

Indeed my lord, tis so.

Perhaps you, like me, feel awash in opinions and what we might consider “facts.” I myself am in a professional role of dispensing what I believe is true in a mixed stream of observations and judgements. If we plan to live from the place of “wellness matters,” whose voices are we choosing to listen to and inform our self-care decisions? When we get to the deep and sensitive issues, the questions often seem to be “how much do I want to know?” and “how useful is knowing?”

To the Duke’s inquiry, Shakespeare’s fool in “Twelfth Night” describes himself as worse by his friends but better by his enemies, as his enemies tell him he is a fool and so he profits from knowledge of himself. Comic irony aside, clearly we best see ourselves through the eyes of another. Who is the person whose insight about us we most value and can accept, and perhaps more to the heart of it, do we allow or even encourage them to tell us their “truth” about us?

Of course, most people want the doctor to tell them about their high blood pressure and related stroke risk, and though frightening, about that shadowy mass they are concerned about. With those “facts” a choice can be made to respond. But what if that data leads to questions about our ability to manage independently? What if it seems to threaten a shattering of our sense of self? Can we muster the courage to hear, or even more, to ask? Successful, capable people have a lot invested in who they believe they are. That ego strength contributed to all that has delivered them to this moment. It is certainly our ethos at Lathrop to support people in nurturing and sustaining their independent lives, and I believe we need to allow each other to determine what it means to manage, up to a point. But when it comes to staying in conversation with those people best positioned to help us find the truth of who we are now, it seems to me problematic to tell them, “don’t make trouble for me.” Sometimes “I’ve got this” just is not true or, will not be so for long; and then truth can bring not profit but pain.

For me this all arises from the question of how we develop practices to preserve our mental capacity, and how we might make or have changes made for us should we note it slipping. The Affordable Care Act mandated Medicare coverage for cognitive testing as part of an Annual Wellness visit. A survey of doctors indicates that less than half provide that screening unless their patient reports symptoms or they present with clear cognitive change. Does your doctor know you well enough to spot your challenges, and would you choose to mention concerns? Many doctors cite not testing because they worry that their insight would lead to a patient developing depression or anxiety, though the research does not support this belief. Many of the screening tools seek input from an “informant,” which sounds like a sinister and untrustworthy tattletale. But in truth, these are people who know us best and are most likely the ones who care for us the most and would plan to step in to smooth the road ahead.

While there is no cure for Alzheimer’s disease as we now know it, there are others causes of cognitive change, and in any case there might be ways to intervene, slow or ease the impact on you or your loved ones. The Alzheimer’s association provides this list of benefits of early detection:

*A better chance of benefiting from treatment*

*More time to plan for the future*

*Lessened anxieties about unknown problems*

*Increased chances of participating in clinical drug trials, helping advance research*

*An opportunity to participate in decisions about care, transportation, living options, financial and legal matters*

*Time to develop a relationship with doctors and care partners*

*Benefit from care and support services, making it easier for them and their family to manage the disease*

It is fair to say I have spoken with many sons, daughters and dear friends who are frustrated when they hear again and again how the bank teller made the mistake, or how incompetent the mailman is, while they see evidence of slippage mounting. They wonder, can and should they risk a rupture in the relationship or continue to act as the *invisible hand*, picking up the pieces? And perhaps they also struggle with the sense that they are enabling someone to continue to believe that "everything is under control." As someone with two first degree relatives with Alzheimer's, and as a caregiver of sorts to a wide range of folks who need support, I like to believe that I am someone who would want to know. My path is to try to align with what is, and though I might eventually forget that is my path, or forget what I had already come to accept, by that time perhaps the big bumps may have already past, and I and those around me would have profited from the knowledge I was willing to accept.