

Navigating Solo Aging with Dr. Gerda Maissel

The Sandwich Generation Survival Guide, Season 3, Episode 2

Candace Dellacona: Welcome to the Sandwich Generation Survival Guide. I am your host, Candace Dellacona, and I am so glad to welcome our guest today, the founder of My MD Advisor, Dr. Gerda Maissel. Welcome, Dr. Gerda.

Dr. Gerda Maissel: Thank you. It was great to be here.

Candace Dellacona: Should I call you Gerda? Should I call you Dr. Maissel?

Dr. Gerda Maissel: Gerda, please.

Candace Dellacona: Okay, you got it.

Well, for our listeners I would love to fill them in a bit on your background and explain a little bit of who you are and how you got here, how you came to find My MD Advisor.

So, you are a duly board certified physician. I understand that you're board certified as a patient advocate as well as through the board of physical medicine and rehab

Dr. Gerda Maissel: That's right.

Candace Dellacona: And you came to find My MD Advisor through a personal experience of yours as an advocate. Is that right?

Dr. Gerda Maissel: Yeah.

It was the summer of 2020. The pandemic had started and I had been working as a president of a medical group in Florida. And I was up here working remotely a little bit up here, meaning I live in New York. And my mom was lonely. And I got a call from a friend, whose friend's, aunt and uncle, had been in a car accident.

They were driving over the GW Bridge in a heavy rainstorm and drove into the bridge. And he walked away and she became a quadriplegic.

And my friend's friend said, Can you help? Is there, Can you just talk to him? To the uncle? So, I talked to him. And here was this wonderful grown man on the phone trying not to cry. And he said to me, They're killing my wife.

And I thought, okay, well let me see. I know a lot about spinal cord injury. I know a lot about how the system works. Perhaps I can help him. And I got involved, and you know what? He was right. She was in a facility where they were not treating her infections, and if she had stayed there much longer, she probably wouldn't have survived.

I helped get her out, and over time we actually got her home where she had many months of a much better quality of life.

And I realized that so many people get lost in the system, so many people struggle and they don't know where to turn when the care is not what it should be. By the fall of 2020, I decided to get out of corporate America and founded My MD Advisor in January 2021.

Candace Dellacona: Which is really remarkable because you know for our listeners if we think back about what was going on in our society at the time, we were in the midst of a global pandemic. There was a tremendous amount of fear. There were patients that were being treated in facilities completely alone without access to their families and their advocates.

And here you were as a physician, and you really saw the need for this role that candidly didn't really exist before then, or not in a way that was so formalized. But your passion for helping others began much before that. I remember talking with you the first time we met and you shared with me that you had a family member who was in a situation in a care facility and you felt that the care he was receiving was really subpar.

Dr. Gerda Maissel: Well, that was really my mother because I was a child at the time, so this goes way back to the 1960s.

My mother had had German measles when my brother was born in 1958. And back then when a child was born with the effects of German measles, they didn't even quite realize what it was. And they always blamed the mother, right?

Oh, you know, there's a child's not developing, right. The mother must be doing something wrong. Well, my mother was alone in the country. My parents were immigrants, but they figured out there was something not right about the baby. And eventually over the years, when my younger brother came along, they decided he couldn't stay at home, and so he was placed in a facility to care for him.

But the care he got wasn't good. This was back in the days where, they had certain drugs that they were hitting everybody with, and I remember going and we'd find him just drooling in the corner. And I think watching my mother advocate for my brother to have him treated with dignity and respect and not just be drugged into submission had a huge impact and was probably a big piece of why I became a physician in the first place.

And then eventually I guess all things come full circle and I ended up helping other families. Advocate for the needs of their loved ones.

Candace Dellacona: Yeah, it's really a remarkable story of coming full circle. And I think one of the things that we connected on is relating to our clients and how we can help them advocate and find systems that are within their family or within their community so that as they age and they become more vulnerable, they have others that can help advocate for them, perhaps when they can't advocate for themselves.

And through that topic and that discussion that we had, we talked about the concept of something called solo aging. Do you want to talk a little bit about what solo aging is?

Dr. Gerda Maissel: Sure. Solo aging is when a person is, and they're usually living alone and I'll come back to why it's not always, but they're usually living alone and they're, in their world they don't have the traditional supports provided by family and what that by that what I mean is, family typically takes you to the doctor's appointment.

Family typically shows up when you're ill and takes care of you. But these days there is a huge growing population of people who are solo agers. And I do include in the solo ager definition people that are living with a spouse or a partner who can't take care of them. For example, if your spouse has dementia and you're the caretaker, in many ways you have become a solo ager if you don't have family nearby.

Candace Dellacona: In my practice and in yours, I think we've seen a trend of increased solo agers for a number of reasons. One of the things that you and I have spoken about is the fact that, I think there was a cultural revolution where the quote unquote traditional family requirements of being married and having children fell by the wayside in the sixties and seventies.

And I think that people were provided an opportunity for choice and some folks decided that they did not want to pair up and perhaps they did not want to have children. And so we're seeing a trend in solo agers for that reason, and also because the traditional family unit of staying together at least geographically close by is not as common in the U. S. as it perhaps is in other cultures. Is that right?

Dr. Gerda Maissel: That's 100 percent right. It really started in the fifties with our societal emphasis becoming more about the nuclear family than about the extended family, and then we've become a geographically mobile society as people move for education or work opportunities or for whatever reason. So families don't physically live as close together.

And then you combine that with the fact that boomers are aging, and we have this big population bump. You simply have more people over 65 now. They call it the silver tsunami.

More people over 65, and then within that, more of those people don't have children, or have children at a distance. And we also see gray divorce.

So, gray divorce is when people get divorced over age 65. In past generations, that was not considered an acceptable thing to do. If you made it into your 50s and 60s, you stayed with your partner. And now the stigma has come off and people are making decisions to split later in life.

Candace Dellacona: Really, where MD Advisor comes in is where you have the solo agers. Who are in their apartments, say in New York City, or in their homes in the suburbs of New York, elsewhere in the country, and they have no relatives close by. And so they are trying to think about what's next and so as a physician or through your work as your MD Advisor, what are you hearing from the solo agers themselves, or from the distant family members about what they're afraid of and, what they're trying to think about as they move forward in their aging process?

Dr. Gerda Maissel: I think there's a couple of key fears. One is there's a stigma and I just want to call that out. I think people are almost embarrassed to find themselves in a situation where they don't have close family nearby. And it takes a bit of support and encouragement for people to realize that it's not their fault.

And it's very, very common. But I think the boomer generation grew up with negative stereotypes about the spinster aunt, in the rocking chair up in the attic. And, that's just not the reality for today's solo agers. When I first heard about solo agers, the term was elder orphan, which is just awful. And so I have, I've switched now to solo agers.

So what they, but what people experience is that we know, and I'm speaking from the medical point of view, that people have a 23 percent higher chance, I'm sorry, 23 percent increase in all cause mortality if you're a solo ager. You don't have to know that statistic to feel vulnerable.

So people who are solo agers are aware that they have vulnerability around their medical care.

And they have other fears, like many people, especially women, are afraid they're going to run out of money. And another common fear is they don't, and they don't want to be a burden. Nobody wants, you might have some distant nephew somewhere who might help you, or maybe even it's a kid, but your kid's got a busy life, and you don't want to be a burden.

You want to be a person with dignity who can take care of themselves.

Candace Dellacona: You just said a lot, right? Let's break it down a little bit. We're talking about this generation of our silver tsunami as I think the New York Times perhaps coined. Which is this huge group of the population that is aging. And the group of population is the offspring of what you know, the generation known as the greatest generation, right?

So you have these people who are self sufficient, proud people that have never asked for help and now they're in a position where at the end of their lives, after never having to ask for help. They're in a position to ask for help and often of people that don't have the traditional obligation to help. Is that right?

Dr. Gerda Maissel: All true. Absolutely.

Candace Dellacona: More. Yeah.

When you think about the stigma and how difficult it is to ask for that assistance you even get into the weeds in thinking about the people that literally don't have anyone to ask for the help. There are people that certainly there's family estrangement and there are people that live more solitary lives and they perhaps don't have the same number of ties that others may have.

I think that's combined with the fact. As we've talked about on this podcast before, it's the cost of care, even companion care is really expensive. So you get into really thinking about running out of money and the fear of that. I think there was a, there's a term called bad lady syndrome which to me feels a little sexist and I'm sure to you too, Gerda, but it's this feeling because we as women tend to outlive our counterparts.

And we're worried about simultaneously running out of our money at the end of our lives. And so, you really have answered the call of all of that, which is being there as a professional who's not just a daughter, but a trained physician to advocate with My MD Advisor. So can you talk a little bit about, perhaps an example of someone that you've been able to help in such a way where they didn't have the family highest connection to our expertise to advocate for them?

Dr. Gerda Maisse: Oh sure. I have several clients who are solo agers.

One of my earlier solo ager clients, wonderful wonderful lady, who was facing an operation and was hospitalized and was told she needed an operation, but she wasn't going to be able to have it for like four months. And so she had a specific focus problem at that time, which is she wanted me to help her get her surgery sooner.

But as I started getting involved with her, there were other medical issues going on and a bit of misunderstanding as to why the surgery was so delayed. And then she had a couple of really negative interactions with her surgeon. And we worked through a lot of those pieces so that ultimately when she had surgery, it was successful.

I have another client who's a current client who's a solo ager in an apartment in Manhattan. And she never had children. And she does have a sister, but they're estranged. And her closest friend just passed away and she, in her late 70s, is having a number of medical conditions and she was feeling really overwhelmed by them. And I she hired me, I got involved. And we've been peeling them back one at a time, one at a time, because when you feel overwhelmed, everything seems important. And some of the issues, she's like, okay, we're going to wait. I got, we're going to not deal with that one to the summer.

Okay, we're going to deal with this one now, because this is more important. She found herself being what I call dismissed by doctors. She had a weird condition. She went to see the specialist and he was like, Hey, I don't know what caused it. Don't worry about it. And this was a condition that caused her a disability that went on for months.

And if it comes back, it could be life threatening. And so I'm helping her find another physician. And we're going to bring the information that physician needs to know to help her have a better understanding of how to prevent her condition from coming back.

Candace Dellacona: So in, in all of that, you're talking about someone that is in need of a quarterback to advocate for her and coordinate information that would essentially assist her in finding a path to restore her health and also ensuring that the physician who's treating her is actually listening to her so that her condition can be properly treated.

I mean, it's really sort of a sad state of affairs when you have doctors that are in a position where they dismiss a patient's concern or perhaps discount those concerns as not being material to what their diagnosis may be. You coming in as a physician is even better in some ways than a family member.

It's fantastic as a solo ager, but I really do think that, someone like you, Gerda, is an incredible resource to a family that does have advocates within its circle from a medical perspective.

Dr. Gerda Maisse: Yeah I help, I've often, I've helped physicians because even when you're a physician recently had an injury but she was a pathologist and she doesn't know her way around the rehabilitation system and she was feeling like she was getting jerked around and she didn't quite know who to trust. And I helped her understand how the system worked and then we went through, there's a lot of data online when she had to pick a rehabilitation facility.

And I helped her go through that because even though it's out there, you gotta go through a lot of clicks to look at the data. And when the care manager in the hospital said to her, Oh, I applied to a few extra rehabs for you just in case I said, no, no, no, no, no, no. And we looked and the ones she'd applied to were awful.

And they said, you refuse those. And what I call Joe's sub basement rehab took her right away. I'm like, no, you didn't request that one. You're not going to Joe's. And she held out a few more hours and then one of the ones that she wanted did take her and, it worked out just fine.

Candace Dellacona: Yeah, which is remarkable that you point out, that is a physician, right? Someone who is trained the same way that you were and a medical doctor herself. But this world of rehab and discharge and Medicare are really difficult worlds to be in all the while, especially if you're a solo ager, you're alone and trying to process that information.

Dr. Gerda Maissel: Yeah, well, now that I think about it, that physician is a solo ager, as it happens. She lost her husband. Yeah, it's whether you're on your own or whether you have family. I'm thinking of a client where there were three very involved children. But mom, at the time that I was hired, had probably a dozen different doctors, and she was on nearly 30 medications.

And she wasn't feeling very good. And the kids were running around constantly. And fortunately was able to get involved, bring the temperature down, help them focus. Help them understand more of mom's wishes because sometimes the adult children can, in their attempt to be helpful, can say this is what you should do, mom.

And created some space for mom to say what mattered to her. And now things are many times better. And when something doesn't go well, we have a whole system in place. And when she's in the hospital. It's much, much calmer than it was before, and the children, the involved children are suffering much less than they suffered before.

And when I say suffered, they didn't feel like they were, they didn't think of themselves as suffering, but they were taking enormous amounts of time out of work and a lot of angst and a lot of worry that was able to just calm down.

Candace Dellacona: I think also, you bring up an important point with the family dynamics and everyone plays a role within a family unit. The role has been likely been played for decades, so it's really hard to step outside of that role when there is an acute sort of scary issue that everyone is dealing with and doing the absolute best they can.

But, I would imagine most would admit not their best selves. So having a voice of reason come in like you, just order, organize and set a plan in place and find a role for everyone and take some of the weight of caretaking, the advocating off of the family members and you as a professional taking that on to be the quarterback for a family.

So your role really can straddle between whether the family has a lot of family members who are ready to step in and advocate and for those who don't, but as far as solo agers go, what were the top, I would say conditions that you think, as a solo ager, should really trigger your thought about your long term plan as you age.

Are there particular conditions that you should say, you know what, for my mother, my father, my neighbor, who I'm thinking about? These are the issues that I can see becoming problematic as a solo ager.

Dr. Gerda Maissel: It's a great question. We could spend an entire podcast on that one, but I'll point out one particular thing that many people aren't aware of. That I think is important and it's easy to correct, whether it's yourself or whether it's a parent. Which is, there is a very strong link between hearing loss and dementia.

And when solo agers think about their future, one of the most terrifying things is, what if I get dementia? And I can't run my life. I can't make my decisions. Who's going to make sure that my values are respected? So people are often very frightened, for good reason, about getting dementia. And correcting hearing loss is a very, very good way to reduce your chances of having dementia.

And one of the things that people also don't realize about hearing loss is that if you wait too long, you can't correct it. So you think of all those people who are going, uh, what'd you say? What'd you say? After they got their hearing aids, it's because they waited too long and they lost the neural ability to understand words.

And so all hearing aids do is it turns into just this amplified noise.

Candace Dellacona: Yeah, I mean, that's a great tip.

And, you forget that hearing and sound and being able to engage with the people around you is something that, really adds to the beauty of one's life to being able to participate in life to be able to have conversations, certainly those conversations and being able to be involved in life can stave off.

Um, and when you think about the strategies of what solo agers can do in anticipation of this, because, on the Sandwich Generation Survival Guide, we want to talk about, okay, we recognize that there's a problem, or we recognize that this could be an issue for someone that you know, or you love, or even for yourself, if you're a solo ager, but what are the strategies that we can impart to our listeners when trying to advocate for a solo ager, or if you're a solo ager yourself.

Dr. Gerda Maissel: So one of the key things is deliberately building community. And there's lots of different ways to build community. You don't have to suddenly become an extrovert and be out there at parties, but instead, friend of mine, who's a solo ager, she calls it her circles and she has her Bible study circle.

She has her swim aerobic circle. She has her neighbor's circle and she has these. Sometimes overlapping circles of friends, and she was very deliberate about building circles. Every time I go to visit her, she's making chicken salad for somebody who's sick. But what she tells me, because she's now in her early 90s, is that she has to intermittently assess who's in her circles and look for other people either to join a circle or she has to go and look for other circles because people move away, people get sick.

But when she needs something, because she's, for 20 years, been so deliberate about her circles, there's inevitably somebody who will give her a ride, who will help her, who, she needs something

done in her house. Even if she's ill, people bring her food. She has, by building her circles, created a very deliberate support network.

For other people, It may be something as simple as reciprocation. I'll walk your dog if you give me a ride. Or, I'll bring in your mail if you do X for me. What people need are often different from each other and what people can give are often different and complementary and so some people feel more comfortable with reciprocation. Other people need to change where they live in order to find people that are in similar circumstances. That's why adult communities, and I'm not talking going to assisted living, I mean, that's a strategy, too. But when you're still independent, certain adult communities that have independent living can be a really nice way of meeting other people in similar circumstances.

And some of those independent communities have on site pharmacy and hairdressing and they'll give you transportation so they can, depending on what community you choose, you can often replace some of those traditional things provided by society, or by your family you can replace those things provided by your family with a community that you choose to live in.

Candace Dellacona: Yeah, and so all of these are strategies and, to your point earlier with the stigma and the feeling of discomfort and asking for help creating these communities where there's maybe reciprocity whether it's your neighbor down the street or moving yourself physically to a community in which you pull the assistance that everyone needs and make sure that your needs are met that way thinking ahead is key.

I mean in my practice as an attorney as an estate planning attorney, we also put documents in place, and we, ahead of time, sign documents called advanced directives, in which I, as a client, would appoint someone else to make healthcare decisions for me, or financial decisions for me, so I'm setting the table and laying the groundwork of building that community that you talk about in a more official capacity.

But all of these strategies are things that solo agers, and any ager should really think about in this day and age. Isn't that right?

Dr. Gerda Maissel: Oh, absolutely. And there are certain key documents from my point of view that are really important to put in place.

Candace Dellacona: And what are those?

Dr. Gerda Maissel: Well, it includes making sure that you have a healthcare proxy. And it doesn't just mean, well, hey, Joe, would you do this for me? It means having conversations with that person about your values, not so that they decide for you, but so they can speak as if they were you in certain circumstances when you can't speak for yourself. And also having somebody, whether it's the same person or not, being a financial power of attorney so that your bills can still be paid. And the last one that from a medical point of view, and not everybody knows about, but is an important form, is especially if you have strong feelings about being resuscitated is a POLST or a MOLST. It's called different things in different states.

It is a form that's like bright orange or bright pink. And it goes on your fridge. And it covers you for what you might or might not want if God forbid you go down and you can't speak for yourself and the EMTs come to your home to take you to, to the hospital. Because the EMTs the folks that show up on the

ambulance are obligated to resuscitate you unless you have an order, unless they have an order that says, no, this isn't what I want. And this medical order of life sustaining treatment or physician order of life sustaining treatment, again, depends on state. is right there and it's orders signed by your doctor and it gives some specifics like do not resuscitate, do not intubate, don't give antibiotics. There's different things you can put on there if you have specific wishes to not have certain things done to you.

Candace Dellacona: And this is a great point and part of the framework of what solo agers should really think about putting into place before they get to the point where they're in a position where they can't make decisions independently.

And I want to make sure that the listeners understand the distinction between a health care proxy and a MOLST form or POLST form.

So a health care proxy is a document that an attorney can draft or you can even sign in a hospital and you're appointing a person and as you pointed out Gerda, you are appointing a person so that your words move through them. And that's why the conversation is so important. Because it could be a layperson that understands your ideas about living and dying and the treatment you would want or not want, your religious beliefs, your spiritual beliefs, and to make sure that they are your voice with treating physician.

Whereas a MOLST or a POLST is a document that you create with your physician. And you get into the nitty gritty about the type of care you would want or not want specific to whatever condition you have. I think that's a really important distinction to make. And you should have both if you have any sort of long term condition or illness, and definitely speak with your physician about whether or not getting a MOLST in place or POLST in place is something that you should institute now.

And so what would you say then, Gerda, when it comes to people taking the first step in finding someone like you, would it be appropriate for them to start now as these issues occur to get the right people in place? How would they go about contacting someone like you and in what circumstance do most people reach out to you?

Dr. Gerda Maissel: So for the kind of work that I do, I am unusual in the work that I do, so there's not a lot of physician advocates yet. There will be. There are more. I get calls, not quite weekly, but at least monthly with doctors considering doing this work, and I think you're going to see a lot more of us. People tend to hire me when they're having a crisis.

You don't necessarily need an advocate by your side when things are going fine. We can help with all kinds of things, but it's really when somebody is feeling overwhelmed or really angry or really frustrated or really worried. It's an emotion I've found about either themselves or their loved one.

I've had a few people who have hired me proactively. When they just want to make sure that they understand everything about how the system works and, any of that is fine with me. But, people, when to hire a professional, and it's not just advocates, there are also geriatric care managers who can be very helpful.

It depends on time and circumstance and how much you need it from your own point of view. And it never hurts to ask the questions, to talk to a few people. And to see what they might offer to decide if that's a service you might need.

Candace Dellacona: I think it's really important too for someone who knows they'll be in that position one day to make contact with someone like you, so that there is a level of comfort. So perhaps even before the crisis happens, they can go to Gerda, and Gerda is going to be the person that will advocate for them, and maybe even the go to person for the family.

If they're not entirely a solo ager, I can't tell you how helpful this conversation has been for me, and I'm sure for our listeners, and I know sharing clients together, how helpful you have been to other people, and I think what we do here on the Sandwich Generation Survival Guide is we inform people about the resources and the people that are in our orbit that can make things like surviving the sandwich generation or solo aging easier and you are one of those people So I can't thank you enough for joining us today and we will have for our listeners all of your contact information so people know how to get in touch with you. But I just wanted to say thank you so much for all that you do for your clients your patients and for their families because I think and I know actually that people are better off having you in the corner.

Dr. Gerda Maisel: Thank you. It's a real pleasure.