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Care by Consensus

By [PAULA SPAN](#)

Gretchen Ertl for The New York Times Naomi Cotter at her home in Cambridge, Mass.

Naomi Cotter finally retired at 73, after 24 years spent directing a student legal clinic at Harvard Law School and then several more more working for a mediation service. “I was worn out,” she told me. “I’d worked my entire life, and I just wanted time.” Now 75, Ms. Cotter spends her days going to the theater and concerts and seeing friends; she’s considering whether to take art courses.

It’s a pleasant routine, made possible by relatively good health and a raft of longtime pals in and around her homey neighborhood in Cambridge, Mass. But she frets about a future in which she could become frail and disabled. Most older people eventually will.

What would happen then? Ms. Cotter, a single woman with no children, lives alone. Her younger brother in Oregon and sister in Florida are also childless. “Who’s available to take care of me when I can no longer take care of myself?” she has wondered. Our elder care system — a phrase that implies far more rationality than exists — still relies primarily on unpaid family caregivers.

This question often prompts confessions of [anxiety from readers without children](#). Some commenters declare that people shouldn’t live alone (though it’s a demographic trend unlikely to reverse anytime soon). Others point out that the real answer is a more comprehensive national policy to care for old people (true, but look at [what happened to even the modest Class Act](#), meant to provide affordable long-term care insurance). Meanwhile, people without much family simply plan the best they can, setting up advance directives and crossing their fingers, hoping they can afford paid care when they need it.

Ms. Cotter has taken her preparations a step further, however. When she consulted Steven Cohen, a Boston lawyer specializing in elder law, for help with estate planning, he made a suggestion: She could set up a care committee.

He’s done this for 15 to 20 people who either have few relatives or don’t want to turn to them for help. The client asks four or five trusted friends or associates to serve as decision-makers, coordinators and monitors of care when she needs it. One committee member is a geriatric care manager, a professional familiar with local agencies, programs and facilities. One holds the client’s health care proxy or power of attorney.

The document — you can [see a blank example](#) on the Cohen & Oalican law firm Web site — sets out the client’s wishes: to remain at home as long as possible, say, or to retain her current doctors. Sometimes, clients want to write in specific instructions, perhaps about pets. The

committee starts meeting, at least monthly, when the client becomes incapable of fully directing her own care, though she participates as much as possible. (Distant members can participate by phone or e-mail.) The group develops a plan; the care manager follows up regularly to ensure that it's being followed.

Often, "clients are concerned it will be too much of a burden if they turn to friends," Mr. Cohen explained to me. "But these people don't have to be acting alone." By appointing a committee, "you're giving their relationships a more formal structure, so that they can work together to support this person as she ages."

(People with developmental or intellectual disabilities often go through a similar process, called "person-centered planning," said Martha Ford of the Arc, a national advocacy group. In both cases, "you're trying to have people who know you well and care for you help you exercise your wishes.")

The care committee document he came up with isn't legally binding, Mr. Cohen added, and in case of disagreements, the person's appointed proxy or agent would prevail. But the committee imposes a moral obligation, he thinks, and can also make decision-making easier. "A lot of people want to be involved, and you're giving them a role and creating a support system for them," he said. And for the client, "there's peace of mind."

Ms. Cotter agreed. She'd been part of ad hoc groups that cared for friends before, but such efforts were usually shorter-lived, involving food deliveries and driving, not exploring medical options or a move to assisted living.

In her document, she said, "everything's spelled out in detail." Ms. Cotter's three-member care committee includes her closest friend, who lives in the same building she does, a second friend she's known since college, and her brother.

Ms. Cotter's experience reflects some potential problems, too. Since she appointed her committee four years ago, her nearby friend needed to care for her ailing sister and can no longer serve that role for Ms. Cotter; the college friend moved to Iowa. People in her circle, aging along with her, can develop competing demands, forcing Ms. Cotter to choose new members. "Unfortunately, I don't have younger friends," she said.

Moreover, friends may disagree (family members do too, of course). **Bernard Krooks, a former president of the National Association of Elder Law Attorneys practicing in New York, tried care committees for several clients but has stopped recommending them. He used a small team of professionals — usually a geriatric care manager, an accountant and a financial adviser — and found that "it just doesn't work well with groups who aren't used to working together."**

In one egregious case, Mr. Krooks said, a healthy and active client in her 70s with no family pushed for a care committee, whose members subsequently proved unable to reach agreements. "It came down to people being people and not understanding why they were put in this role," he said. One member eventually went to court to have a guardian appointed, exactly what the client had hoped to avoid.

Most of Mr. Cohen's clients with care committees have yet to need them, so it's not clear how

well they will function. Nor was I able to get much sense of how many lawyers around the country are trying similar approaches.

But Ms. Cotter still likes the idea. As an individual friend, “you feel totally helpless,” she said. “Here, there’s a sharing of the joy and the sorrow. It brings a sense of community.”

Paula Span is the author of “When the Time Comes: Families With Aging Parents Share Their Struggles and Solutions.”