Let The Dying Die Gracefully

Alabama Voices

By JUDITH PATERSON

My father's mother, who worked as a nurse in a public sanatorium in her youth, called pneumonia "the old man's friend." By the time I was born, Grammy had become a full-time nurturer and provider of housing, food and good company to hordes of relatives and friends, children and grandchildren. The last time I saw her, she was gathering pecans in the grove behind her house and complaining about her inability to carry the heavy load she had picked.

"You know," she said, "I must be an old woman, but I don't feel like an old woman." She died in her sleep a few days later at 92.

My mother's mother suffered a few months with cancer — considered untreatable in the late 1940s — before dying of heart failure at 80. Both my grandfathers died after brief illnesses — one from influenza and the other from peritonitis caused by a ruptured appendix. Though they died young, both died with their savings, as well as their dignity, intact.

Not many people die of pneumonia anymore. In fact, it's getting harder and harder to die of anything. Modern medicine has deprived old men and women of all the friends that used to put a quick and merciful end to terminal suffering.

When my father began dying of lung cancer in 1980, he was a vigorous 68, still working full time in the wholesale florist business that had supported his family for three generations, still driving to the west coast of Mexico every summer for a vacation, still putting in long weekends on the 25 acres he had been landscaping to perfection since the 1940s.

Understanding the slim chance he had of surviving lung cancer — with or without an operation, with or without chemotherapy — he asked to forgo all treatment and live as best he could until he died. My stepmother joined his doctors in "refusing to listen to such talk." The operation that removed a lobe of his right lung brought on a stroke that left him with the shuffle of an old man, broken physically, unable to work or enjoy his family. As his body and his spirits deteriorated, medicine for heart condition, stomach ulcers, high blood pressure and depression kept him going. When the cancer reappeared, he refused a second operation, only to be kept alive for another year by repeated trips to the hospital to have oxygen, drugs and food pumped into his flagging body.

The last time I saw him, he was slumped in a wheelchair, his head too heavy for his decaying body to support. Suffering was the only human thing left to him.

At its most meaningful, death communicates something essential and establishes a final bond between the person who is leaving and those who stay behind. Approval long withheld can sometimes be expressed, sins forgiven, secrets shared, mantles passed. I have come to believe that we imperil a necessary link in the chain of human connection when we keep the body alive in a state that no longer houses the spirit.

I had all this brought home to me again last summer when I went to help my stepmother sell her house in Montgomery and move into a nursing home. She is 78 and terminally ill with emphysema and heart disease. Humiliated by the circumstances of her dying and exhausted from months of unrelenting mental and physical pain, she begs to die.

Every time death approaches, the nursing home ships her off to the hospital to be "rehabilitated" in intensive care. There I see hopeless cases kept alive for no reason. Cancer patients witout hope of recovery get chemotherapy, blood transfusions, radiation. The very old lie like corpses in their beds, liquids dripping all day into limbs crisp and yellow as parchment. A social worker calls it the "ritual of prolongation." I ask "What for?" and get no answer.

Medical technology, which taught us that everything could be cured, has hurled two generations — and a whole culture — into a crisis of dying. No one saw the shadow of protracted terminal agony standing behind the bright promise of longevity. Like Tithonus in the Greek myth, we asked for everlasting life and got ever-deteriorating old age instead.

We hear a lot about the quality of living. What worries me now is the quality of dying. My parents' generation could not possibly have foreseen the multitude of health choices that have been trust upon them. Those of us in our 40s and 50s, a generation that promises to be the longest-lived in history, are going to have to look at those choices and face what they mean. There is no way, either economically or spiritually, that we can afford to die the way our parents are dying.

When people like former Colorado Gov. Richard Lamm and medical ethicist Daniel Callahan suggest that we follow the British in limiting treatment of the old and terminally ill, knee-jerk rhetoric from all sides smothers the soul-searching public debate we need.

Somehow we are going to have to move away from a medical model for dying to a humanitarian one that accepts death as the natural end of life and helps people to die as gracefully and humanely as possible.

As the proverb goes, "God save you from living in interesting times." My generation has lived in interesting times: civil rights, women's rights, sexual liberation, Vietnam. And now this.

The activist generation has another job to do. It's time we got started.

Judith H. Paterson was born in Montgomery and graduated from Lanier High School, class of 1955. She holds a doctorate from Auburn University and currently is a professor of journalism at the University of Maryland.