Talking About Dying
David A. Teutsch

As a Pogo comic strip once put it, “I don’t want eternal life — I want to live forever!” Death challenges our instinct that our lives have meaning, and most of us unconsciously react by avoiding thoughts about our eventual deaths.

We have many reasons to want a “good death,” ideally one that preserves our dignity, gives us a chance to say goodbye to our loved ones, and avoids needless pain and suffering. Achieving a good death becomes likelier if one has executed an advance medical directive and a Durable Power of Attorney for Health Care.

Even with these aids, studies show that the written wishes of the patient are not necessarily followed by doctors or executors when making decisions about resuscitation, feeding tubes, and respirators. Critical to having the patient’s wishes followed are conversations between the patient, family, and physicians. To be effective, these conversations must occur before illness, accident, or pain prevents a full and careful exchange. Decisions on whether or when to use hospice, where patient wishes about death can more easily be followed, should be framed by conversations while everyone is healthy.

Since we never know when such events will happen, families need to discuss illness and death at regular intervals. My grandmother, for example, made a point of telling everyone in the family that she had lived a full life and that no heroic measures were to be taken to preserve her life. At the time her unsolicited pronouncements made me feel squeamish. But when a careening car hit her and she died instantly, the family took great comfort in what she had said.

Jewish tradition teaches that individuals best know what is letovatam, in their interest. Questions arising for families include: Do you want to be kept alive at all costs? Should we let you die once it becomes impossible for you to return to health and it is highly unlikely you can become fully conscious again? If you have a terminal disease or injury, do you want your death delayed by resuscitation, a respirator, and/or a feeding tube? Do you want medication to minimize the pain of your terminal disease if administration of the medication may shorten your life? My wife Betsy and I have talked about these matters, and agreed that we both want aggressive pain control. We also agree that we want heroic measures only as long as there is a reasonable chance of return to meaningful mental acuity. Betsy’s views were shaped in part by the many years of her mother’s deterioration preceding her death from Alzheimer’s disease. While our first discussion of these issues early in our marriage was somewhat awkward, our most recent review was quick and matter-of-fact. Repetition makes these discussions easier, as do shared experiences of the deaths of friends and family members.

Internet resources and print materials are available that can be useful in these discussions, including Behoref Hayamim: In the Winter of Life — a Values-Based Jewish Guide for Decision Making at the End of Life. As a rabbi, I have found that family meetings about critical care and death relieve anxiety, build trust, avoid future error, and bring families closer together. The goal of these conversations is to understand each other’s views so that each person can feel confident that his or her wishes will be honored even when the family doesn’t share identical views about end-of-life decisions.