

End of life

I find it interesting that my son Lewis is concerned about “end of life” issues. I never asked him what prompted this concern. Possibly, Nina’s experience, having lost her father. Or someone else’s experience. Or Sylvia may have raised it. Or possibly, just the realization that his parents are getting old, and somebody will have to deal with the many questions that come up as we go down.

Fran and I certainly have to deal with the issue as it relates to each other. About 15 years ago, we had a will prepared. We are now preparing another will with new health care proxies and powers of attorney etc. We have a cemetery plot. However, we are shifting our business from Levine’s to Brezniak’s Funeral Home. But what I have been thinking about recently is that moment when one of us discovers that the other is dying. It might be an automobile accident; it might be a terrible fall. It might be a malfunction of some organ, like a heart attack, or a stroke. What do we do?

If one is around, call 911. If no one is around, and we are aware of what is happening, that is when it is good to have one of those medic alert devices. I intend to get one for each of us after we come back from our cruise. Have to find out which is the best. (I have subsequently been discouraged from getting it.)

The likelihood of falling is becoming greater. I have become more unsteady, and Fran has had a couple of falls. So what happens when something bad happens? I guess we end up in a hospital, most likely Beth Israel. And most likely Dr. Taylor will be in the picture, and most likely there will be a specialist attending to us. Everyone knows, no heroic measures. The children will come, friends will be notified. If we are not lucky enough to go quickly, and it is getting to the end, we may go into hospice. (Dr. Taylor is retiring. We will be getting another PCP.)

There was an article in the Jewish Advocate about Hebrew Senior Life Hospice Care, which made it sound nice. And my old friend Rabbi Herman Blumberg is the Rabbinic Director. If you have been diagnosed as incurable, and your life expectancy is 6 months or less, you are in. They take a “holistic view of patient needs.” (I never was quite sure what holistic meant—Holy or wholly? They “strive for comfort and quality of life.” Terrific. Better than dying in a hospital.

Another aspect of end of life relates to cost. It can be expensive. If you need 24 hour care, and if you exhaust Medicare, it can be a problem. Our lawyer, who is preparing our will, said that we should be able to get Medicaid without getting wiped out. Something else we need to look into.

There was still another article in the NY Times about “pulling the plug.” When do you want it to be over? When is life no longer worth living? When you are—a terrible word—a vegetable. You no longer function. You just lie there. You don’t speak, you don’t think, you don’t recognize anyone or anything. You don’t even eat; you are fed through a tube. No thank you. Some people think a miracle may occur. Not likely.

Right now, I am aware of my present limitations, and how they are slowly getting worse. I am talking about mobility and balance problems. But my guess is that I will continue like this for some time. There may be actions I can take to slow down the getting worse, but that is the best I can expect. There will be no reversing the process. I have been given several exercises to deal with balance and leg strengthening, which should help me avoid falls.

August 5, 2014

It is November 3, 2016. More than 2 years since I wrote the above. I am still concerned about balance. I had a problem involving my enlarged prostate, which at the moment does not seem to be life-threatening. I realize we have to conclude plans for the end of life issues. I promise to get to it. I promise.