Growing Old in a New Age

Dying Death, and Bereavement

1 01:00:04:20 Annenberg Media

2 01:00:08:04 §

3 01:00:13:18 ANNENBERG/CPB PROJECT

4 01:00:22:19 YOU'RE FLAT ON YOUR BACK, AND THERE'S A RING OF DOCTORS AND NURSES AND...

5 01:00:32:02 SAYING THAT, YOU KNOW, THIS MALIGNANT GROWTH...

6 01:00:38:04 HAS CUT YOUR... LIFE...SHORT.

7 01:00:43:19 THE WORD EUTHANASIA, CERTAINLY THE CONNOTATION IS OF INTERVENTION TO TAKE LIFE.

8 01:00:48:17 THE REAL MEANING OF THE WORD, THOUGH, EUTHANASIA, MEANS "DYING WELL." AND GOODNESS KNOWS, WE ALL WANT TO DIE WELL.

9 01:00:57:03 WHAT DOES DEATH MEAN TO OLDER PEOPLE TODAY? HOW DO THEY CONFRONT IT? HOW DO THEY COPE WITH IT? HOW DOES SOCIETY HANDLE DYING AND DEATH? HOW WILL WE DEAL WITH LEGAL AND ETHICAL DILEMMAS AS WE ENTER THE 21st CENTURY? NEXT, ON GROWING OLD IN A NEW AGE.

10 01:01:17:28 UNTIL 100 YEARS AGO, MOST PEOPLE DIED YOUNG. MANY WERE STRUCK DOWN BY CHILDHOOD AILMENTS AND OTHER INFECTIONOUS DISEASES. MANY YOUNG WOMEN DIED IN CHILDBIRTH. MANY YOUNG MEN WERE KILLED IN FARM AND INDUSTRIAL ACCIDENTS. BUT IN THE DEVELOPED NATIONS, WITHIN THE LIFETIMES OF THOSE BORN AFTER THE TURN OF THE CENTURY, THE NATURE OF DEATH HAS DRAMATICALLY CHANGED. IN 1900, THE AVERAGE AGE AT DEATH IN THE U.S. WAS 47. BY 1990, IT WAS 75. LOWER INFANT MORTALITY, BETTER DIET AND HEALTH CARE, AND THE ERADICATION OR CONTROL OF MANY INFECTIONOUS DISEASES HAS PUSHED DEATH BACK INTO MIDDLE AND OLD AGE. IN 1990, ABOUT 70%
OF ALL DEATHS IN THE UNITED STATES OCCURRED IN PEOPLE OVER 65. THESE CHANGES HAVE AFFECTED THE WAY WE ALL EXPERIENCE DEATH. THE OLD DAYS, UH...

11 01:02:14:18 WHEN YOU GOT OLD AND YOU GOT SICK, YOU USUALLY DIDN'T LAST VERY LONG.

12 01:02:20:03 YOU DIED OF TB, OF GASTRITIS.

13 01:02:22:19 TODAY, HOWEVER, BECAUSE OF THIS ABILITY TO KEEP PEOPLE ALIVE FOR LONGER PERIODS OF TIME, WE DIE OF CHRONIC DEGENERATIVE DISEASES, LIKE HEART, STROKE, CANCER.

14 01:02:34:18 SO, IT'S ELONGATED THE TIME IN WHICH IT TAKES US TO DIE.

15 01:02:39:17 MODERN, HIGH-TECH APPROACHES TO DYING HAVE PUSHED DEATH OUT OF THE REALM OF EVERYDAY EXPERIENCE. DEATH HAS BECOME A MYSTERY.

16 01:02:48:01 I REMEMBER WHEN MY UNCLE DIED, THEY LAID HIM OUT IN THE LIVING ROOM.

17 01:02:53:18 AND THE BODY WAS WASHED NOT BY ANYBODY, BUT YOU HAD TO BE A PIOUS INDIVIDUAL.

18 01:02:59:18 BUT DEATH WAS RIGHT THERE.

19 01:03:01:18 NOW IT'S RARE FOR ANYONE BEFORE AGE 30, PARTICULARLY IF THEY'RE NOT PHYSICIANS OR NURSES, TO SEE AN UNTREATED DEAD BODY.

20 01:03:10:02 DEATH HAS BEEN TAKEN OUT OF COMMON EVERYDAY EXPERIENCE.

21 01:03:13:19 WE'VE GIVEN IT TO THE PROFESSIONALS.

22 01:03:16:03 WHEN YOU GET SICK, THERE'S THE PHYSICIAN.

23 01:03:19:03 YOU END UP IN THE HOSPITAL.

24 01:03:21:18 IF YOU'RE NOT DOING SO WELL, IN COMES THE CLERGYMAN.

25 01:03:25:17 YOU DIDN'T DO WELL AT ALL, IN COMES THE FUNERAL DIRECTOR.
UNFORTUNATELY, EVEN THESE PROFESSIONAL CAREGIVERS TO WHOM SOCIETY HAS DELEGATED RESPONSIBILITY FOR DEALING WITH DYING AND DEATH, COME OUT OF THE SAME DEATH-AVOIDING MILIEU AND CONTEXT THAT WE COME.

WHEN IT BECOMES THEIR TURN TO INTERPRET DYING AND DEATH TO THE REST OF US, THE JOB ISN'T AS GOOD AS IT COULD BE.

IN THE 20th CENTURY, THE DEVELOPED NATIONS HAVE BECOME MORE WORLDLY AND LESS SPIRITUAL, RAISING FUNDAMENTAL QUESTIONS ABOUT THE MEANING OF DEATH. DEATH WAS A POINT IN TIME ON THE ROAD TO ETERNITY.

SO, DEATH WAS A DOOR.

TODAY... UH, EXCEPT NOMINALLY, WE TEND TO BE MUCH MORE OF A SECULAR SOCIETY.

WE DON'T BUY THE BUSINESS THAT THERE'S A LIFE AFTER DEATH.

PLEASE, DON'T MISUNDERSTAND ME.

THERE ARE MANY PEOPLE WHO DO.

BUT BY AND LARGE, MANY PEOPLE BELIEVE WHEN THEY DIE, THIS IS IT.

THAT WE TRESPASS THIS WORLD, ONE-SHOT DEAL, AND THAT'S IT.

AND SO, IN A CERTAIN SENSE NOW, WE DON'T COMMAND THAT TRANSCENDENCE FOR DEATH.

DEATH HAS BECOME A WALL.

AS SUCH, DEATH BECOMES A MUCH MORE DIFFICULT THING TO DEAL WITH.

AND SO, I WOULD SAY THAT WE'VE SHIFTED FROM A DEATH-ACCEPTING TO A DEATH-AVOIDING SOCIETY.

WITH DEATH OCCURRING MOSTLY IN HOSPITALS AND OCCUPYING A LESS PROMINENT PLACE IN THE CULTURAL AND SPIRITUAL LIVES OF INDIVIDUALS,
OUR EXPERIENCE WITH IT DIFFERS FROM THAT OF OUR ANCESTORS. IN MANY CASES, WE'RE LEFT TO FIGURE OUT THE SIGNIFICANCE AND MEANING OF DEATH FOR OURSELVES. SOME OF THE MOST POWERFUL AND SUSTAINING PERCEPTIONS ABOUT DEATH OCCUR WHEN WE ARE YOUNG. IVY NIP, DARITH SENG, AND KEVIN MACK ARE MEDICAL STUDENTS. THEY DEAL WITH DEATH AT CLOSE QUARTERS, IN A WAY THAT'S NOT COMMON AMONG THE GENERAL POPULATION. BUT LIKE MOST OF US, THEY HAVE VIVID MEMORIES ABOUT THE DEATH OF LOVED ONES. THESE EXPERIENCES WILL FORM LATE-LIFE ATTITUDES ABOUT DEATH. IT WAS BACK IN 1976 WHEN TWO OF MY BROTHER WAS KILLED BY THIS REGIME, THE COMMUNIST REGIME THAT CONTROLLED CAMBODIA AT THAT TIME.

41  01:05:52:19  UM...
42  01:05:54:18  I WAS YOUNG BACK THEN, BUT THE THOUGHT OF LOSING SOMEBODY SO DEAR TO YOU WAS TRAUMATIC AT THAT TIME.
43  01:06:02:18  MY GRANDMOTHER HAD A STROKE, AND FOR 13 YEARS, SHE PROCEEDED TO GO THROUGH THE DIFFERENT STAGES AND FINALLY DIED THE YEAR BEFORE I STARTED MEDICAL SCHOOL.
44  01:06:19:09  SHE GAVE ME THE EXPERIENCE OF TAKING CARE OF HER AND, UM, JUST WATCHING HER GO THROUGH THE DAILY UPS AND DOWNS.
45  01:06:31:03  SO, UM, MY PERCEPTIONS WERE COLORED VERY MUCH BY MY EXPERIENCES WITH HER.
46  01:06:38:20  MY BEST FRIEND HAD AIDS, AND HE ENTERED THE HOSPITAL FOR THE FIRST TIME THE SECOND DAY OF SCHOOL.
47  01:06:46:19  AND HE PROCEEDED TO DIE DURING THE FIRST YEAR OF SCHOOL.
48  01:06:51:03  MY CLASS WAS REALLY SUPPORTIVE, BUT THAT WAS A PRETTY TERRIBLE EXPERIENCE, TO, UM...TO TREAT...
49  01:07:00:05  TO TREAT AIDS LIKE A DISEASE SO CLINICALLY AT SCHOOL, AND THEN TO SPEND THE NIGHT IN THE
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HOSPITAL, WHERE IT WAS SO VIVID AND SO HORRIBLE.

50 01:07:11 THERE'S BEEN TREMENDOUS SWINGS FOR ME ABOUT MY OWN MORTALITY AND HOW READY I AM TO EMBRACE IT.

51 01:07:18:02 WHEN YOU'RE IN YOUR 20s AND 30s, YOU'RE IMMORTAL.

52 01:07:21:18 BUT LOSING SOMEONE EXACTLY YOUR AGE CHANGES ALL THAT.

53 01:07:26:03 SO, OUR EARLY EXPERIENCES WITH DEATH INTRODUCE US TO THE IDEA OF MORTALITY. WHEN MY MOTHER DIED, SHE WAS THE FIRST OF MY PARENTS TO DIE.

54 01:07:36:19 AND FOR THE FIRST TIME, EVEN THOUGH INTELLECTUALLY I HAD UNDERSTOOD THAT, UH, I'M NOT FOREVER, STILL NOW, WHEN MY MOTHER DIED, IT WAS AS IF THAT FRONT LINE WAS BREACHED.

55 01:07:49:04 THAT FRONT LINE WHICH ALWAYS PROTECTED YOU AGAINST INVULNERABILITY.

56 01:07:53:18 NOW, FOR THE FIRST TIME, DEATH BECAME NOT ONLY INTELLECTUAL, BUT EMOTIONAL.

57 01:07:58:18 IT ENTERED INTO MY GUT.

58 01:08:00:16 BUT DO OLDER PEOPLES' ATTITUDES ABOUT DEATH CHANGE OVER TIME? THIS, OF COURSE, VARIES WITH THE INDIVIDUAL, BUT OLDER ADULTS CERTAINLY FACE DEATH MORE OFTEN AND IN MORE CONTEXTS. ONE OF THE MORE AGONIZING EXAMPLES IS SOMETHING KNOWN AS OFF-TIME DEATH, WHEN A PARENT OUTLIVES HIS OR HER CHILD. WE COME TO GRIPS SOONER OR LATER WITH THE IDEA THAT WE ALL HAVE TO DIE.

59 01:08:27:04 BUT WHEN A YOUNGER PERSON DIES BEFORE AN OLDER PERSON, AS IS HAPPENING WITH MANY AIDS VICTIMS, THIS DESTROYS THE ENTIRE LOGIC AND ORDER OF LIFE, BECAUSE OLDER PEOPLE ARE SUPPOSED TO DIE BEFORE YOUNGER PEOPLE.

60 01:08:42:04 IF A YOUNGER PERSON DIES BEFORE AN OLDER
PERSON, WE'RE ALL TREADING ON QUICKSAND.

WELL, I KNEW THAT MY SON HAD THE VIRUS.

HE DISCLOSED IT TO ME SHORTLY AFTER HE LEARNED.

BUT, UM, IT WAS VERY FRIGHTENING TO ME.

AND EVEN THOUGH INTELLECTUALLY I KNEW THAT INEVITABLY THIS WOULD DEVELOP INTO DEATH, I STILL ENTERTAINED THE HOPE, SINCE HE WAS A PHYSICIAN AND WAS SPECIALIZING IN THE TREATMENT OF THIS DISEASE AND WAS ON THE INSIDE TRACK AND KNEW ALL THE MEDICATIONS AND THEY WERE ALL AVAILABLE TO HIM...

WE ALWAYS ENTERTAINED SOME SORT OF HOPE THAT SOME MIRACLE WOULD OCCUR.

WHEN MY SON CALLED ME TO TELL ME THAT HE HAD ENTERED THE HOSPITAL, HE INFORMED ME THAT HE HAD WORKED UNTIL THE DAY HE ENTERED.

HE CALLED ME AT 10:00 ON MONDAY MORNING, DECEMBER 18.

BY 1:00 I WAS ON A PLANE TO NEW YORK.

IT WAS AN EMOTIONALLY HORRENDOUS EXPERIENCE.

BUT AT THE SAME TIME, I'M HAPPY I WAS THERE, BECAUSE WE WERE ABLE TO TALK, TO EXPRESS OUR LOVE FOR EACH OTHER.

I AM ACCEPTING MY LOSS MUCH BETTER THAN I THOUGHT I WOULD...

BECAUSE I KNOW THAT IN HIS SHORT 37 YEARS, HE CONTRIBUTED MORE TO SOCIETY THAN SOME PEOPLE DO IN 87.

LEO AND LILLIAN SALAZAR LOST THEIR SON IN A BATTLE WITH HEART DISEASE. WHEN WE KNEW WHAT WAS GOING TO HAPPEN, WE HAD ALREADY BEEN MOURNING HIM.
WE MOURNED HIM MORE WHEN HE WAS ALIVE.

I DID.

I MOURNED HIM MORE, AND I MISSED HIM.

I THINK YOU DID.

THERE WAS AN EMPTINESS. THE PIANO WAS SILENT.

AND ALL THE MUSIC AND ALL HIS FRIENDS.

I NEVER WANTED STEVE TO DIE, EVER, EVER.

WE WERE ALWAYS A FIGHTING BATTLE TO KEEP HIM ALIVE.

BUT IN THOSE LAST COUPLE DAYS WHEN HE WAS GOING, GOING -- HE DIED RIGHT HERE, IN MY ARMS.

WHEN WE KNEW THAT THIS VIBRANT PERSON WAS ON THE WAY OUT, FINALLY, I SAID ONE LITTLE PRAYER.

I SAID, "GO AHEAD, STEVE, DIE." AND THEN WHEN HE DIED, IT WAS O.K.

IT REALLY WAS O.K.

ALL OF US EXPERIENCE THE DEATH OF LOVED ONES, BUT OLDER PEOPLE EXPERIENCE IT MORE OFTEN. FREQUENT EXPOSURE TO DEATH CHANGES YOUR POINT OF VIEW. MILDRED TUTTLE LIVES IN A RETIREMENT COMMUNITY AND HAS WITNESSED THE DEATHS OF MANY CLOSE FRIENDS. WE'RE VERY PHILOSOPHICAL ABOUT IT.

BECAUSE OF OUR AGE, WE'RE TALKING ABOUT IT A LOT AND DON'T GET MAUDLIN ABOUT IT.

PEOPLE TALK ABOUT WHETHER THEY HAVE MADE THEIR WILLS AND WHETHER THEY'VE EXECUTED A RIGHT TO DIE AND THOSE PROTECTIONS THAT WE...WE NEED.

AND SO THE RECOVERY, THE GRIEF PERIOD, I THINK, IS LESS INTENSE.

YOU KNOW, YOU GET INURED TO IT SOMEWHAT
BECAUSE OF THE AGE-GROUP ITSELF, AND IT HAPPENS SO FREQUENTLY.

Sylvia Davis is the last living person of a family of 10 brothers and sisters. Her way of dealing with the death of her last remaining sibling was to give him "permission" to die, which required great courage. I went in the room at 3:00.

The nurse hadn't called me to tell me that he was dying.

I heard this noise, and I asked her what was wrong.

And she said, "He's dying." But she said it so loud.

And this poor dear brother had gone into peritonitis, and he had a high fever, and, uh... he couldn't talk, and he couldn't move.

So I stretched out on the bed -- he had a double bed -- and I started talking to him.

And, uh, I said, "Don't be afraid.

"Just let go and let God take you, "and you won't have to suffer anymore "because nobody here can help you.

"You do that, and you'll get to see the family.

"You'll get to see mother and all the ones we love.

"And don't worry about me, because I'll get along all right." I said, "I'll be with you before too long." Then I reached over and kissed him on each cheek.

And with that, he went like that, and he was gone.

That was the hardest thing I ever had to do in my life.
OLIVER FRANCISCO IS THREATENED BY CANCER. IN ANTICIPATION OF DEATH, HE IS PUTTING HIS LIFE IN ORDER. THINGS ARE GETTING DONE.

AND THEY'RE NOT DANGLING...

THINGS THAT I NEED TO DO.

LAST SUMMER, I HAD A RECONCILING TIME WITH ONE OF MY BOYS THAT I HAD DIFFICULTY WITH AS HE WAS GROWING UP.

HE SPENT SEVERAL DAYS WITH ME.

EVENTUALLY, I SAID, "ROB, I HAVEN'T BEEN A VERY GOOD FATHER TO YOU, BUT I DID THE BEST I COULD. CAN YOU FORGIVE ME?" HE SAID HE COULD.

I SAID, "I LOVE YOU," AND WE HUGGED.

THEN HE DID THE SAME.

HE SAID, "I WAS A BAD KID. CAN YOU FORGIVE ME?" I SAID, "YES," AND WE HUGGED AGAIN FOR A LONG TIME.

THAT WAS BEAUTIFUL.

IT'S SOME OF THOSE THINGS THAT ARE GETTING DONE.

THEY FEEL SO...SO GOOD.

SO, I DON'T WANT TO TERMINATE, BUT I FEEL READY TO.

HAYWARD KING HAS SEEN HIS WORLD CRUMBLE AROUND HIM. ONCE A SUCCESSFUL CURATOR IN THE SAN FRANCISCO AREA, A SERIES OF HEALTH PROBLEMS HAVE MADE HIM INCREASINGLY DISABLED AND FINANCIALLY DEPENDENT. THE LATEST BLOW FELL WHEN HE LEARNED THAT HE HAS INOPERABLE CANCER. YOU'RE FLAT ON YOUR BACK, AND THERE'S A RING OF DOCTORS AND NURSES AND...

SAYING THAT, YOU KNOW, THIS MALIGNANT GROWTH...
HAS CUT YOUR... LIFE...SHORT, AND...

WE'RE GOING TO DO THE BEST WE CAN TO MAKE YOU COMFORTABLE.

AND I STARTED THINKING RIGHT AWAY, "HOW AM I GOING TO DIVIDE THE THINGS I'VE COLLECTED WITH THREE FAMILY MEMBERS?" UM... AND A LOT OF OTHER THINGS.

AND I HAVEN'T FIGURED THAT OUT.

AND, UM, I HAVEN'T TALKED ABOUT DEATH TO THEM YET, BECAUSE I HAVEN'T SEEN THEM IN A LONG TIME.

IT PUTS ME IN A FUNNY POSITION WHEN I BELIEVE THAT I HAVE TO THINK QUICKLY ABOUT THINGS AND DO THINGS.

AND, UH...

OR THEY JUST GO LEFT UNDONE.

SO, UM, I DON'T THINK I HAVE...

WILL WASTE MY TIME TRYING TO FIGURE OUT WHAT DEATH MEANS...

ABOUT MY OWN, UM... THAT'S TOO DEPRESSING.

THIS WHOLE BUSINESS OF COMING TO GRIPS WITH DEATH IS NOT JUST FOR OLD OR TERMINALLY ILL PEOPLE.

IT'S FOR ALL OF US.

DEATH IS FOR ALL SEASONS.

WE'RE FINDING CHILDREN AS YOUNG AS 2 YEARS OLD ARE ALREADY CONTENDING WITH THE IDEA OF DEATH.

OBVIOUSLY, WHAT DEATH MEANS AT 2 IS NOT WHAT IT MEANS AT 10 OR 20 OR 40 OR 80.

BUT I WOULD SUBMIT THAT NEITHER DOES SEX, AT 10 THE SAME THING WHAT IT MEANS AT 20 OR 80...

OR HAPPINESS OR LOVE.
THIS BUSINESS OF, YOU KNOW, THAT WE ARE NOT FOREVER IS ONE OF THE MOST IMPORTANT THINGS IN UNDERLINING FOR US THE PRECIOUSNESS AND UNIQUENESS OF LIFE, THAT LIFE IS NOT TO BE FRITTERED AWAY, BECAUSE IT'S NOT FOREVER.

AND THAT'S WHAT I THINK GIVES SOME OF THE MOST IMPORTANT EXPERIENCES IN LIFE FOR US...

LOVE, HAPPINESS... THEIR TRANSIENCE.

THE POIGNANCY IS THAT WE KNOW THEY WILL NOT BE FOREVER.

THEREFORE, IT GIVES US A SENSE OF MEANING, OF PURPOSE, WHICH YOU WOULDN'T HAVE OTHERWISE.

THE UNIQUENESS OF OUR LIVES IS FULLY UNDERSTOOD ONLY WHEN YOU REALIZE THAT WE ARE TEMPORAL...

AND THAT FROM THE MOMENT A MAN IS BORN, OR A WOMAN IS BORN, WE'RE OLD ENOUGH TO DIE.

HOW DO SURVIVORS COPE? REACTIONS TO THE DEATH OF LOVED ONES CAN INCLUDE SHOCK, DISBELIEF, DEPRESSION, LONELINESS, FATIGUE. MANY PEOPLE FEEL ANXIETY ABOUT WHETHER THEY CAN REORGANIZE AND CARRY ON WITH LIFE. I'VE TALKED ABOUT WILLING THE OBLIGATORY AND PUTTING A GOOD FACE ON THINGS AND BEING OPTIMISTIC GENERALLY.

BUT I'M NOT SUCH A FOOL THAT I DON'T KNOW A KICK IN THE FACE WHEN I SEE ONE, OR EVEN MORE, WHEN I RECEIVE ONE.

SO THAT THE DEATH OF A LOVED ONE, THE DEATH OF A SPOUSE, OF A HABITUAL PARTNER OF 30, 40, 50 YEARS, IS ONE.

IF YOU LIST THINGS THAT CAN HAPPEN THAT ARE AWFUL, DELETERIOUS, DISTRESSING, THAT'S AT THE TOP OF THE LIST.

PEOPLE ASK, "DOCTOR, WILL I GET OVER THIS?" THE ANSWER IS, "NOT ENTIRELY." [WOMAN] 1941, IN...IN...IN DECEMBER, I STOPPED GETTING MAIL, AND WE
HEARD ABOUT PEARL HARBOR.

149 01:19:09:03 SOMEBODY CALLED AND SAID, "WHAT ARE YOU DOING?" I SAID, "I'M DRILLING WORDS INTO JOHNNY "SO HE CAN TAKE HIS GIRL OUT.

150 01:19:18:02 "I TOLD HIM HE COULDN'T GO OUT UNTIL HE LEARNED SO MANY WORDS IN SPELLING." SHE SAID, "PUT THE RADIO ON." IT WAS ABOUT NOON.

151 01:19:28:03 THE FIRST WORDS I HEARD WAS LIKE COLD WATER.

152 01:19:31:18 IT SAID, "THE OLD OKLAHOMA." STILL I WAS HOPING EVERYTHING WAS ALL RIGHT.

153 01:19:36:23 BUT THEN WHEN I DIDN'T HEAR -- THAT WAS ABOUT TWO WEEKS -- I THOUGHT, "SOMETHING'S WRONG." SO, WHEN THE LADY CAME WITH THE TELEGRAM TO THE DOOR, I SAID TO JOHNNY, "I'M SURE IT'S WHAT WE THINK IT IS." SURE ENOUGH, IT SAID, "YOUR HUSBAND IS M- MISSING." WELL, YOU KNOW, THERE'S A BIG MONUMENT.

154 01:19:58:18 WELL, THERE'S NAMES, HUNDREDS OF NAMES.

155 01:20:01:03 MY HUSBAND'S NAME IS THE SECOND, COMING DOWN THIS WAY.

156 01:20:05:03 IT TELLS THAT HE WAS BORN IN ALABAMA AND HE WAS IN THE NAVY.

157 01:20:10:19 IT'S WRITING ON THE WALL.

158 01:20:12:17 THEY DIDN'T GET HIS BODY, SEE.

159 01:20:15:17 AND THE CITATION FROM PRESIDENT ROOSEVELT SAYS, "FOR GETTING 15 MEN OUT OF THE PORTHOLE." AND THEN, UH...

160 01:20:24:04 THEY GAVE HIM THE NAVY CROSS, SEE?

161 01:20:27:03 SO HE WAS A HERO, SEE?

162 01:20:29:04 BUT I OFTEN WONDER WHAT HE THOUGHT WHEN IT HAPPENED, SEE?

163 01:20:34:18 IN THE 50 YEARS SINCE THE DEATH OF HER HUSBAND, FLORENCE NEVER REMARRIED. IT IS HER
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WISH THAT WHEN SHE DIES, HER ASHES BE SCATTERED AT PEARL HARBOR. MARIAN COWAN SHARES HER EXPERIENCES OF TRYING TO COPE WITH THE LOSS OF HER HUSBAND. SHE WAS INTERVIEWED TWO DIFFERENT TIMES, A YEAR APART. HE DIED AT THE END OF THE YEAR OF '87.

164  01:21:00:05  HE'S BEEN GONE JUST A YEAR.
165  01:21:02:19  IT WAS AT THE END OF THE YEAR.
166  01:21:05:18  I DON'T REALLY RECALL LITERALLY KNOWING WHAT WAS GOING ON FOR NEARLY TWO MONTHS.
167  01:21:11:03  I BEGAN TO THINK SOMETHING HAD HAPPENED TO ME.
168  01:21:14:19  I CONTINUED TO FLOAT WELL INTO -- AFTER TWO MONTHS.
169  01:21:18:03  I REMEMBER TELLING MY SISTER THAT I THINK SOMETHING MUST BE WRONG WITH ME.
170  01:21:23:18  I'M STILL DOING THE SAME THINGS I WAS DOING THE WEEK AFTER HIS DEATH.
171  01:21:29:02  I DON'T THINK IT WAS DELIBERATE DENIAL, BUT HE NEVER REALLY SEEMED THAT FAR AWAY.
172  01:21:35:04  HE'S SO MUCH A PART OF MY LIFE THAT, UH, HE JUST...
173  01:21:39:18  DOESN'T...
174  01:21:42:04  IT'S JUST AS IF HE'S HERE.
175  01:21:46:04  I DECRY WHEN I SEE PEOPLE PUSHED TO BE OVER IT AND GET ON WITH IT.
176  01:21:52:19  I'M NOT SAYING PEOPLE SHOULD TAKE TO BED FOR A YEAR, BUT THEY MUSTN'T EXPECT TOO MUCH OF THEMSELVES.
177  01:22:00:04  THEY WILL HALLUCINATE, FOR EXAMPLE.
178  01:22:02:02  THE WORD "HALLUCINATION" IS IN THE BOOK OF PATHOLOGICAL SYMPTOMS.
179  01:22:07:02  BUT THERE ARE NORMAL HALLUCINATIONS BUILT ON
HABIT.

180 01:22:10:03 YOU HEAR YOUR SPOUSE COME HOME EVERY DAY FOR 20 YEARS AT 5 P.M.

181 01:22:15:18 YOU HEAR THE GATE MOVE.

182 01:22:17:17 THE REASONABLE PREDICTION IS THAT YOU WOULD HAVE THAT AUDITORY EXPERIENCE AROUND 5 P.M.

183 01:22:24:04 THAT'S NOT -- YOU'RE NOT GOING CRAZY.

184 01:22:26:19 IN FACT, IT WOULD BE...

185 01:22:28:19 IT WOULD BE UNUSUAL -- IN FACT, I CAN'T UNDERSTAND HOW THAT WOULD BE EXTINGUISHED IMMEDIATELY.

186 01:22:34:18 TWO YEARS AFTER THE DEATH OF HER HUSBAND, MARIAN WAS STILL FEELING THE EFFECTS. I WISH I COULD SAY THAT I, UM...

187 01:22:43:03 AM COMING THROUGH THIS PROCESS A LITTLE BETTER THAN I AM.

188 01:22:47:18 I DON'T FEEL I'M REALLY DOING IT VERY WELL.

189 01:22:51:03 I DON'T KNOW WHY.

190 01:22:52:18 I'M NOT A PERSON TO SIT AROUND CRYING.


192 01:23:03:04 IT'S SO REAL TO ME.

193 01:23:05:03 THE NEED TO GRIEVE REPRESENTS A DEEP HUMAN PSYCHOLOGICAL NEED WE ALL HAVE.

194 01:23:10:18 IF WE DON'T GRIEVE CLOSE TO THE DEATH OF A PERSON WHO'S BEEN MEANINGFUL TO US OR A LOVED ONE, WE'LL DO SO LATER ON, ONLY MUCH MORE INAPPROPRIATELY AND AT A MUCH GREATER COST.

195 01:23:24:18 WE BEGIN TO FIND THAT IN THAT FIRST YEAR AFTER WE'VE LOST SOMEBODY, WHEN WE'RE PRESUMABLY CALLED SURVIVORS OR MOURNERS, THAT WE OURSELVES TEND TO BECOME VULNERABLE.
FAYE CRUSE IS A RETIRED NURSE WHOSE HUSBAND DIED FIVE YEARS AGO. HER PROFESSIONAL EXPERIENCE HAS HELPED HER DEAL APPROPRIATELY WITH HER GRIEF, BUT IT'S NOT BEEN EASY. MY ADJUSTMENT TO MY HUSBAND'S DEATH...

FIVE YEARS AGO...

IS STILL IN PROGRESS.

I THINK IT IS A VERY DIFFICULT THING...

TO GET PAST.

I HAVE DONE VERY WELL.

HE HAD A LONG ILLNESS.

I TRIED MY BEST TO DO EVERYTHING HUMANLY POSSIBLE FOR HIM, BECAUSE I HAVE SEEN SO MANY PEOPLE WHO HAVE...

MAYBE FORGOTTEN TO DO OR SAY SOMETHING TO A LOVED ONE WHO IS DYING.

AND ONE THING I DIDN'T WANT WAS TO BE SITTING ON A GUILT COMPLEX AFTER HE WAS GONE.

THAT HAS NOT HAPPENED.

I'M VERY THANKFUL AND GRATEFUL FOR THAT.

SAMANTHA, YOU WANT TO EAT THIS?


BY THE AFTERNOON OF THE 21st, THE TWO GIRLS AND I HAD HER ASHES.

I PUT HER ASHES UPSTAIRS, SEE?

AND, UH, WHAT WE'RE GOING TO DO WITH -- NOW, UP IN THE COUNTRY, UP WHERE GRANDMA MOSES'
PLACE WAS -- AND WHERE YOU LOOK DOWN THERE --
HER BROTHER BOB, THE OLDEST ONE, HE USED TO
SPEND TIME WITH US.

213 01:25:31:03 AND WE BUILT THE PLACE.

214 01:25:33:04 BOB AND I BUILT THAT PLACE.

215 01:25:35:19 AND THEN AT NIGHTTIME, WE WOULD TAKE -- QUITE
OFTEN, WE'D TAKE A BOTTLE OF OLD GRANDAD, OR
TWO BOTTLES, MAYBE, AND SOME ICE AND A COUPLE
OF CHAIRS AND FOLDING TABLES, AND WE'D GO UP
ON THE HILL.

216 01:25:51:04 I HAD A PICTURE MADE OF THAT HILL.

217 01:25:54:03 AND WE'D GO SIT UP THERE AND WATCH THE
AURORA BOREALIS.

218 01:25:58:18 AND THE MORE YOU DRANK, THE BETTER THE...

219 01:26:02:03 [CHUCKLING] BUT ANYWAY, WE WENT UP THERE ON
THAT HILL, AND WE'D GO UP THERE.

220 01:26:09:04 THEN WHEN SPUTNIK WENT OVER, YOU KNOW, WE
COULD SEE SPUTNIK EVERY 92 MINUTES WHEN SHE
CAME OVER.

221 01:26:16:18 WE'D WAIT AND WATCH SPUTNIK GO OVER.

222 01:26:19:17 WELL, WHEN BOB DIED, HE SAID HE WANTED HIS
ASHES SCATTERED UP THERE.

223 01:26:24:17 SO WE SCATTERED HIM.

224 01:26:26:04 THEN WHEN ARTHUR, HER BROTHER, THE OTHER
BROTHER DIED, HE WANTED HIS ASHES, ALSO, UP
THERE ON THE TOP OF THE HILL.

225 01:26:35:02 SO I TOOK IT UP THERE.

226 01:26:38:03 SO...NOW...

227 01:26:40:04 WHEN SIGNE DIED -- I'VE GOT HER ASHES HERE
WHERE IT'S TAKEN CARE OF.

228 01:26:46:04 AND WHEN I DIE, THEY'RE GOING TO BE MIXED AND
TAKEN UP AND PUT WITH BOB'S AND ART'S.
I'VE ALREADY ASKED MRS. HOGAN, THE LADY THAT BOUGHT THAT LAND FROM ME.

"OH, SURE," SHE SAID. "BOY, WILL THE WEEDS GROW." LAWRENCE COLLINS' SUPPORT NETWORK INCLUDES ADULT CHILDREN, REGULAR VISITS FROM A SOCIAL WORKER AND A HOME ChORE HELPER. THE ABSENCE OF SUCH SOCIAL SUPPORT, ESPECIALLY IN THE PERIOD IMMEDIATELY FOLLOWING DEATH, MAY HAVE SERIOUS CONSEQUENCES FOR SURVIVORS. THERE'S A TREMENDOUS BODY OF EVIDENCE NOW THAT SOCIAL SUPPORT IS PERHAPS THE MOST IMPORTANT RISK FACTOR FOR HEALTH.

THIS CERTAINLY EXTENDS TO OLDER PEOPLE.

WE HAVE STUDIES GOING BACK TO 1912 SHOWING THAT MEN WHO EXPERIENCE BEREAVEMENT, WHO LOSE A SPOUSE, HAVE AN ELEVATED DEATH RATE THE FIRST SIX MONTHS AND THE FIRST TWO YEARS AFTER THE SPOUSE'S DEATH.

IT APPEARS RELATED TO THE LOSS OF SOCIAL SUPPORT.

JANE POTTER EXPLAINS HOW VITAL SUCH SOCIAL SUPPORT WAS TO HER SHORTLY AFTER THE DEATH OF HER HUSBAND, CAL. CAL AND I HAD ACCEPTED A WEDDING INVITATION...

OF A GIRL WHOSE PARENTS WERE FRIENDS OF OURS.

AND AFTER CAL DIED, THE MOTHER OF THE GIRL, WHO'S A CLOSE FRIEND OF MINE, WROTE ME A NOTE AND SAID, "KIM AND I HOPE YOU WILL STILL COME TO THE WEDDING." I ASKED A CLOSE FRIEND OF MINE IF I COULD PARK MY CAR AT HER HOUSE, WHICH WAS ACROSS FROM THE HOUSE WHERE THE RECEPTION WOULD BE, AND COULD I WALK ACROSS WITH HER AND HER HUSBAND.

AND AS I APPROACHED...

THE BACK...
OF THE GARDEN AREA OF THIS HOME, THERE WERE ABOUT FOUR OR FIVE WIDOWS RIGHT THERE THAT KIND OF WELcomed ME INTO THE GROUP.

IT WAS A VERY INTERESTING FEELING.

THEY WERE WAITING FOR ME.

THEY HAD LOST THEIR HUSBANDS WITHIN THE PAST YEAR OR TWO.

AND SOME HAD LOST THEIR HUSBANDS SUDDENLY, ALSO.

AND I FELT LIKE I WAS STEPPING INTO ALMOST LIKE AN INNER SANCTUM OR SOMETHING.

I WAS IN WITH A GROUP OF WOMEN WHO UNDERSTOOD AND KNEW.

IN ITS OWN WAY, IT WAS VERY SUPPORTIVE.

THE MOTHER OF THE BRIDE ARRANGED TO HAVE ME AT A TABLE WITH...

[CHUCKLING] TWO VERY HANDSOME GENTLEMEN THAT I GREW UP WITH.

HA HA HA HA!

I MEAN, SHE COULDN'T HAVE PLANNED IT ANY BETTER.

AND I STAYED THERE...

I DIDN'T MOVE AROUND VERY MUCH.

I JUST STAYED THERE RIGHT AT THE TABLE.

BOTH THOSE GENTLEMEN WERE VERY SOLICITOUS, VERY CARING.

IF ONE HAD TO GET UP FOR A REASON, THE OTHER ONE STAYED.

THE WHOLE WEDDING EXPERIENCE WAS A GOOD ONE.

YOU WONDER WHEN YOU GO INTO SOMETHING LIKE
You don't want to lose your composure.

You don't want to be a burden on anyone.

But I was with friends. I knew almost everyone there.

It was a very positive experience.

A wide range of support groups and bereavement programs have emerged to help people cope with life-threatening illness and death. These groups bring people together who have experienced the loss of a spouse or loved one. Support groups can help grieving friends and relatives rebuild their social network and identify solutions to personal concerns about death. Ritual also helps people with death. Over the ages, funerals, memorial services, wakes, and other rituals have served as rites of passage. These rituals recognize the importance of a life that has been lived and serve as another way to say good-bye. [Man] I have a friend I help, a pastor.

He's involved with death.

He has the parish involved with death.

One of the things he does when there's a wake, people come in, and he'll say, "Can we chat?" If somebody's just flown in from San Francisco or New York, they sit around.

There are maybe three or four kids there.

He'll say, "Tell me about your mother, Mary.

You're from San Francisco." There'll be sort of an awkward silence.

Then, "Well, I remember..." and then the stories start.

Some will be happy stories.
SOME WILL BE SAD. SOME WILL BE FILLED WITH ANGER.

ALL OF A SUDDEN, TWO OR THREE HOURS HAVE GONE BY.

SOMETHING'S HAPPENED THAT WOULD NOT OTHERWISE HAVE HAPPENED.

THE NEXT DAY, THEY HAVE THE FUNERAL LITURGY.

PEOPLE COME TOGETHER FOR IT... AND PREACH A HOMILY.

IN THE CHRISTIAN TRADITION, YOU SPEAK OF HOPE AND RESURRECTION.

BUT HE REALISTICALLY TALKS ABOUT MARY -- GOOD THINGS, DIFFICULT, DREAMS REALIZED, DREAMS SHATTERED.

PEOPLE LAUGH, THEY WEEP, BUT IT'S AN EXPERIENCE.

AFTERWARDS, THEY'LL SAY, "I DIDN'T KNOW YOU KNEW MY MOTHER." ALL HE DID WAS LISTEN TO EVERYBODY THE DAY BEFORE.

IT'S A FAITH EVENT, A GOOD EVENT.

DEATH HAS BECOME INCREASINGLY INSTITUTIONALIZED. THAT HAS NOT NECESSARILY MADE IT EASIER FOR THE PATIENT. THE OTHER THING THAT MAKES DYING TOUGHER FOR THE OLD PERSON IS, IN THE OLD DAYS, YOU DIED AMONG FAMILY.

THERE WAS A CERTAIN SECURITY.

TODAY, YOU DIE IN A BIG HOSPITAL.

YOU DIE IN THE CONVALESCENT HOME OR NURSING HOME, AWAY FROM FAMILY, FAMILIAR SURROUNDINGS.

YOU DIE A DEATH WHICH BEFALLS EVERYONE, BUT NO ONE IN PARTICULAR.

WHAT YOU DIE OF USUALLY IS THE DEATH OF A
SICKNESS, RATHER THAN OF A HUMAN BEING.

HOSPICE REPRESENTS A MORE POSITIVE APPROACH TO DEALING WITH THE DYING PERSON AND FAMILY. THE HOSPICE PROGRAM ESSENTIALLY STARTED BECAUSE OF THE INHUMANE WAY IN WHICH WE DEALT WITH THE DYING TYPICALLY WITHIN THE HOSPITAL SETTING.

IF YOU RECALL THE READINGS OF ELIZABETH KUBLER-ROSS AND SOME OF HER STATEMENTS AT THE TIME WHEN SHE WAS TALKING THE MOST ABOUT THIS ISSUE, SHE WOULD TALK ABOUT HAVING TO SLIP A CHILD OF A DYING MOTHER UNDER HER CAPE IN ORDER TO TAKE THE CHILD INTO THE HOSPITAL SO THAT THE MOTHER AND CHILD COULD BE TOGETHER BEFORE DEATH.

THE HOSPITAL RULES SAID NO CHILDREN.

THAT HAS TO BE AN ILLUSTRATION OF THE LACK OF SENSITIVITY OF RULES TO THE NEEDS OF PEOPLE WHO USE THE SERVICE.

HOSPICES ARE A VERY IMPORTANT ALTERNATIVE TO A HIGH-TECH DEATH IN A HOSPITAL.

THESE ARE PLACES THAT EITHER ARE FREESTANDING OR PART OF HOSPITALS OR AGENCIES THAT BRING SERVICES TO YOU IN YOUR HOME.

HOSPICES ARE COMMITTED TO THE PHILOSOPHY OF A NATURAL DEATH.

THEY'LL GIVE PEOPLE DRUGS AS NEEDED TO EASE THEIR PAIN, BUT THEY WON'T HOOK THEM UP TO MACHINES, INTUBATE THEM, OR DO OTHER INVASIVE PROCEDURES TO KEEP THEM ALIVE BEYOND A NATURAL TIME PERIOD.

MELINDA GROOMS IS A COORDINATOR FOR A HOSPICE PROGRAM THAT WORKS WITH DYING PATIENTS IN THEIR OWN HOMES. MY PATIENTS TEACH ME ABOUT LIVING, AND HOPEFULLY I CAN TEACH THEM ABOUT DYING BECAUSE THEY WANT THAT INFORMATION.
OUR GOAL, WHEN WE START A HOSPICE RELATIONSHIP, IS THREE THINGS -- KEEP THEM COMFORTABLE, KEEP THEM SAFE, AND KEEP THEM CLEAN AND SANITARY.

WE CAN'T FIX WHAT'S WRONG WITH THEM...

OR WE WOULD HAVE DONE IT.

MELINDA MUST DRIVE BY A CEMETERY TO GET TO HER PATIENT'S HOUSE TODAY. I DRIVE BY AND LOOK AT THE HEADSTONES AND MARKERS AND FRESH FLOWERS, AND I REALIZE THAT TERMINAL ILLNESS AND DEATH IS HAPPENING IN EVERYBODY'S NEIGHBORHOOD IN THIS COMMUNITY.

NOT EVERYBODY IS DEALING WITH IT REAL WELL, BUT IT'S ALWAYS HAPPENING.

IT'S HAPPENING TO BERT AND SUZANNE HIGERT. [DOORBELL RINGS] [MELINDA] DING-DONG!

HELLO.

MELINDA, HI.

I'M GLAD YOU GOT HERE. MY MAN IS WAITING.

HEY, BERT.

HI, MELINDA.

I BROUGHT MY COLD HANDS WITH ME.

BONE AND PROSTATE CANCER DESTROY BERT'S RED BLOOD CELLS, LEAVING HIM WEAK, TIRED, AND HURT. DID YOU SLEEP GOOD LAST NIGHT?

DID YOU SLEEP GOOD?

I SLEPT PRETTY FAIR LAST NIGHT.

BETTER?

STILL TAKING THE SAME PAIN MEDS AT NIGHTTIME?

YEP.

THAT'S WORKING FOR YOU?
YEAH. ALSO USING THE URINAL.

SAVING SOME MILES.

YOU DON'T HAVE TO SPEND TIME RUNNING UP AND DOWN THE HALLWAY.

SAVE YOUR ENERGY FOR MORE FUN STUFF.

[MELINDA] I TEACH THEM TO FEEL, TO NOT BE AFRAID TO TRY NEW THINGS, TO EXPERIMENT WITH MEDICATIONS, THAT BEING IN GOOD PAIN CONTROL DOESN'T MAKE YOU A MENTAL ZOMBIE.

HAVE YOU NOTICED ANY IRRITATION OR DRYNESS IN THE NOSE?

NO. NOT PARTICULARLY.

SOMETIMES I PUT ON A SOCIAL WORK HAT.

SOMETIMES I PRAY WITH PEOPLE.

SOMETIMES I DIG IN AND SCRUB TOILETS AND FIX MEALS AND DO A VARIETY OF THINGS.

THAT'S BECAUSE OF THE HAIRCUT...

MELINDA COORDINATES ACTIVITIES THAT INCLUDE SOCIAL WORK, RESPITE CARE, AND HOME HEALTH AID. FROM MONITORING MEDICINES TO HELPING WITH HOUSEWORK, THESE SERVICES ARE TAILORED TO HELP THE WHOLE FAMILY DEAL WITH DEATH IN A MORE POSITIVE WAY. SOMETIMES JUST HAVING SOMEONE ELSE TO TALK TO CAN HELP A LOT. DOWN THE ROAD, I'M WORRIED I'LL HAVE TO PUT HIM IN A NURSING HOME.

I STILL NEED TO KEEP THIS JOB.

[SUZANNE] I CAN TELL HIM I HAD A REAL LOW DAY, I'M SCARED, I FEEL LIKE SOMETHING'S GOING TO HAPPEN.

WHILE I UNDERSTAND IT'S NATURAL, I DON'T FEEL COMFORTABLE, AND I CAN TALK TO THEM ABOUT IT.

BERT'S USED TO HELPING OTHERS. HE WAS A DRUG
AND ALCOHOL COUNSELOR FOR 14 YEARS. [BERT] I'M STARTING TO LEARN THAT IT'S O.K. TO TAKE HELP.

332 01:37:32:09 I PREACHED THAT WHEN I WAS COUNSELING.

333 01:37:35:08 I WOULD PREACH THAT, BUT THEN I WOULDN'T PRACTICE IT.

334 01:37:40:03 RAISE THEM UP.

335 01:37:41:18 YOU'RE SURE IT'S NOT TOO WARM?

336 01:37:44:03 NO. IT'S ALL RIGHT.

337 01:37:45:21 HOSPICE WORKERS BELIEVE LIVING THROUGH A TERMINAL ILLNESS CAN TEACH PEOPLE A LOT AND GIVE NEW LIFE TO FAMILIES. I HAVE A FAMILY THAT CARES FOR ME, THAT I CARE FOR.

338 01:37:56:27 I KIND OF KEPT THEM AWAY...YOU KNOW.

339 01:38:01:05 I WAS ALWAYS AFRAID OF GETTING HURT...

340 01:38:05:03 'CAUSE I LOST SO MANY PEOPLE DURING MY LIFETIME.

341 01:38:09:04 ANYBODY I EVER CARED ABOUT, I LOST, YOU SEE.

342 01:38:15:19 UM...

343 01:38:17:01 I'M LOSING THEM NOW, BUT I'M LOSING THEM IN A DIFFERENT WAY.

344 01:38:22:03 MELINDA BELIEVES HELPING SOMEONE DIE MEANS HELPING THEM LIVE THROUGH THE ILLNESS. ...BUT IT'S BORDERLINE.

345 01:38:29:03 I'M GOING TO DOUBLE-CHECK ON THOSE MEDICINES AND HAVE THEM DELIVERED.

346 01:38:33:23 [MELINDA] I THINK PEOPLE SHOULD FACE LIFE AND DEATH, TAKE WHATEVER COMES AND NOT LOOK FOR EASY OUTS.

347 01:38:40:18 IT'S NOT LIKE GETTING A DIVORCE.

348 01:38:43:04 THANK YOU, MELINDA.

349 01:38:44:19 [MELINDA] IT'S DONE. IT'S FINAL.
EVERYBODY SAYS IT'S SO SAD, BUT IT'S NOT.

IT'S REALLY NOT.

JUST GO HOME WITH LITTLE BITS OF HOPE, LITTLE BITS OF HEARTFELT, GENUINE FEELING.

HOSPICE CARE IS NOT AVAILABLE TO OR APPROPRIATE FOR EVERY PATIENT. BUT MANY OLDER PEOPLE TODAY FEAR THE POSSIBILITY OF EXTENDED, PAINFUL, AND EXPENSIVE TERMINAL ILLNESS. OTHERS ARE AFRAID A STROKE OR OTHER DISASTER WILL LEAVE THEM ALIVE BUT COMATOSE FOR AN INDEFINITE PERIOD. WHAT CHOICES DO PEOPLE HAVE FACED WITH THESE SITUATIONS?

MOST OF AMERICA'S OLDER PEOPLE DON'T WANT TO BE KEPT ALIVE BY ARTIFICIAL MEANS.

OPINION POLLS TELL US THIS.

YET FEW HAVE TAKEN THE ONE OR TWO COURSES OF ACTION AVAILABLE TO MAKE THEIR WISHES FELT.

THROUGH DOCUMENTS CALLED LIVING WILLS AND DURABLE POWERS OF ATTORNEY FOR HEALTH-CARE DECISIONS, PEOPLE CAN DIRECT PHYSICIANS NOT TO USE LIFE-SUSTAINING PROCEDURES IN THE EVENT OF AN IRREVERSIBLE TERMINAL ILLNESS. LIVING WILLS USUALLY APPLY ONLY IN CASES OF TERMINAL ILLNESS WHERE DEATH IS IMMINENT. THE DURABLE POWER OF ATTORNEY FOR HEALTH-CARE DECISIONS ALLOWS A PERSON TO SPECIFICALLY SAY WHAT MEDICAL PROCEDURES MAY OR MAY NOT BE USED IN THE EVENT OF TERMINAL ILLNESS. IT ALSO LETS A PERSON NAME SOMEONE TO LEGALLY SPEAK FOR HIM OR HER UNDER CERTAIN CIRCUMSTANCES.

FEDERAL LAW NOW REQUIRES HOSPITALS, NURSING HOMES, CLINICS, HOME HEALTH AGENCIES, TO MAKE THEIR PATIENTS AWARE OF RELEVANT STATE LAWS REGARDING LEGAL INSTRUMENTS. SOME OLDER PEOPLE USE THE DURABLE POWER OF ATTORNEY AS A WAY TO RELIEVE FAMILY MEMBERS OF THE BURDEN OF CARE. I'VE SIGNED A DURABLE POWER OF ATTORNEY, IN WHICH I STATED HOW I'D LIKE TO BE TAKEN CARE OF IF I SHOULD BECOME INCAPACITATED.
THEY HAVE THEIR OWN LIVES TO LIVE, THEIR OWN FAMILIES TO RAISE.

I DON'T WANT THEM TO BRING UP MOTHER.

I WOULD LIKE TO BE IN A FACILITY WHERE I'M TAKEN CARE OF BY SOMEONE ELSE.

TO MAKE AN ADVANCED DIRECTIVE WORK REQUIRES TEAMWORK AND COOPERATION OF BOTH THE PATIENT AND THE ATTENDING PHYSICIAN. HI, TERRY.

DR. SUSAN TOLLE HEADS OREGON CENTER FOR ETHICS IN HEALTH CARE. HOW ARE YOU TODAY?

UH...

I KNOW YOU CAN HARDLY SPEAK ANYMORE.

JUNE TROXELL HAS ALS, LOU GEHRIG'S DISEASE. IT'S HARD ON YOU AND YOUR FAMILY, BUT IT WOULD BE WORSE TO DRAG IT OUT.

YOU'VE SAID THAT. I THINK YOU DEEPLY MEAN IT.

JUNE WANTS NOTHING DONE TO PROLONG HER LIFE. SHE'S FILLED OUT AN ADVANCED DIRECTIVE SAYING SHE WANTS NO ARTIFICIAL MEANS USED TO KEEP HER ALIVE. BUT SHE'S GONE BEYOND THAT. SO WHEN YOU STOPPED YOUR HEART MEDICINE...

YOU HAD A LITTLE CHEST PAIN FOR THE FIRST COUPLE OF DAYS.

[DR. TOLLE] WHAT WE'RE DOING MEDICALLY IS STEADILY TAKING ONE THING AFTER ANOTHER AWAY THAT SHE HAS PREVIOUSLY TAKEN FOR SUPPORT.

SHE'S TAKEN A NUMBER OF HIGH BLOOD PRESSURE MEDICATIONS THAT SERVE LITTLE PURPOSE NOW IN THE BIG PICTURE.

DR. TOLLE DOESN'T BELIEVE IN ACTIVE EUTHANASIA, BUT SHE DOES BELIEVE PATIENTS SHOULD BE ALLOWED TO CONTROL THEIR LIFE AND DEATH. WITH THE CHANGES IN YOUR MEDICATION...

[DR. TOLLE] JUNE TROXELL IS ASKING ME FOR HELP
IN DYING.

372 01:42:20:20 SHE'S ASKING NOT TO SUFFER.

373 01:42:22:18 SHE DOESN'T WANT ME TO CHANGE WHAT NATURE IS DOING AND SHORTEN HER LIFE, BUT SHE DOESN'T WANT ME TO EXTEND IT.

374 01:42:31:03 SHE WANTS ME TO RESPECT HER WISHES.

375 01:42:34:03 I CALL THAT HELP. IT'S HELPING NOT TO BE ALONE.

376 01:42:38:03 HER VALUES AND WISHES ARE BEING RESPECTED.

377 01:42:41:02 118 OVER 72.

378 01:42:42:19 SO WE STILL HAVE ROOM TO TAKE AWAY MEDICINES.

379 01:42:46:04 DR. TOLLE BELIEVES MOST PEOPLE WHO ARE DYING HAVE A LOT MORE CONTROL THAN THEY KNOW, BUT THEIR DOCTORS DON'T TELL THEM. [DR. TOLLE] YOU SEE A NURSING HOME PATIENT BEGGING TO DIE.

380 01:42:59:04 YET THEY'RE TAKING QUINIDINE, A DRUG THAT PREVENTS SUDDEN CARDIAC ARRYTHMIAS.

381 01:43:04:04 IT PREVENTS SUDDEN DEATH.

382 01:43:05:18 WE'RE JUST NOT THINKING...

383 01:43:07:04 IT'S TIME TO STOP THE QUINIDINE.

384 01:43:09:26 UH...UH...

385 01:43:11:17 TAKE CARE.

386 01:43:13:02 BYE-BYE.

387 01:43:15:04 SUICIDE AMONG THE ELDERLY IS BECOMING ANOTHER IMPORTANT PUBLIC ISSUE. MALE SUICIDE RATES ARE HIGHEST AMONG OLDER MEN. BUT OLDER PEOPLE APPROACH ISSUES SUCH AS SUICIDE AND ACTIVE AND PASSIVE EUTHANASIA VERY DIFFERENTLY. WHEN ILLNESS, DISABILITY, AND PAIN BECOME UNBEARABLE, OLDER PEOPLE MAY CONTEMPLATE SUICIDE, AND SOME MAY ACTUALLY TAKE THEIR OWN LIVES. BOB BROWN MAY NOT BE FAR FROM DEATH. PARKINSON’S DISEASE IS KILLING HIM. WITH SUPPORT, HE STILL WALKS, BUT
SOMETIMES HE FALLS. IT NOT ONLY HURTS, IT HURTS THE DIGNITY.

388 01:43:51:28 ONE TIME I COULDN'T GET UP.

389 01:43:54:18 THREE GIRLS IN A CAR STOPPED AND HELPED ME.

390 01:43:58:02 THAT'S EMBARRASSING.

391 01:44:01:20 PARKINSON'S ULTIMATELY DESTROYS ITS VICTIMS' BODIES, LEAVING THEIR MINDS INTACT. BOB WANTS TO DIE BEFORE HE REACHES THAT STAGE. THE BIGGEST FEAR IS THAT I WOULD DO LIKE MOTHER DID AND LAY THERE AS A DEAD BODY, WITH SOMEBODY HAVING TO TAKE CARE OF ME.

392 01:44:20:03 I CAN'T STAND THE THOUGHT OF THAT.

393 01:44:23:03 NOTICE THE DESSERT. ANOTHER WORKING MOM.

394 01:44:25:19 BOB'S FAMILY KNOWS HE WANTS SOMEONE TO HELP HIM DIE WHEN THE TIME COMES. BEV ICKES RESPECTS HER FATHER'S WISHES BUT DOESN'T WANT HIM TO END HIS LIFE PREMATURELY. I'M ALMOST GLAD THERE'S NOTHING AVAILABLE TO HIM TO END HIS LIFE.

395 01:44:42:18 BY THE SAME TOKEN...

396 01:44:45:04 HE'S TOO SMART A MAN, I RESPECT HIM TOO MUCH TO FEEL THAT MY PREFERENCE SHOULD BE SUPERIOR TO HIS.

397 01:44:56:19 [SAXOPHONE PLAYING] [WOMAN] SWEET GEORGIA BROWN. THE MAN PLAYING THE SAXOPHONE ON THIS CASSETTE IS HOWIE BLOOM. I GREW UP WITH THIS MUSIC. I LOVE IT.

398 01:45:09:03 HOWIE'S DAUGHTER TANYA THINKS OF HER FATHER WHENEVER SHE HEARS THIS MUSIC. IT'S SO LOW, VERY DEEP SOUNDS.

399 01:45:21:03 IT'S HARD FOR ME TO LISTEN TO THIS MUSIC.

400 01:45:24:18 IT'S HARD BECAUSE HOWIE HAD LUNG CANCER AND EMPHYSEMA, BUT THAT'S NOT WHAT CAUSED HIM TO STOP BREATHING. HE WAS VERY FRIGHTENED OF BECOMING -- MOSTLY BECOMING INCAPACITATED
AND BEING IN A HOSPITAL BED.

401 01:45:38:03 SO HE MADE SURE THAT ALL OF US CLOSE TO HIM WERE NOT GOING TO COME BY HIS HOUSE THAT DAY, THE NOTE HOWIE LEFT Explains why he took his own life. 

402 01:46:49:18 Together with budget crises and governmental cutbacks raise questions of euthanasia and rationing medical care for the elderly. Certainly the connotation is, of intervention to take fe.

403 01:46:58:22 Social p the real meaning of the word, though, euthanasia, means "dying well." Goodness knows, we all want to die well.

404 01:47:09:24 On the other hand, we sure are faced with a lot of moral dilemmas -- how and when do we intervene?

405 01:47:18:05 Do we have to intervene with everything possible?

406 01:47:21:04 I agree.

407 01:47:22:19 I see a tremendous dichotomy between...

408 01:47:25:04 "Your job is to keep me alive," "and your job is to heal," "you the physician.

409 01:47:32:05 "But at some point, your job is "to help me die with dignity, painlessly, spiritually fulfilled." Those don't always seem to be in the same line.

410 01:47:43:07 I don't know how I'll deal with that dichotomy when the time comes.

411 01:47:48:02 I don't think I've really taken the time to deal with making those decisions.

412 01:47:53:17 And I think it's probably because I'm afraid of having that responsibility.
SO RIGHT NOW I'M HIDING UNDER THE GUISE OF BEING A MEDICAL STUDENT.

AS A PHYSICIAN, YOU ALWAYS RESPECT THE PATIENT'S RIGHTS.

IF I BECOME A FAMILY PHYSICIAN AND KNOW THE PATIENT, AND, UM...

AND THAT THEY WILLING TO DIE, UM... I WOULDN'T STOP THEM.

IT'S THEIR WILL TO LEAVE THIS WORLD, SO THERE'S NO SENSE OF INTERFERING WITH THAT WILL, AND...

IT'S JUST REMARKABLE BECAUSE...

MEDICINE IS PORTRAYED AS A SCIENCE OF RULES, BUT THE RULES THAT WE BRING TO THE PROFESSION ARE THE RULES THAT WE HOLD IN OUR HEARTS, THAT WE BELIEVE ARE TRUE.

LOOK AT THAT ANSWER.

OTHER PEOPLE IN OUR CLASS, WHEN A PATIENT EXPRESSES INTENTIONS OF DYING, WILL GO IN THE OTHER ROOM, WORK UP A PSYCH CONSULT, AND GET THIS PERSON IN.

DARITH, WITH ANOTHER PERSPECTIVE, IS GOING TO HAVE A WHOLE DIFFERENT ATTITUDE TOWARDS THAT.

SO...WHAT'S "BOARD CERTIFIED" MEAN?

IT SURE DOESN'T MEAN WE'LL TAKE THE SAME TOOLS ON THE WAY OUT.

IT'S A MATTER OF PRINCIPLE.

I THINK THE HISTORIC PRINCIPLES ARE PRETTY GOOD ONES.

THAT IS, WE SHOULD RESPECT THE INDIVIDUAL.

THERE'S NO OBLIGATION TO USE EXTRAORDINARY MEANS.

IN FACT, BY AND LARGE, IT'S PROBABLY BETTER NOT
TO USE RATHER EXTRAORDINARY MEANS TO PROLONG LIFE.

430 01:49:31:18 WE SHOULD TRY TO ALLEViate SUFFERING, BUT WE SHOULD BE VERY LOathe TO POSITIVELY INTERVENE TO TAKE AWAY A PERSON'S LIFE.

431 01:49:40:24 JANET ADKINS HAD ALZHEIMER'S DISEASE. SHE SO HATED THE PROSPECT OF LOSING HER MIND THAT SHE ASKED A DOCTOR TO HELP END HER LIFE. JANET'S HUSBAND RON. JANET'S MIND WAS THE MOST EXCITING PART OF HER SHE LOVED LIFE, AND SHE LOVED TO THINK AND EXPLORE.

432 01:50:01:18 INSIDE THIS VAN IN A PARK OUTSIDE DETROIT, MICHIGAN, JANET ADKINS TOOK HER LIFE. BUT SHE DIDN'T DO IT ALONE, NOR DID SHE IMPLICATE HER HUSBAND. DR. JACK KEVORKIAN HELPED HER DIE WITH A DEVICE THAT ALLOWED HER TO INJECT HERSELF WITH A LETHAL DRUG. I'M NOT IMMORAL. THE COURT IS.

433 01:50:21:21 IT'S NOT ILLEGAL TO ASSIST A SUICIDE IN MICHIGAN, BUT AFTER THE ADKINS CASE, THE DISTRICT ATTORNEY FILED AN INJUNCTION AGAINST DR. KEVORKIAN SO HE COULDN'T USE HIS DEVICE AGAIN. BUT THE WORLD-WIDE PUBLICITY INSPIRED SCORES OF LETTERS TO RON ADKINS AND JACK KEVORKIAN. THOUGH RON MISSES JANET, HE SUPPORTS WHAT SHE DID. IF A PERSON IS TERMINALLY ILL -- WE FELT A PERSON HAS A RIGHT TO DIE WITH DIGNITY.

434 01:50:50:04 WE HANDLE THE DEATH OF ANIMALS MORE DIGNIFIED AND HUMANe THAN WE DO THE HUMAN DEATH.

435 01:51:00:04 IN 1991, WASHINGTON BECAME THE NETHERLANDS. DUTCH DOCTORS HELP AN ESTIMATED 5,000 TO 10,000 PATIENTS DIE EVERY YEAR. ALTHOUGH THERE'S NO LAW PERMITTING IT, AUTHORITIES WON'T PRESS CHARGES AGAINST DOCTORS WHO GIVE LETHAL INJECTIONS IF CERTAIN CRITERIA ARE MET. THEY INCLUDE... THE ALSO HAS BEEN PROPOSED BY MEDICAL PROFESSIONALS AND EVEN POLITICIANS. [MONSIGNOR FAHEY] ONE OF THE MORE DRAMATIC PRONOUNCEMENTS IN THE LAST FIVE YEARS WAS MADE BY A DISTINGUISHED GOVERNOR FROM COLORADO, WHO SUGGESTED THAT OLDER PEOPLE,
ESPECIALLY THOSE WHO WERE SICK, OUGHT TO HAVE THE DECENCY TO RECOGNIZE THERE'S A LIMIT TO LIFE AND NOT DEMAND EXTRAORDINARY KINDS OF INTERVENTIONS THAT ARE VERY COSTLY.

436 01:52:04:01 THERE'S A TIME TO ENJOY LIFE. Y, THERE'S A TIME TO LEAVE LIFE.

437 01:52:09:01 MEDICINE, INAPPROPRIATELY, IS LOOKING FOR THE FOUNTAIN OF YOUTH, TRYING TO PUT OFF DEATH, AND THAT, FRANKLY, WE SHOULDN'T DO THAT BECAUSE IT'S DONE ONLY AT AN ENORMOUS COST TO CHILDREN AND MIDDLE-AGED PEOPLE.

438 01:52:23:05 HE'D USE THE STRAW PERSON OF GETTING A HEART TRANSPLANT.

439 01:52:27:04 YOU SHOULDN'T GIVE IT TO A 95-YEAR-OLD.

440 01:52:30:19 HE'D SAY, IN THE NATURAL LIFE COURSE, IT'S MORE APPROPRIATE THAT THAT WOULD BE FOR A YOUNGER PERSON WHOSE LIFE PLAN HAS NOT BEEN WORKED OUT.

441 01:52:41:04 SO THAT'S CHALLENGING.

442 01:52:42:20 I'D SUGGEST THOSE KIND OF CONSIDERATIONS HAVE JUST BEGUN.

443 01:52:47:15 I WANT A MEMORIAL SERVICE WITH CERTAIN MUSIC, CERTAIN SONGS, THAT MEAN SOMETHING TO ME.

444 01:52:54:20 AND SOME OF THEM ARE...

445 01:52:58:18 YOU KNOW, LIKE, SPANISH MUSIC.

446 01:53:01:04 AND SOME OF THEM ARE STRICTLY AMERICAN MUSIC.

447 01:53:04:05 AND SOME OF THEM ARE SONGS THAT SAY SOMETHING -- A MOOD OR A FEELING, YOU KNOW.

448 01:53:13:05 SO I KEEP TELLING THEM, "DON'T FORGET. YOU GOT TO GET A TAPE FOR THIS.

449 01:53:19:04 THIS IS WHAT I LIKED." SO WE TALK ABOUT THAT. I DO.

450 01:53:24:03 I WANT TO DO THAT.

451 01:53:26:03 EVEN AFTER I'M DEAD, I WANT TO HAVE A SAY-SO.
I keep preparing people for it.

Whether they'll do it or not is something else, but it won't matter 'cause I'm enjoying planning it now.

I'm at the point now where I look forward to the challenges of each day.

And Cal's with me, you know, right here.

And when I'm home, he's home.

Um...

I hear his voice, you know.

If I do something he doesn't approve of, his voice is right there telling me.

And if I'm doing something he likes, he kind of cheers me on.

Um...

We're, uh...

Calvin's ghost and I are getting along pretty well together, thank you.

My next challenge is to develop a pair of wings that fly well and don't get into -- you know, don't break off.

Well...

But it's amazing when you speak of your own death.

There are times when I say, "Come, sweet death." Other times, I think about this business and sweat.

"This isn't for me. Stay away from my door." I want to get on a plane and go to Paris.

Knowing I have a short time...

My sister said, "If you want to drop down
HERE, I'VE GOT THE MONEY." , TOO, BUT... WELL, I'VE
GOT THE MOs I'D RATHER GO TO PARIS.

471 01:55:09:04 THAT'S WHAT I THINK ABOUT IN THE SHORT TIME.
472 01:55:15:18 AND I KNOW THAT'S FRIVOLOUS, AND I WON'T DO IT.
473 01:55:21:05 SO I'LL JUST GO ON TRYING TO BE A GOOD PERSON.
474 01:55:28:11 I THINK THE ASPECT OF TRANSIENCE GIVES LOVE,
GIVES ANYTHING A HYPE.
475 01:55:33:12 IT GIVES IT -- YOU KNOW IT'S NOT GOING TO BE
FOREVER.
476 01:55:37:27 THEREFORE, CHERISH IT WHILE YOU HAVE IT.
477 01:55:40:26 THAT'S AN IMPORTANT ASPECT THAT PEOPLE DON'T
UNDERSTAND.
478 01:55:43:26 THEY THINK THAT DEATH IS A CULT OF SOME KIND OR
ANOTHER.
479 01:55:48:27 IF IT'S ANYTHING, IT'S A CULT OF ENHANCING THE
MEANING AND VALUE OF LIFE, RATHER THAN
WORSHIPING SOME DARK SYMBOL THAT NEVER
PERMITS SUNLIGHT TO INVADE ITS TERRITORY.

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