

OFFICERS

President/Alzheimer's Chair:

Betty Robinson

215-884-0564

1st VP/Membership Chair/

Service Officer:

Rose Marie Gerald

267-456-4371

2nd VP/Sunshine Chair:

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215-247-7580

Recording Secretary:

Carmencita Dorman

267-324-8529

Treasurer:

Frances Upshaw

215-424-8054

Financial Secretary:

Barbara Ford

215-235-9653

Chaplain/Legislative Chair:

Rev. MacArthur Littles

215-850-1412

Sergeant-at-Arms/Service
Officer:

Kathleen Tinney

215-877-1513

Upcoming Chapter Meetings

Monday, Sept. 9, 2019 – Guest Speaker: Kathleen Tinney, Service Officer

Tuesday, Oct 15, 2019 – Guest Speaker - AETNA INSURANCE (LUNCHEON)

Tuesday, Nov. 12, 2019 – Guest Speaker – BLUE CROSS (LUNCHEON)

*NOTE: ALL Meetings start at 12:30 p.m.

Meeting Location: Green Federal Building, 600 Arch Street, Philadelphia, PA 19106, Enter at 6th Street Entrance

Conference Room A, 7th Floor, Room 7310

Special Announcement

****FREE TURKEY RAFFLE!!****

During our Tuesday, November 12, 2019 *Chapter Meeting* there will be a *free TURKEY RAFFLE* for (5) five lucky winners. The winners of the Raffle will receive a coupon for a free turkey. You must be present to enter the *Turkey Raffle*.

ELECTION of Officers

The election of Chapter Officers for the year 2020 will be conducted during the Annual November Membership Meeting on Tuesday, November 12, 2019. Come out and participate.

OPM (Office of Personnel Management) 1-888-767-6738

Message from the President - Betty Robinson

****IMPORTANT Membership Renewal Information –**

-REGARDING NARFE and Chapter 0664 Membership

If you renew your NARFE Membership annually please read your Membership Renewal Notice carefully...in order to remain a member of NARFE Chapter 0664 it is important that you renew by selecting Option A on the left hand side of the form which reads: "I wish to renew my NARFE & Chapter 0664 membership" and write your check in the amount of \$50.00! (If you wish to renew for multiple years indicate your choice of 2 or 3 years and remit the appropriate amount indicated next to the box that you select)

If you have any questions or concerns please feel free to call Chapter President Betty Robinson at 215-884-0564.

Legislation

NARFE TOLL FREE number to: U.S. Capitol switchboard:

1-866-220-0044 – Ask to be connected to your Senator or Representative by name [For NARFE Issues ONLY]

Congressional Representative:

<i>Senator Bob CASEY</i>	<i>202-224-6324</i>	<i>Washington, DC</i>	<i>215-405-9660</i>	<i>Phila. PA</i>
<i>Senator Pat TOOMEY</i>	<i>202-224-4254</i>	<i>Washington, DC</i>	<i>215-241-1090</i>	<i>Phila. PA</i>
<i>Rep. Dwight EVANS</i>	<i>202-225-4001</i>	<i>Washington, DC</i>	<i>215-276-0340</i>	<i>Phila. PA</i>
<i>Rep. Brendan BOYLE</i>	<i>202-225-6111</i>	<i>Washington, DC</i>	<i>267-335-5643</i>	<i>Phila. PA</i>

Legislative Weekly Hotline

Events are changing constantly on Capitol Hill that impact your earned benefits that you have worked so hard for over so many years. Stay informed by checking the NARFE Hotline. You can reach the NARFE Weekly Hotline by calling Toll Free 1-877-217-8234.

Inclement Weather Chapter Meeting Cancellation Policy:

In the event of inclement weather on a meeting day, if the Philadelphia Public Schools are closed, our meeting will be cancelled. The Chapter will not make calls to notify members of the cancellation.

IN MEMORIAM

Dorothy B. BERNARD...Martha M. ECKERT...Eugene GAY...Daniel M. THOMPSON

What Is a Do-Not-Resuscitate Order and How Does It Work?

A do-not-resuscitate order (DNR) is a legally binding physician's order stating that no steps will be taken to restart a patient's heart or restore breathing if the patient experiences cardiac arrest or respiratory arrest. These steps typically involve cardiopulmonary resuscitation (CPR), which is not always successful and comes with risks, especially for individuals who are elderly or very ill.

Legal Advance Care Planning

Advance healthcare planning is a crucial activity for competent people of all ages. This helps to ensure that a person's wishes for medical care are respected and followed. The legal aspect of this process typically involves drafting a health care power of attorney (POA), which appoints a surrogate decision-maker, and a living will, which provides detailed information on treatment for potential medical situations. Ideally, a person granted POA uses the living will to guide any

Do-Not-Resuscitate article Continued ...

healthcare decisions they must make on the patient's behalf, but some people fail to make one or both of these legal preparations.

Medical Orders for Advance Care Planning

While a DNR is legally valid, it differs from the advance directives explained above in that it is also a medical order. A person may draft a living will to specify their treatment preferences in various hypothetical healthcare situations, but this document is not an immediately enforceable medical order. If an individual is incapacitated, then healthcare professionals and emergency responders will pursue all potential life-sustaining treatments in the event of a medical crisis unless a valid order such as a DNR is presented.

Who Needs a Do-Not-Resuscitate Order?

Every competent person has the right to refuse even life-saving medical treatment. Appropriate advance care planning ensures this right even if an individual becomes unable to participate in their own care decisions. Yes, living wills and healthcare POAs are important for people of any age to have, but not every person needs a DNR order.

Some people wish to limit the care they receive in foreseeable medical circumstances because they feel that extreme measures meant to prolong life may also negatively impact their quality of life. For example, healthcare professionals and first responders are trained to administer aggressive interventions like CPR to prevent death unless otherwise directed. However, the medical benefits of CPR are limited. This emergency procedure is only intended for use on healthy individuals, not the elderly or those with severe or terminal health conditions like widespread infections or cancer.

Sadly, even if CPR successfully resuscitates a very old or frail individual, it is possible that they may suffer broken bones, damage to the brain and other organs, and/or they may no longer be able to breathe on their own. Because of the risks involved, DNR orders specifically address an infirm patient's wish not to undergo CPR in the event that their heart and/or breathing stop. Most people who obtain DNR orders are already in poor health and receiving treatment in the hospital or another healthcare facility.

The elderly and those with severe health conditions may speak with their physicians about the potential risks and benefits of CPR and ultimately decide that they do not wish to receive this intervention. Those with terminal illnesses

Do-Not-Resuscitate article Continued ...

may obtain a DNR order because they do not want to artificially delay the inevitable, opting instead for a more peaceful or natural death. Regardless of one's reasons, DNR orders allow patients to continue to exercise control over their care even in emergencies.

How Does a DNR Order Work?

The decision to forego CPR and "full care" must be made by the patient themselves, if they are competent to do so. If they are not competent, then their named decision maker or healthcare proxy must make this decision on their behalf. In either case, a care plan meeting with the patient's physician(s) is highly recommended to thoroughly discuss all aspects of implementing or deciding against a DNR order.

If a patient obtains a DNR order, it is then placed in their hospital chart. It is important for the patient and/or their family members to remind the medical staff about the DNR, because the first action doctors and nurses will take if a patient's heart or breathing stops is to attempt resuscitation. This is yet another reason why it is so important for family caregivers to be present and actively advocate for their loved ones, especially in hospitals and other acute care settings. However, if a patient is receiving hospice care, which focuses solely on symptom management rather than treatment for terminal patients, DNR orders are fully respected by the hospice staff and additional coaching and advocacy are not required.

It is important to understand that a DNR order only affects whether a patient will receive CPR. All other necessary treatments should be continued unless the patient or their surrogate states otherwise. Regardless, it is still important to address how a DNR might affect other routine and life-sustaining treatments with a patient's physician(s) to ensure everyone is on the same page.

Article submitted by Rose Marie Gerald, Service Officer

Source used – AgingCare.com