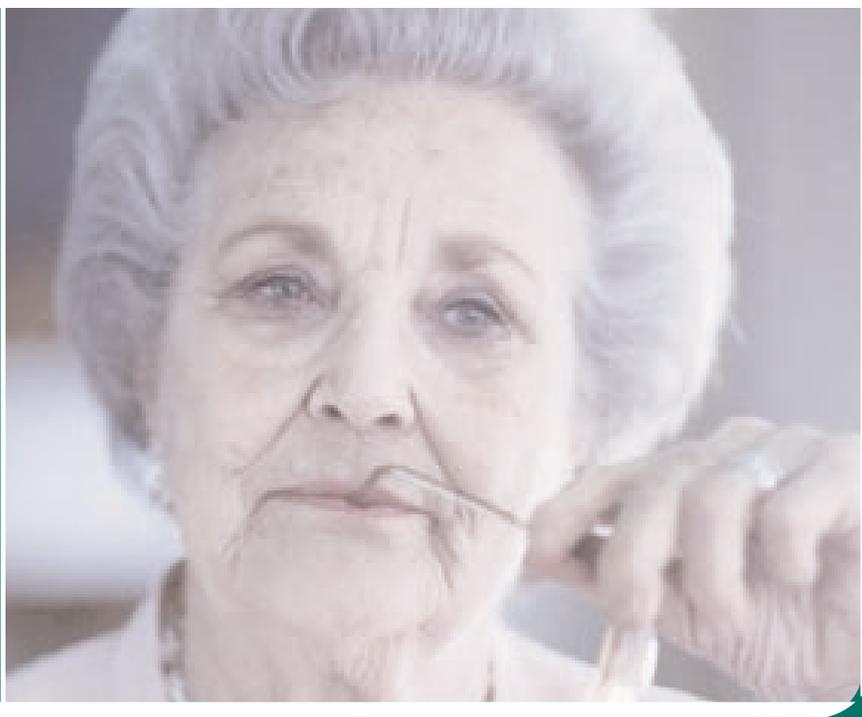


# Care in the Latter Years of Life



## About the Pfizer Healthy Ageing Advocacy Forum

The Pfizer Healthy Ageing Advocacy Forum brings together organisations that take a leading role in representing the interests of older citizens in Europe, or that have an interest in promoting healthy ageing in people of all ages. The Forum believes that ageing should be a positive experience and that, given the right opportunities and choices, people in this stage of life can be healthy, active and happy, whilst making a positive contribution to society.

The Forum was convened in response to Europe's ageing population, caused by increasing life expectancies due to medical, technological, social and economic advances, and by falling birth rates. As society ages, it is important to ensure that we are planning for not only longer but also healthier lives, and the Forum is eager to contribute to the wider debate on how Europe can most

effectively manage the demographic transition towards a society composed of vital, valued and involved older people.

The aims of the Forum are to deliver initiatives that act as a catalyst for both practical and societal change by:

- Encouraging debate on improving the role of older people within society
- Building awareness of the positive aspects of ageing
- Devising and driving initiatives that promote healthy ageing throughout life, including its latter stages
- Working alongside all sectors of society including, but not limited to, governments, health professionals, media, commercial organisations, charities and non-governmental organisations and concerned citizens

## The Pfizer Healthy Ageing Advocacy Forum comprises the following groups:



Belgium - Association pour le Soutien de l'Etude du Vieillissement (ASEV)



Czech Republic - Centre of Gerontology Prague



France - Union Française des Retraités (UFR)



Germany - Deutsche Seniorenliga e.V. (DSL)



Greece - Sextant Group



Ireland - Age Action Ireland



Norway - Senior-Saken Norge



Spain - Unión Democrática de Pensionistas y Jubilados de España (UDP)



UK - Age Concern



Pfizer Inc.



# Introduction

**Welcome to 'Care in the Latter Years of Life', a resource created to offer help and support to people entering the final stages of life, as well as advice for their main care-giver.**

Although everyone's circumstances are obviously unique, the main care-giver will often have a pre-existing relationship with the care-receiver, and may be a spouse or family member. This relationship may have begun changing to incorporate aspects of care some years ago, starting with a little help in getting dressed, preparing meals or carrying out certain chores. This is particularly true among older care-receivers when, over time, the help provided by the care-giver often increases. Probably, the care-receiver has become slowly more and more reliant on the care-giver, and the relationship may have adapted to address serious obstacles such as gradual loss of mobility, memory, sight, or hearing.

Alternatively, the caring aspect of the relationship may have begun relatively recently, or may not have begun at all yet. In the case of some conditions such as cancer, Parkinson's Disease, and Alzheimer's, the diagnosis of a serious illness occurs before any long-term care is acknowledged as being necessary.

Whatever the situation, when health and independence enter irreversible decline, it is perfectly normal for both the care-receiver and care-giver to feel a mixture of fear, confusion, denial, and other similar emotions. There may also be feelings of grief over the loss of health and future plans, or shock and anger at this demonstration of mortality. Again, these feelings are normal in a situation that is becoming increasingly common. Indeed, the majority of European citizens will find themselves facing such a diagnosis, as scientific, medical, and social advances increase life expectancy and longevity, and improve our chances of living a 'natural' end to our lives. The virtual eradication of the danger from infectious diseases like plague and tuberculosis, the improved social order which has lessened the risks from accidents or violence, and the prosperity that protects us from the effects of natural disasters like famine, storms and floods, mean that relatively few of us will experience an unpredictable end to life.

**The majority of us will die from a 'non-communicable' disease such as cancer, heart disease, Alzheimer's, or stroke, and most lives will end in old age, after a number of years of failing health during which time we will require care and attention from those around us.**

Despite this trend, there is a general reluctance to talk openly about the end of the caring relationship through the possible death of the care-receiver, or of the care-receiver entering residential care. It can seem all too easy to avoid confronting what has become one of the last remaining taboos in society, and instead try to pretend that everything is going to be fine. The unintended consequence of 'putting a brave face on it' is that many people, both care-receivers and their care-givers, are not adequately prepared for the end of the caring relationship and/or the death of the care-receiver.

This leaflet covers many aspects of the latter stages of the caring process and the eventual end of the caring relationship from the point of view of both care-givers and care-receivers. It also includes advice on how to take care of health, practical, and personal arrangements, how a care-giver can find support, and tips to provide the best level of comfort and the highest quality of life for both the care-receiver and the care-giver. However, the overriding message of this leaflet is the importance of effective communication between all concerned parties, including the care-giver and care-receiver, other family members and loved ones, and health professionals. It is only through open discussion that the tendency to ignore the issue can be overcome, allowing the care-giver and care-receiver to work together to ensure that the latter period of life is as comfortable and worry-free as possible.



## Coping through communication

**Human life is characterised by social interaction and communication, particularly with family and close friends. It is these people that we tend to gather around us on special occasions and milestones throughout our lives – births, birthdays, weddings, anniversaries and retirements to name a few.**

There is, however, an aspect of every life that remains taboo and is often played out in secret – the final stage of life in the lead up to the death of the care-receiver and the end of a caring relationship. This is the one part of life to which we often do not apply the communication skills that enrich every other stage, with the result that the ends of many

lives are unnecessarily marred by pain, fear, and grief. Properly managed, this time can be a positive experience, offering the opportunity to examine a lifetime, complete unfinished business, and focus on doing and saying the things that really matter, in circumstances where pain and discomfort are either eliminated or minimised.

The key to the latter stages of the care-receiver's life being meaningful lies in open and honest communication between all the people who are involved: the care-receiver, care-giver, other family and friends, and health professionals. In this way, many of the more common problems associated with the end of life can be reduced or removed altogether, including problems related to:

- Understanding and choosing the best course of treatment, including if and when to supplement treatment designed to prolong life ('curative') with treatment designed to ensure comfort and freedom from pain, when nothing more can be done ('palliative')

- Ensuring immediate family and loved ones understand and support the care-receiver's treatment options
- Health and wellbeing of both the care-receiver and care-giver, particularly regarding quality of life
- Practical concerns, like creating a will and concluding other affairs
- Emotional issues, such as family quarrels that may now need to be resolved

Open and honest meetings and discussions between all concerned parties are the best way to tackle these and many other issues, to ensure the highest possible quality of life for all concerned. However, a widespread reluctance to acknowledge and confront the

central issue – that the end of life is approaching – often prevents discussion of the other issues, resulting in this being a particularly traumatic period of life, both for the person who is dying and for their care-givers and loved ones.



# Talking about a healthcare plan

**In most cases, when a diagnosis is made that the end of life is near, there will be months or years of life remaining. However, to preserve longevity and quality of life, it is vital that discussions centred on treatment options and choices take place between care-receiver, care-giver, family members, and the health professional as early as possible. All parties will need to know what to expect, how a condition is likely to progress and at what rate, and then work together to decide on a treatment plan that is right for the care-receiver.**

This plan is often called a 'Living Will', or 'Advance Directive'. The importance of doing this early cannot be overstated, particularly in the case of diseases such as Alzheimer's, when it may not be possible for the care-receiver to make decisions later on, or when those decisions may be ignored because of doubts over the care-receiver's competence to make them. It is important to remember that these 'Advanced Directives' may have no legal status if their terms involve the refusal of treatments prescribed by a health professional.



**In all discussions of healthcare options, the health professional will play a central role, at least initially. Below are some questions that you may wish to ask the health professional that can help guide you in these discussions.**

- How will this illness progress, and what decisions can we expect to have to make?
  - What symptoms will there be?
  - What is the maximum length of time the care-receiver can expect?
  - How long does the illness normally last?
  - What level of care will the care-receiver need as the illness progresses?
  - How is this illness likely to affect the lives of the care-receiver, care-giver and family members?
  - If the illness does not follow the expected course, or respond to treatments in the usual way, what other options are there?
- Will there be pain or discomfort, and what are the relief options?
  - Will additional experts, such as surgeons or other specialists, be found if needed?
  - If the care-receiver becomes too ill to manage the plan, who will take responsibility to manage it?

The answers to these questions should help provide an understanding of the disease, how it will progress, and which treatment options are best under the

circumstances. Ongoing and open discussions will also enable the key parties to prepare for times ahead, and come to terms with the changing situation.



# Talking about personal relationships

**Declining health and the approach of death are hard subjects to broach in our society. It can often seem easier to pretend that things are not as bad as they actually are, or to continue as if everything is normal. Whilst this may seem the 'easy' or 'best' option, in reality it is not. Family and close friends may not mobilise to offer love and support if they do not know the truth of the situation. In addition, they may feel upset or unimportant if they are kept in the dark. Remember, however, that it is important to consider the needs and wishes of the care-receiver as well as the care-giver before giving out information about the care-receiver's condition.**

Another consideration is the practical help that family and friends may want to provide. A network of informed and understanding loved ones can make a huge difference to the quality of life of both the care-receiver and care-giver. It is worth considering the following points as a basis for starting discussions with those people

who have been most important during life, and who will continue to be important towards the end of life:

- How the condition may progress, and what loved ones can expect
- How they might feel and react, and what they can do to help
- How the care-giver will be affected, and what family and friends can do to help
- How the care-receiver wishes to spend time with family and friends – some people prefer to have private talks and visits from their loved ones, others prefer to meet en masse
- Whether the care-receiver has any special requests regarding memorial or funeral arrangements, and who they would like to take part
- Whether there are any personal issues, such as old animosities or arguments, that now seem trivial and need to be cleared up
- What other support is available

This issue of unresolved animosities or arguments is particularly important, and the consequence to the care-receiver of not resolving such issues can often be a sense of anguish, or of having left unfinished business

as the end draws nearer. For the family member or friend on the other side of this unresolved issue, the grieving process can be much harder if such personal issues remain unaddressed.



# Talking about practical issues

**Following the diagnosis of a terminal illness, there are many practical matters that need to be taken care of, such as creating a will or trust, paying debts, or transferring property. If mismanaged, these matters can cause distress, inconvenience and even financial loss. However, resolving them properly and satisfactorily can provide peace of mind for all concerned, and allow the**

**care-receiver the confidence to devote his or her attention to more important matters.**

It is a good idea for the care-receiver to discuss these affairs with someone practical whom they can trust, and then create a plan of action that takes care of these problems step-by-step, so that they can be solved with the minimum amount of fuss.

## **Areas that are often discussed in this way include:**

- Legal documents that need to be prepared, including a will, trusts, power of attorney, and providing for dependants
- Providing easy access to documents related to the will, for example bank accounts, share certificates, insurance policies, deeds etc
- Meeting financial obligations if necessary
- Making charitable donations
- Ensuring smooth handover of work obligations, if appropriate
- Funeral arrangements and decisions concerning the body, including whether to donate organs and tissue for transplants, or the whole body to a scientific institution? If so, which institution? If not, a burial or cremation?

## **Summing up**

There are many issues associated with the end of life, but most relating to healthcare, support for care-receiver and care-giver, and practical problems can be solved through discussion. Holding these discussions can, in

turn, help with many other problems associated with this time that are much harder to define, let alone solve, such as awkward personal relations with friends and family, confusion and ignorance, fear, and discomfort.



# Caring for the care-giver

**Providing care for a relative or loved one is particularly challenging towards the end of life, when the care-giver's responsibilities, both physical and emotional, increase. It is easy to overlook this increasing burden on the care-giver's resources, especially as there is often a belief among care-givers that they must ignore their own needs and concerns.**

In addition to these pressures, care-givers can experience feelings of grief and loss as they

see an illness progress in a spouse, companion, or loved one. In the case of diseases like Alzheimer's, care-givers must constantly adapt to the changes that occur in the care-receiver, and adjust to changing behaviour patterns. As they try to cope with the demands of their role, care-givers can become isolated from their social lives, and are prone to loneliness and depression. The early symptoms of depression are not hard to spot, but they are very easy to ignore or attribute to other factors.

**If any of the following signs of depression are evident, the care-giver should consider consulting a doctor:**

- Sad, discouraged mood
- Pessimism about the present, future and past
- Loss of interest in hobbies, work, social life and sex
- Difficulty in making decisions
- Lack of energy and feeling slowed down
- Restlessness and irritability
- Loss of appetite and weight
- Disturbed sleep, especially early morning waking or a marked reluctance to leave the bed
- Depressive, gloomy, or desolate dreams
- Suicidal thoughts

The best way to deal with such symptoms is for the care-giver to prevent them from occurring in the first place, by ensuring that they themselves are also looked after, that they are not overwhelmed, and that their own needs are not neglected. In many cases, this will involve ensuring that they have a support network, including other relatives and friends, as well as health professionals. Once again, it is vital to communicate as

much as possible with this network, and to include the care-receiver in discussions where appropriate. If family and friends understand fully the responsibilities that the care-giver has undertaken, and the extent of the care that the care-receiver requires to maintain the best possible standard of living, there is a greater likelihood of them providing valuable help and support.

**Most care-givers say the most welcome support the network can provide is 'respite' care – filling in for the care-giver for a short time so he/she can look after important aspects of their own life, safe in the knowledge that someone both the care-giver and the care-receiver trust is providing care.**

## **Areas a care-giver might want to try and find time for include:**

### **Your emotional needs**

The emotions that build up in a care-giver can often be negative, particularly if the relationship between you and your care-receiver has been close over a number of years. It is important that you find an outlet for these feelings, which will often be

someone who is willing to listen and understand. Ensure that you make the time to see someone, a good friend or family member, or a health professional you can trust to listen and sympathise.

### **Your hobbies and interests, or some kind of regular physical activity such as cycling, walking or swimming**

These kinds of activities can provide a mental break, but can also give a physical boost. It is worth stressing the importance of this leisure time to your support network, which should be able to help by managing your responsibilities for an afternoon or an

evening once or twice a week. This kind of a break is beneficial not only to you as the care-giver, but also to your care-receiver and members of the support network, as it gives them a regular opportunity to spend time together.

### **Your diet and nutrition**

Eating regularly and well boosts physical and mental well-being, which are vital for coping with the demands of care provision. Whilst

your schedule might make this difficult, a small amount of effort expended here can yield large benefits in many areas of life.

If your support network really is supportive, you should be able to find the time to engage in all these vital activities. However, not all care-givers and care-receivers are fortunate enough to live near close relatives and friends who can rally round and enable the care-giver

to look after themselves properly. The next section provides information and ideas for finding support from alternative sources. People in Northern Ireland can also contact the Department of Health, Social Services and Public Safety.



# Support and recognition

## Advice on associated conditions

There are many conditions that commonly occur in old age that are separate to the main disease, but which can affect the level of care required and make life harder for both care-receiver and care-giver. These include fading sight and hearing, and diseases

affecting mobility such as arthritis. Advice on how to deal with these conditions if they arise can be obtained from organisations such as the National Council for the Blind, the National Association for Deaf People, or the Arthritis Foundation of Ireland (see appendix).

## Health and personal social services

Health Boards arrange support and community care for care-givers and care-receivers. You can request an assessment of the needs of both the care-receiver and the care-giver, following which local health services will draw up an assistance plan, which will include respite care to allow the care-giver a complete break from caring. It is also possible to claim financial assistance – in the form of benefit or

carer's allowance. The procedures for obtaining these, however, are complicated. Citizens Information Centres will be able to offer detailed advice on community care and benefits advice can be obtained by calling the Department of Social and Family Affairs. There is a respite care grant available for those receiving carer's allowance or benefit.

## Voluntary organisations

There are a number of organisations that provide voluntary carers or 'friends' to visit care-receivers one or two times a week to

provide friendship and non-professional support. Contact details for a few of these can be found in the appendix.

## Hospice Care

Care in the very last stages of life is available throughout Europe from Hospice Care organisations. These organisations provide comfort treatment for dying patients, either within specially equipped facilities or, more often, within the home. The Hospice Care

programme offers support in all aspects of the care-receiver's life – not just with the physical symptoms of the disease, but also with social and coping problems. Details of Hospice Care organisations around Europe can be found in the appendix to this leaflet.

**Information on additional organisations and resources can be found in the appendix**



# Enhancing quality of life of the care-receiver

**The last years are an important time for the care-receiver, providing an opportunity to reflect on life and focus on who and what is important to them, and how they can best use their remaining time. It is therefore important that the care-receiver be as**

**comfortable as possible during this period, and free from unnecessary pain and distress resulting from their condition. With a certain amount of knowledge and awareness, there are many things a care-giver can do to minimise such discomfort and distress.**

## Preserving dignity

Perhaps the most important point is to remember that the care-receiver is an adult with all the accompanying rights, including the right to be treated with dignity and respect. A care-giver's life can seem overwhelmingly busy, with an endless to-do list that needs to be worked through systematically. Whilst this is undoubtedly true, a desire to 'get things done' should not detract from the care-receiver's dignity, or restrict their right and need for independence and personal choice. Unless it is medically advisable to do otherwise, care-receivers have the right to wear what they want, eat what and when they want, see who they wish or have privacy – all the rights of any other adult.

Equally, the care-receiver also has a responsibility to respect and recognise the

efforts of the care-giver, cooperate with reasonable requests and understand the pressures that caring can bring. Ideally, both care-receiver and care-giver will compromise where possible and contribute to a successful relationship.

Unfortunately, there are situations where this may no longer be possible – particularly for people suffering advanced Alzheimer's. In such cases, it is important to remember that it is the disease that is responsible for strange or unreasonable behaviour, and not the care-receiver. Behind the disease, there is still an adult, with the same rights to respect and dignity. As a rule of thumb, it is the care-giver who must adapt to the care-receiver in this situation. The care-receiver cannot change, and attempts to force a change will cause distress and confusion.



# Pain and physical discomfort

**The end to life can be marked by pain, and the fear of pain can also be very distressing, particularly in people diagnosed with cancer. In the majority of cases, medications and procedures**

**exist that can control pain, so it is vital to ensure that the health professional overseeing treatment is well versed in pain management.**

The World Health Organisation (WHO) has produced a theory of pain management called the 'Analgesic Ladder', which is a guide to treating different levels, or 'steps' of pain, from mild to severe. Very often, a care-receiver may experience mild pain to begin with which worsens over time. They will therefore need to progress 'up' the pain ladder and change treatment plans accordingly. As self-reporting by the care-receiver is by far the best way to assess levels of pain, the care-giver should be alert to new sources of, or

increases in, pain and be ready to ensure that treatment is adjusted accordingly. As well as pain, there are other physical conditions that can affect care-receivers, which often have little to do with the primary condition. They may be caused by a general weakening of the body or by long periods of restricted movement and inactivity. As with the main effects and symptoms of the primary condition, these secondary conditions need to be treated so as to relieve discomfort and maximise the well-being of the care-receiver.

## Mouth problems

The mouth, because of its role in eating, drinking, communicating and breathing is obviously an important part of the body. However, it is also sensitive and vulnerable to infection, wounds, and dryness, which can

make all the above functions painful and difficult. If a care-receiver is no longer capable of moistening and looking after their lips, tongue and mouth themselves, then this can become a vital part of care-giving.

## **Breathing problems, including shortage of breath (dyspnea), deep breathing (hyperpnea) and rapid breathing (tachypnea)**

Breathing problems can cause psychological distress, as the inability to breathe easily and naturally is hard to ignore and often frightening. The care-receiver is the best judge of their own breathing and whether it is causing problems, so communication with

the care-receiver is the first step in tackling the problem. The health professional responsible for treatment will be able to offer advice on the best way to deal with the particular situation.

## **Eating and nutritional problems**

Loss of appetite (anorexia) and muscle wastage and weight loss (cachexia) can be upsetting to the care-receiver and their loved ones, but are very common conditions associated with the end of life. Numerous small measures can make it easier for care-receivers to eat, including pain relief, good

oral care, and treatments for constipation and other gastrointestinal complaints. Common sense can also help, through serving the care-receiver's favourite foods in a series of smaller meals every day, rather than three large ones.

## **Delirium**

Periods of delirium are also common at the end of life. Sometimes this is a side effect of pain management and may be unavoidable, but there are other causes too, including secondary infections, emotional state, bad nutrition or dehydration, retention of urine or

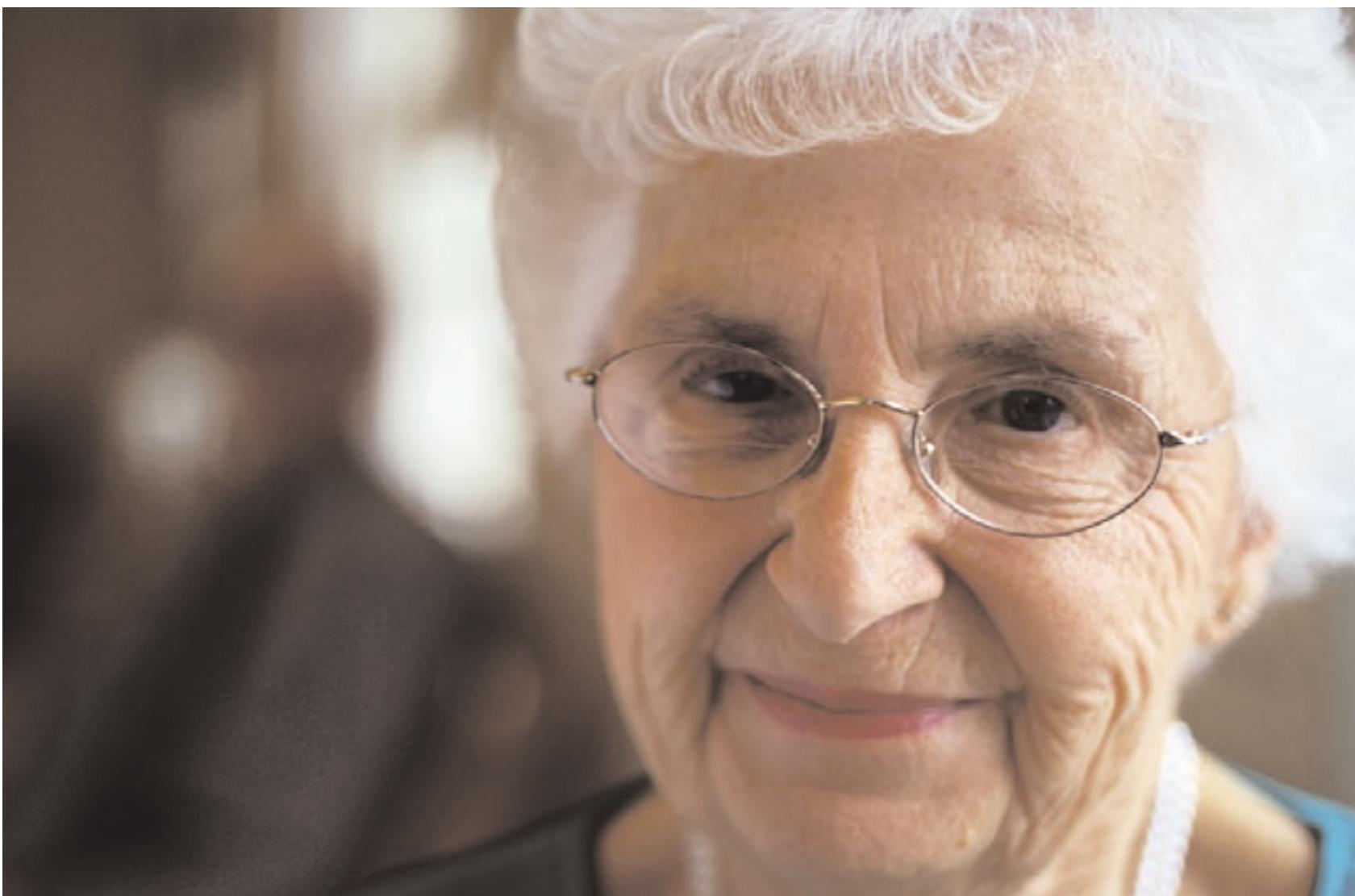
faeces, and low oxygen levels. A health professional should be able to isolate the cause and may be able to remove it. Additional measures that may help include avoiding sleep interruption and sticking to a daily routine.

**As well as the health problems mentioned on the previous page, there are additional conditions that, whilst causing less physical discomfort, can cause either embarrassment or alarm to the care-receiver or family and friends. Again, there are often simple methods of dealing with these conditions, which can help provide peace of mind:**

- Infected cuts and sores can often give off an unpleasant odour. Ensure the care-receiver's room is well ventilated, and use deodorant sprays and deodorising machines if necessary. Additionally, special dressings and ointments can be used to reduce odours
- Faecal incontinence can also be extremely distressing for the care-receiver, but the cause can usually be identified and treated – often faecal impaction is to blame. Inducing defecation through enemas or suppositories will help in this case

The health professional overseeing treatment will be able to offer advice on these and other conditions that are common at this stage of life.

Communication and cooperation between the care-receiver, care-giver, and physician will ensure minimal impact on quality of life.





# Keeping life enjoyable

**In the majority of cases, the bond between the care-giver and care-receiver is based on ties of family or friendship, and pre-dates the care-receiver's condition. The balance of a**

**relationship will shift when the roles of care-giver and care-receiver are assumed, and relations can revolve around the caring schedule.**

Try to stand back from these roles as often as possible, and enjoy activities together that are entirely unrelated to the condition or the need for care. Playing cards or board games, reading together, watching films or listening to music, the radio, or audio books can help both care-giver and care-receiver to relax and enjoy each other's company. Additionally, recently published research has demonstrated that such activities, which require mental 'exercise', may prevent or slow down the onset of diseases such as Alzheimer's.

Many care-receivers choose to fulfil educational ambitions, either in an informal way or through one of the many organisations and resources that help with 'lifelong learning'. There are, for example, many educational programmes on terrestrial TV, particularly for languages and science. Digital or cable TV has entire channels dedicated to education. The internet is another widely available resource for educational material.

For a more formal approach to education, courses can be taken with organisations such as the Open University in Ireland, which offer courses that can be completed remotely – either by post or over the internet. This

allows the student to learn at his or her own pace at times which suit him or her, which can be very important to the care-receiver. Details of these organisations can be found in the appendix.

# Conclusion

**In the latter stages of life, there are many obvious pressures on care-receivers and care-givers. If unaddressed, these pressures can strain the long-standing relationship between the two parties, and result in an unpleasant end to life for the care-receiver, and depression, guilt, and overwhelming grief in the care-giver.**

Research and experience from around the world has shown that these pressures are not insurmountable, and can in fact be managed with due care and attention, and sufficient knowledge and preparation. Above all, bringing the issues out into the open, and engaging in full and frank discussion is the key to ensuring that the latter years of life are as successful and comfortable as possible for both sides of the caring relationship.



# Appendix

## Further assistance is available from the following organisations:

### Advice on conditions

#### **Arthritis Foundation of Ireland**

1 Clanwilliam Square  
Grand Canal Quay  
Dublin 2  
Tel: (01) 6618188 Fax: 6618261  
e-mail: [info@arthritis-foundation.com](mailto:info@arthritis-foundation.com)  
Web: [www.arthritis-foundation.com](http://www.arthritis-foundation.com)

#### **Alzheimer Society Of Ireland**

Alzheimer House  
43 Northumberland Avenue  
Dun Laoghaire  
Co. Dublin  
Tel: (01) 2846616  
e-mail: [info@alzheimer.ie](mailto:info@alzheimer.ie)  
Web: [www.alzheimer.ie](http://www.alzheimer.ie)

#### **Aware - helping to defeat depression**

72 Lower Leeson Street  
Dublin 2  
(01) 6617217

#### **Irish Cancer Society**

5 Northumberland Road  
Dublin 4  
Tel: (01) 2310500 Fax: 2310555  
e-mail: [info@irishcancer.ie](mailto:info@irishcancer.ie)  
Web: [www.cancer.ie](http://www.cancer.ie)

#### **Irish Heart Foundation**

4 Clyde Road  
Ballsbridge  
Dublin 4

#### **National Association for Deaf People**

35 North Frederick Street  
Dublin 1  
Tel: (01) 8723800 Fax: 8723816

#### **Parkinson's Association of Ireland**

Carmichael House  
North Brunswick Street  
Dublin 7  
Tel: (01) 8722234  
Freephone: 1800 359359  
(Tues-Fri 9.30am-2pm)

#### **National Council for the Blind**

Whitworth Road  
Drumcondra  
Dublin 9  
Tel: (01) 8307033 Fax: 8307787  
e-mail: [info@ncbi.ie](mailto:info@ncbi.ie)  
Web: [www.ncbi.ie](http://www.ncbi.ie)

## Health and personal social services

**You can request an assessment of needs to find out the services for which you may be eligible for by contacting your local Health Board listed below.**

### Department of Health and Children

Hawkins House

Dublin 2

Tel: (01) 6354000 Fax: 6354001

Web: [www.doh.ie](http://www.doh.ie)

## Health Boards

### Eastern Regional Health Authority

Tel: (01) 6201600

### East Coast Area Health Board

Tel: (01) 2014200

### Northern Area Health Board

Tel: (01) 8131800

### South Western Area Health Board

Tel: (045) 880400

### Midland Health Board

Tel: (0506) 21868

### Mid Western Health Board

Tel: (061) 483286/483287

### North Eastern Health Board

Tel: (046) 80500

### North Western Health Board

Tel: (072) 20400/55123

### South Eastern Health Board

Tel: (056) 84100

### Southern Health Board

Tel: (021) 4545011

### Western Health Board

Tel: (091) 751131/757631

### Department of Social and Family Affairs

Áras Mhic Dhiarmada

Store Street

Dublin 1

Tel: (01) 7043000

Web: [www.welfare.ie](http://www.welfare.ie)

## Voluntary organisations

### Age Action Ireland

30-31 Lower Camden Street

Dublin 2

Tel: (01) 4756989

e-mail: [library@ageaction.ie](mailto:library@ageaction.ie)

Web: [www.ageaction.ie](http://www.ageaction.ie)

### Care Alliance Ireland

30/31 Lower Camden Street

Dublin 2

Tel: (01) 4756989 Fax: (01) 4756011

e-mail: [cai@ageaction.ie](mailto:cai@ageaction.ie)

### The Carers Association

National Office

6 John's Quay

Kilkenny

Tel: 1800 240724

e-mail: [ceo@carersireland.com](mailto:ceo@carersireland.com)

### Caring and Sharing Association

Carmichael Centre

North Brunswick Street

Dublin

Tel: (01) 8725300 Fax: (01) 8725370

e-mail: [careshare@eircom.net](mailto:careshare@eircom.net)

### Caring for Carers

Abbey Street

Ennis

Co Clare

Tel: (065) 6866515 Fax: (065) 6866515

Helpline: (065) 6821313

e-mail: [bbarron.ennis@eircom.net](mailto:bbarron.ennis@eircom.net)

### Senior Help Line

Third Age Centre

Summerhill

Co. Meath

Tel: 0405 57766

Senior Help Line: 1850 440444

e-mail: [thirdage@indigo.ie](mailto:thirdage@indigo.ie)

Web: [www.thirdage-ireland.com](http://www.thirdage-ireland.com)

## Hospice Care

### **The Irish Hospice Foundation**

9 Fitzwilliam Place

Dublin 2

Tel: (01) 6565657

e-mail: [info@hospice-foundation.ie](mailto:info@hospice-foundation.ie)

Web: [www.hospice-foundation.ie](http://www.hospice-foundation.ie)

### **Our Lady's Hospice**

Harolds Cross

Dublin 6

Tel: (01) 4068700

## Bereavement

### **Bethany Bereavement Support Group**

Executive Council

58 Allen Park Road

Stillorgan

Co Dublin

Tel: (01) 2886078

### **Bereavement Counselling Service**

Dublin Street

Baldoyle

Dublin 13

Tel: (01) 8391766

## Education and lifelong learning

The University of the Third Age offers courses in traditional subjects such as languages, science and technology, literature, and philosophy, but also many less formal subjects such as genealogy, philosophy, and story telling.

### **University of the Third Age**

c/o Age Action Ireland

30/31 Lower Camden Street

Dublin 2

Tel: (01) 4756989

e-mail: [development@ageaction.ie](mailto:development@ageaction.ie)

Web: [www.ageaction.ie](http://www.ageaction.ie)

### **The Open University in Ireland**

Enquiry and Advice Centre

Holbrook House

Holles Street

Dublin 2

Tel: (01) 6785399

Fax: (01) 6785442

### **The Open University in Ireland**

40 University Road

Belfast BT7 1SU

Tel: (028) 90323722

Fax: (028) 90230565

Web: [ireland@open.ac.uk](mailto:ireland@open.ac.uk)

## Other resources

The Samaritans offer 24-hour confidential and emotional support to people in crisis or at risk of suicide.

Republic of Ireland Helpline: 1850 609090

### **Society of St. Vincent De Paul**

8 New Cabra Road

Dublin 7

Tel (01) 8384164/8384167 Fax: (01) 8387355

e-mail: [info@svp.ie](mailto:info@svp.ie)

Web: [www.svp.ie](http://www.svp.ie)

# Organisations in Northern Ireland

## Health and social services

### **The Department of Health, Social Services and Public Safety**

Castle Buildings

Stormont

Belfast. BT 4 3SJ

Tel: (028) 90520500

e-mail: [webmaster@dhsspsni.gov.uk](mailto:webmaster@dhsspsni.gov.uk)

### **Health and Social Service Boards**

Eastern Health and Social Services Board

12-22 Linenhall Street

Belfast BT2 8BS

Tel: (028) 9032 1313

### **Northern Health and Social Services Board**

County Hall

182 Galgorm Road

Ballymena

Co. Antrim BT42 1QB

Tel: (028) 2566 2083

Patient/Client Information

Services: 0845 7626428

Textphone: (028) 2566 2618

e-mail: [webinfo@nhssb.n-i.nhs.uk](mailto:webinfo@nhssb.n-i.nhs.uk)

### **Southern Health & Social Services Board**

Tower Hill

Armagh BT61 9DR

Tel: (028) 3741 0041

Textphone: (028) 3741 4530

e-mail: [shirlimu@shssb.n-i.nhs.uk](mailto:shirlimu@shssb.n-i.nhs.uk)

### **Health Information Helpline**

Freephone: 0800 665544

### **Western Health & Social Services Board**

15 Gransha Park

Clooney Road

Londonderry BT47 6FN

Tel: (028) 7186 0086

e-mail: [foi@whssb.n-i.nhs.uk](mailto:foi@whssb.n-i.nhs.uk)

## Voluntary organisations

### **Age Concern Northern Ireland**

3 Lower Crescent

Belfast BT7 1NR

Tel: (028) 9024 5729

Web: [www.ageconcernni.org](http://www.ageconcernni.org)

### **Alzheimer's Disease Society**

403 Lisburn Road

Belfast BT9 7EW

Tel: 01232 664100

Admin tel: 01232 664100

Web: [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

### **Arthritis Care Northern Ireland**

Ballymena Business Centre

62 Fenaghy Road

Ballymena

County Antrim BT42 1FL

Tel: (028) 2563 2477

Web: [www.arthritiscare.org.uk/home/index.cfm?region=northernireland](http://www.arthritiscare.org.uk/home/index.cfm?region=northernireland)

### **Royal National Institute of the Blind**

Unit B

40 Linenhall Street

Belfast BT2 8BG

Tel: (028) 9032 9373

Web: [www.rnib.org.uk](http://www.rnib.org.uk)

### **Carers National Association**

Northern Ireland Regional Office

11 Lower Crescent

Belfast BT7 1NR

Tel: (028) 9043 9843

e-mail: [info@carersni.org](mailto:info@carersni.org)

Web: [www.carersni.org](http://www.carersni.org)

## **Chest, Heart and Stroke Association Northern Ireland**

21 Dublin Rd  
Belfast BT2 7HB  
Tel: (028) 9032 0184  
Web: [www.nichsa.com](http://www.nichsa.com)

## **Disability Action**

Portside Business Park  
189 Airport Road West  
Belfast BT3 9ED.  
Tel: (028) 9029 7880  
Text: (028) 9029 7882  
Web: [www.disabilityaction.org](http://www.disabilityaction.org)

## **Extra Care for Elderly People**

Room 310, Bryson House  
28 Bedford Street  
Belfast BT2 7FE

## **Domiciliary care for carers in most of Northern Ireland**

Multiple Sclerosis Society  
34, Annadale Avenue  
Belfast BT7 3JJ  
Tel: (028) 9080 2802  
Web: [www.mssociety.org.uk](http://www.mssociety.org.uk)

## **Hospice Care**

### **Northern Ireland Hospice**

74 Somerton Road  
Belfast  
BT15 3LH  
Tel: (028) 9078 1836 Fax: (028) 9037 0585  
e-mail: [information@nihospicecare.com](mailto:information@nihospicecare.com)  
Web: [www.nihospicecare.com](http://www.nihospicecare.com)

### **Bereavement**

#### **Cruse Bereavement (Northern Ireland)**

Piney Ridge  
Knockbracken  
Healthcare Park  
Belfast, BT8 8BH  
Northern Ireland  
Help-line: 0345 58 55 65 - Counselling Only  
Tel: 01232 792 419  
answer phone out of hours

## **Other Resources**

### **The Samaritans**

Northern Ireland office  
Block B  
Castle Buildings  
Belfast  
Northern Ireland  
BT4 3SG  
Tel: (028) 9052 0700 (General Enquiries)

### **Society of St Vincent de Paul**

196 - 200 Antrim Road  
Belfast BT15 2AJ  
Telephone: (028) 9035 1561  
email: [info@svpni.co.uk](mailto:info@svpni.co.uk)

### **U3A Foyle**

Pascal McDonald House  
Gransha Park  
Londonderry  
BT47 6TG  
Tel: (028) 7186 0123 Fax: (028) 7186 0234

## For further information contact:

**Age Action Ireland**

30-31 Lower Camden Street

Dublin 2

Tel: (01) 4756989

e-mail: [library@ageaction.ie](mailto:library@ageaction.ie)

Web: [www.ageaction.ie](http://www.ageaction.ie)