The Elderlaw Forum: A dignified death

by Professor_Michael_Myers

My eldest daughter Mary Beth and her husband Larry had a cat named Barney, who had a dark and resentful personality. Larry loved Barney and allowed him free roam of their upscale Santa Barbara, California, home. Mary Beth did not love Barney and restricted his movement. Thus Mary Beth and Barney labored through 17 years of tempered hostility.

Shortly after his 17th birthday Barney became ill. Stoically he went to a dark corner of the homeâ€™s lower level, away from the light and breeze for the sole purpose of dying, peacefully. Mary Beth was comfortable with Barneyâ€™s choice. But Larry was not. He insisted they retrieve Barney from his deathbed, transport him to a doctor of veterinary medicine and interrupt the dying process through medical technology.

Catheters, transfusions, and $1,300 were employed to deprive Barney from a natural departure from the California sunshine. He died eight days later than he otherwise would have. In retrospect, Mary Beth contends, Barney should have been left alone; nature would have delivered death through a prolonged sleep.

Barneyâ€™s fate is one that is visited upon tens of thousands of people each day in contemporary America as we deliver our loved ones to hospital intensive care units, where they are pulled from underneath deathâ€™s corner by oxygen concentrators, artificial nutrition and hydration, respirators, dialysis machines, drugs and such. Life is extended, often for only days or weeks.

And when itâ€™s over - after scores of needle pricks, IV insertions, suctioning, and blood infusions delivered by scores of licensed clinicians of various types, and after death finally prevails - loved ones most often wish they would have halted the technology sooner. I had the opportunity to admit my beloved wife of 44 years to an intensive care unit last week. The care was efficient and effective. Like Barney, she was retrieved from death.

Four days later the assault of the machines became intolerable and she instructed that â€˜no codeâ€• be entered onto her medical chart. She had acute renal failure, the byproduct of a 10-year struggle with diabetes. Continued dialysis would have required permanent nursing home care. She opted for home hospice.

â€œHow much time do I have left?â€• she asked. I told her one doctor estimated two-to-three days; a second doctor forecasted 10 to 14 days. She died seven days later, at home, with dignity, in the presence of our seven children and me. She was 64.

(Pro bono information and advice is available to persons 55 and older through the USD Senior Legal

Helpline, 1-800-747-1895; mmyers@usd.edu. Opinions are those of solely those of Professor Myers and not the University).

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