



When the ending is really beginning

By Bart J. Mindszenty, APR, Fellow CPRS



*W*e truly try to do our very best in the process of supporting our parents and their well-being. As they age ever onwards, we watch with awe and trepidation; we act with care and compassion; we feel a certain measure of fear daily and relief when they seem reasonably well. But the time comes – as it always does – when the inevitable ending really is beginning. Such is the case now with my father, who is going on 99 long years of age.



Nothing physically wrong

For the past eight weeks, he has been bedridden. He seldom eats solid food at all. He sips on fruit juices, some Ensure and soda water. He is on a daily sodium-chloride drip and has a condom catheter attached to him. Sometimes he is quite lucid. More often, he is delusional and delirious and hallucinates.

There is actually nothing physically wrong with him. He doesn't have any definable illness. He just didn't get up one day eight weeks ago and now can't.

His exceptionally caring family doctor, who comes to see him weekly, and I have spoken numerous times about the options: to be aggressive (hospitalization) or passive (keep him at home and make him as comfortable as possible).

Wants to stay home

My father says he wants to stay home. I agree with him. There is nothing they can do in a hospital to make him better; he won't walk again, let alone dance again, or think any better again or do much of anything again.

The doctor and I also have discussed the option of tube feeding. Aside from the discomfort of the process, I have real trouble grasping what benefit that might be, other than making him live longer than he might wish. Keeping him alive now is for my benefit, not for his; to tube-feed him really would be an act of selfishness on my

part. Tube-feeding begs the debate of the sanctity of life versus the quality of life.

Reliving the past

These past weeks, I have continued to visit him as often as I can. I ask what I can do for him, and he says there is nothing. I share memories from my childhood and fun and meaningful experiences together in the hope of giving him some pleasurable mental moments and a sense of satisfaction.

I rub his neck and back, and massage his feet and legs, which he enjoys greatly. In my heart, I so want him to be better; in my head, I know he won't be.

I report on his condition to my mother on my regular visits to her nursing home. My mother clearly has mixed emotions but, as often as not, is being remarkably astute given her condition. She observes that her husband is old; that he has lived a long life and that he should not suffer.

Great care

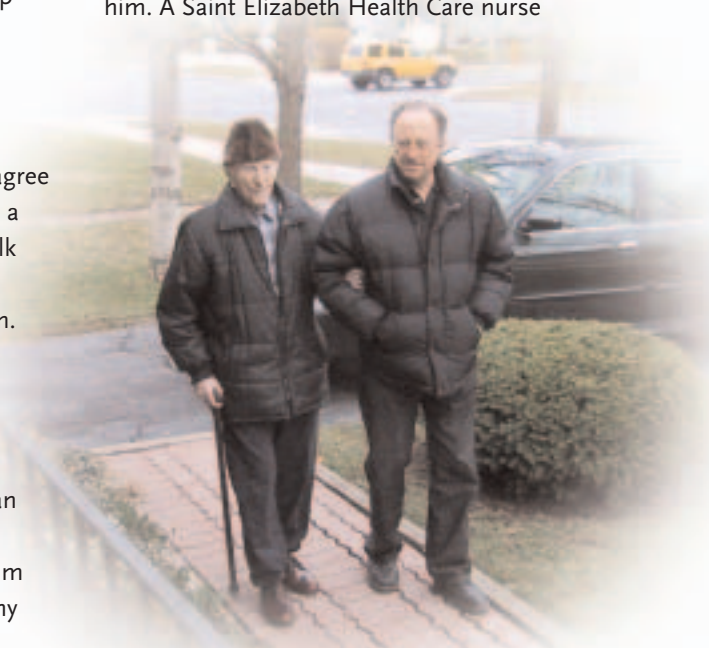
Last week, I arranged for her to have a visit home so my parents could share some time together. It worked reasonably well, and if developments permit or demand, we'll do it again.

So now I watch, wait and worry about what else might be done to make him safe and comfortable.

He has great care. One home care service, Spectrum, sends a man daily to bath and shave him. A Saint Elizabeth Health Care nurse

“We cannot all do great things, but we can do small things with love.”

Mother Teresa



comes daily to hook up his IV bag and check on him. Our live-in caregiver attends to him around the clock with patience and quiet resolve.

An agonizing experience

But watching him wilt away, listening to him ramble on about people and events from his distant past or some terrible event imagined in his mind, and feeling him ever so slowly but surely sliding toward the personal conclusion of his life, is an agonizing experience for me.

I love my father, as deeply as I do my children. And I know

My profound hope is that he will die at peace with himself, in the knowledge that he did so many wonderful things, and that he is respected and loved by those of us near to him.

I must accept that he will die in the near future. My profound hope is that he will die at peace with himself, in the knowledge that he did so many wonderful things, and that he is respected and loved by those of us near to him.

Celebrating what we shared

And when he dies, I hope I will have the strength and resolve to grieve as I must, celebrate all we shared, carry good memories and march on. Because that's the way of the real world, like it or not. ●

Editor's note: In early May, Bart's father peacefully passed away in his sleep. Our thoughts are with Bart and his family.

Bart Mindszenty is a co-author of Parenting Your Parents and a regular contributor to Solutions magazine.



Six coping strategies

- 1) Do what's right for your dying parent; not what you may feel is right for you.
- 2) Fortify your mind and body, because the challenge at hand will drain you.
- 3) Spend as much time as you can with a dying parent. Share fond memories and know that just being present, quietly, is important.
- 4) See what palliative care services are available and might be helpful.
- 5) Make as many funeral arrangements in advance as possible.
- 6) Get personal support and help; you'll need and welcome it.

“Aging seems to be the only way to live a long life”

Daniel Auber

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Q: *What financial steps should an elderly couple take when one of them is diagnosed with a serious illness?*

A: In case one hasn't been prepared, a comprehensive financial plan should be undertaken by a qualified professional. If you currently have a plan, update it. Include a few financial 'what if' models that anticipate various medical scenarios. These models should factor in the potential cost of care for the sick individual.

It is a good idea for the couple to talk to the doctor and get a realistic understanding of how the condition may progress and what type of care may be involved.

Any financial plan will need to ensure that the couple's current assets and future income potential are properly utilized to meet the costs of care while allowing them to maintain a comfortable lifestyle.

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