



WGBH
125 Western Avenue
Boston, Massachusetts 02134
617.300.3500
Fax: 617.300.1001



**AS AMERICANS LIVE LONGER THAN EVER, AND CAREGIVERS DWINDLE, FRONTLINE
EXPLORES WHAT IT MEANS TO GROW OLD**

**FRONTLINE presents
LIVING OLD
Tuesday, November 21, 2006, at 9 P.M. ET on PBS**

www.pbs.org/frontline/livingold

For the first time in American history, “the old old”—those over 85—are now the fastest growing segment of the U.S. population. While medical advances have enabled an unprecedented number of Americans to live longer, healthier lives, for millions of elderly, living longer can also mean a debilitating physical decline that often requires an immense amount of care. And just as more care is needed, fewer caregivers are available to provide it. FRONTLINE producers Miri Navasky and Karen O’Connor investigate this national crisis and explore the new realities of aging in America in *Living Old*, airing Tuesday, November 21, 2006, at 9 P.M. ET on PBS (check local listings).

“We’re on the threshold of the first-ever mass geriatric society,” says Dr. Leon Kass, chairman of the President’s Council on Bioethics from 2002 to 2005. “The bad news is that the price that many people are going to be paying for [an] extra decade of healthy longevity is up to another decade of anything but healthy longevity. ... We’ve not yet begun to face up to what this means in human terms.”

Vast numbers of our elderly are living lives that neither they nor their families ever prepared for or imagined. Through the perspectives of the elderly, their families and the doctors and nurses who care for them, *Living Old* explores the modern realities of aging in both urban and rural America. The hour-long documentary takes viewers on an intimate and powerful journey that raises new and troubling concerns about what it really means to grow old.

For millions of Americans, living longer means coping with multiple chronic illnesses, increasing frailty and prolonged periods of dementia, which may last for years and sometimes even decades. Only one in 20 people over the age of 85 is still fully mobile, and roughly half will develop some form of dementia. “Everything started to go at 82 years,” says Rose Chanes, now 96 and in assisted living. “I don’t hear, I don’t see. ... You’ve got to be crazy to call it a blessing to live like this. ... I call it a curse.”

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For the elderly and their families, the emotional toll is often severe. “With my mother, it’s been a slow process, but in the last few months, ... things have escalated,” says Mary Ann DiBerardino, whose parents, married for 68 years and both in their 90s, now share a room in a nursing home. Her father has advanced Parkinson’s, and her mother has Alzheimer’s. “It’s difficult some days when I’m not sure if [my mother] doesn’t eat because perhaps she’s forgotten how to use her utensils,” says DiBerardino. “Or does she not know how to swallow? I keep trying to fix things, and even though my head says I can’t, your heart—your heart wants to fix everything. Even with my nursing background and caring for [the] elderly and terminally ill, nothing has prepared me for taking on the role of caring for my mother.”

In an attempt to lessen the burden on families and to ensure that their wishes are fulfilled, many elderly write advance directives, such as living wills, powers of attorney and do-not-resuscitate orders. “But the fact of the matter is, it’s really impossible to describe all of those circumstances that one is going to face,” says Dr. Kass. “[And] it’s simply not true that we can know in advance how we ourselves will feel about many of these things once we find ourselves not 45 and fit, but 75 and viewing life with a different lens.”

Decisions about life-prolonging treatments are also becoming increasingly complex. “My son ... asked me to sign a paper that would authorize termination in case of [a] hopeless-looking condition,” says Estelle Strongin, a 94-year-old practicing stockbroker. “And I said, ‘No, I’m not signing that.’ There are a lot of cases where doctors have said this patient has three months to live, and they’ve lived 30 years.” When asked why so many of the elderly are signing such documents, Strongin responds that they sign because they do not want to see their children suffer. But, she adds with a laugh, “I said to them, ‘I don’t care — suffer.’”

As the nation ages, many believe that our health care system, with its focus on treatment and cure, is woefully ill-equipped to handle the new realities of long-term care. “Nobody’s bothered to think about what the repercussions are of trying to keep people alive longer and longer,” says Dr. David Muller, dean of medical education at Mount Sinai School of Medicine and co-founder of Visiting Doctors, a program that provides primary care to homebound elderly in New York City. “[It’s] another bypass surgery, another transplant, ... without anyone worrying about ‘Well, what’s next?’”

With families smaller and more dispersed than ever before, and more doctors choosing medical specialties over family medicine, many fear that the country is on the brink of a national crisis in care. “One out of five people are going to be older adults,” says Dr. Jeffrey Farber, a geriatrician at Mount Sinai, “and there’s not really anyone trained to care for them.”

Living Old is a FRONTLINE co-production with Mead Street Films. The film is produced, directed and written by Miri Navasky and Karen O'Connor. FRONTLINE is produced by WGBH Boston and is broadcast nationwide on PBS. Funding for FRONTLINE is provided by the Park Foundation and through the support of PBS viewers. FRONTLINE is closed-captioned for deaf and hard-of-hearing viewers and described for people who are blind or visually impaired by the Media Access Group at WGBH. FRONTLINE is a registered trademark of WGBH Educational Foundation. The FRONTLINE executive producer for special projects is Michael Sullivan. The executive producer for FRONTLINE is David Fanning.

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Press contacts

Diane Buxton (617) 300-5375

Andrew Ott (617) 300-5314