

2-8-19 We are mortal, after all

We are mortal, after all. Can we please die with some dignity?

If you have never dealt with nursing homes, hospice, oncologists and the oh, so complicated insurance business, let me tell you, it is not only complicated; it is inhumane. It is outrageous. It is wrong. On so many levels.

I hear individuals telling me, “I am following orders.” “I don’t make the rules.” “The doctor made this determination.”

Then the “determinations” begin to clash. He needs physical therapy. The patient was groggy and did not want physical therapy, so it was rescheduled. The patient was loopy on morphine and had no interest or capability for physical therapy.

The reason for the morphine was pain. The reason for the pain was muscle spasms from numerous falls. The reason the falls was the side effect of the cancer medication that was not only not working; it was making things worse.

Fortunately, the pain subsided a while after the cancer medication was discontinued and his body had a chance to heal from the muscle spasms. Finally, morphine was no longer needed. As my ninety-year-old friend began to be lucid and began to walk a bit, “the place” determined that he no longer required “skilled nursing care”.

Clearly, they were covering themselves, but how did this make sense for their patient, but my friend? “He is getting better and we don’t have the staff to help him and by the way, he can’t be independent either.”

My ninety-year old is fortunate enough to have an excellent advocate who urged him to get up and walk. His friends had visited and walked along with him, he and his walker, up and down the hallway. The following day, when he took a walk on his own, with his walker, the nurses told him he wasn’t supposed to do that. He told them, “Well, I am!”

I was so happy for him and so proud of him when I heard this news! Good for him!

What did “the place” do the next day? They took away his walker. What were they afraid of? Old people rebelling with their walkers and canes? No, they thought they were protecting themselves.

This man should have had his walker in his room, even if just to walk to the bathroom. What are they thinking?

His health care proxy called me to tell me that update. I was as livid as she! The plan? Bring in another walker, clearly labeled with her name, and Do Not Remove, and, for good measure, colorful tape with peace signs.

My ninety-year-old friend doesn’t have long to live; not only because of his age, but because he has cancer. He probably has a short window of time lacking pain and suffering. If he stays in “the place”, where someone has determined he no longer needs skilled nursing care, should exercise, but is not eligible for physical therapy and, also, by the way, should not walk on his own, he will quickly decline into a vegetative state, lying in bed or sitting in a chair, doing nothing.

Most people in that predicament would give up, go to sleep, decline. And there is a time for that. There is a time for hospice. There is a time for palliative care only. This man is in between. He has his faculties. He is not in pain. He can walk. He can feed himself.

He can go home. Time will tell how long he can remain at home, with services.

Even a short time period will allow him visits with dear friends, in his home, with photos and his musical instruments and his books. Those visits will be visits of love and compassion, the best kind of hospice one can hope for.

We are planning his escape! New bed in place! Bedding in place!

We do so love him and are only mortal also.

We too will die. We hope for compassion when we do. We hope we have advocates helping us to escape, if need be; both in the short term and in the long term, onto that immortal kind of mortality.

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