

## End Game

In December of 2005 when I wrote and delivered a talk called The Last Chapter, I thought I had pretty well covered some important insights I had incorporated into my post 80 years.. It was clear to me that including people my age in a group starting at 60 or 65 was inappropriate and not very useful. There are seniors and there are elder elders and while the exact dates may overlap for individuals, the experiences and the challenges of what people my age are experiencing are of a different order. Since then, I have shepherded my husband through a ten month decline to a peaceful death and experienced yet another set of challenges and faced another set of choices which I think need to be acknowledged in a very specific way. I have chosen to call this part of life End Game

In my husband's case I was able with a good deal of effort, support and luck to engineer what I call a good death. I use those words advisedly. Dying in America today is undergoing a sea change that few seem to be aware of or willing to confront. So rapid are these changes that I am convinced, whatever conclusions, hopes and arrangements most people develop for themselves, much less their aging parents, they will need updating and revising with increasing frequency. For example you need to know what a Hospitalist is, that there now are Medical Consultants who can help you sift through various treatments, drugs, choosing specialists, that Palliative Care(not Hospice)is an at home option that may be available in your area.

It is always possible to let Death make the decisions for you. Just keep chugging along until an accident or illness rings down the curtain and hope that your finances last and local medical facilities perform well. For many, maybe most, that may be enough.

That, of course, gives minimal consideration to the emotional and physical toll that may be exacted on family and close friends. We have all heard horror stories about adult children having to clear out and sell properties left by their aged parents. Moves to retirement homes make make that easier, but guess what, in the last few years, that process has started to reverse itself. We are finding it is cheaper to keep people in their own homes and many are happier there.

For people who have not yet really come to terms with their own mortality, this topic may be hard to deal with. In conversation these days, I am struck by the fact that most people my age have figured out what they think and take a pretty pragmatic approach to their own demise. The overriding issue is to avoid a messy, complicated, expensive death that creates a burden for their children or surviving spouse/significant other.

During the transition from fighting to live to preparing to die, there is a critical role that doesn't get talked about much. The medical community is trained, and required by law, to consult the patient as long as they have their wits about them. I found that ,drained by various procedures and pumped up with far too many drugs, my husband often could barely comprehend what he was being asked much less answer coherently. In talking to others, I found that this was not a singular experience. It is not easy, when emotionally engaged, to discriminate between what seems practical, expedient or convenient and the patient's expressed or usually unexpressed wishes. The only barometer I ever found helpful was to try to visualize how I would feel looking back and would I have as few regrets as possible?

These days,almost everyone whether at home, in a hospital or a rehab facility needs an advocate and it is critical that they be there when significant decisions are being made. This takes a certain amount of pushing back. Getting the nurses on your side,clarifying when the supervising doctors will be checking in and out,requesting call backs if you miss them. It is so so easy to become passive and let them be in charge. This is not the same as being the supportive,loving,concerned partner, family member, friend you may have been in the past and may require you to act out of character. If that is too painful or not possible, it is important to find someone who is willing and able to play that role. In a group of senior women I belonged to in California some of the single and widowed women set up partnerships with each other if no spouse was available.

At one point when I realized my husband was taking thirteen prescriptions a day prescribed by three different doctors at different times I made an appointment with our primary doctor who immediately removed six from the list. To be helpful, it becomes necessary to be much more knowledgeable about the panoply of drugs being offered these days. How many days does it take to test their effectiveness? How long will previous ones stay in the system and continue to affect the patient? Most drugs operate on a bell curve so dropping one and adding another is not as simple as it seems. This is a byproduct of our continuing success in creating new drugs at an exponential rate that was not dreamed of 15 or 20 years ago.

I learned a lot from my husband's death. The first was that short of a catastrophic illness or accident, the body has its own way of shutting down. Interventions may have slowed the process a bit but not much. The medical community will keep trying. I count myself lucky that my husband was aware enough and courageous enough to articulate his readiness to die. This immediately shifted my role from cheer leader to facilitator and gave the Hospice staff a full opportunity to do what they do best.

I chose to call this talk End Game advisedly because I think a game mirrors the experience of dying. There are the key players, some more gifted than others. There are intervals. There are key plays. There is the process some of which may not be clear except in retrospect and there is the conclusion which may come in many ways but will surely come. Along the way there are opportunities to develop an overall strategy, choices about tactics, set backs, small triumphs (that play /drug or inning/ procedures that worked out well, or perhaps it didn't). *Without torturing this analogy too much, I hope you can see it as a framework for ordering your thinking.*

It amazes me how many people acknowledge the conclusion, but do not make the choices and take the necessary steps to have it reflect their wishes, much less their values. Whether it be donating organs, making bequests, specifying funeral arrangements, cleaning up the debris of your life as much as possible, saying goodbye to those who have been important to you, you have an option to complete your life and the choices today, like the ever evolving role of medications, procedures and support are growing and changing constantly. The challenge is to be aware, make choices and act on them. This is not a game that you can opt out of. Be the best player that you can be and take advantage of any teammates that are available.

In retrospect, one of the most emotionally satisfying things I did was largely serendipitous. Because we have many friends and had lived in a number of places in our lives, I sent out an Email alert when my husband moved to hospice care two weeks before he died. The flood of Emails and calls we got from all over the world was overwhelming. As fast as they came in, we read them to him and he took almost every call even when he could barely respond. The soft smile on his face is one of my enduring memories.