

“The Most Important Time”

How often people quote the words of George Bernard Shaw: “Youth, the best time of your life, what a shame that it’s wasted on the young.” I prefer Pablo Picasso’s perspective, aptly expressed on a birthday card that says: “It takes a long time to become young.”

Recently a friend said to me after recounting all the twists, turns and trials of her life: “Why is it that just when you’ve finally grown up, you’re coming to the end?” Her sentiments are not unlike what I’ve heard seniors in college say: “If only I could start all over again. Now I know what I want to learn.”

All of which confirms what I have come to believe, that much of higher education is premature. If education is meant to clarify the meaning of your experience, we would do well to follow the example of more enlightened countries in which governments subsidize public service programs that employ high school graduates for two years. After this time, students may or may not go on for further education. They have gained valuable life experience and do not feel necessarily compelled to pursue higher studies.

Maybe the most important time in your life is when you’ve achieved the wisdom to know what you want to learn. Or maybe it’s at the end when you’re grown up, or maybe it’s when you’ve finally become young. The most important time in your life may simply be relative to each person.

I like the story that the author Anne Lamott tells about her best friend Pammy. Once when Lamott was obsessing about her own aging body and the cultural expectations of “beautyism,” worrying about whether a certain dress made her hips look too big, her terminally ill friend Pammy said: “Annie, you really don’t have that kind of time.” The author frequently incorporates lessons she has learned about life from the death and dying of loved ones.

One night when Anne was agonizing over her friend’s worsening condition, she called her friend’s doctor, hoping to get some encouraging news. Instead, the doctor told her to watch her friend closely as she neared the end of her life because, she said: “Pammy is teaching you how to live.” This is the same paradox that others have noted: By allowing death into our reality, we enlarge and enrich our lives.

Lamott describes her own spirituality in terms of “a patchwork God, sewn together from bits of rags and ribbon, Eastern and Western, Pagan and Hebrew, everything but the kitchen sink, and Jesus.” Even after she joins a more structured neighborhood church, her faith remains unorthodox. She is unwilling to exclude the wisdom of other religious traditions. The banners on the walls of our sanctuary testify to our own lack of orthodoxy. We’re unwilling to exclude the wisdom of other religious traditions.

What I especially appreciate about this woman’s spirituality is that it’s an intimate part of an ongoing commitment to a community, a group of fellow seekers. Her spirituality is not

primarily private. Community is important to her faith, as is being a faithful companion to her friends at the end of their lives.

Several years ago, I attended a program on “Faith Communities Companioning the Dying.” The topic spoke volumes to me, something I’d always hoped for. It never seemed right that giving birth in our culture should get all the attention, while dying is all too often a lonely and isolated affair.

What intrigues me are the parallel movements that seem to be going on at both ends of the lifespan. Just as natural childbirth is becoming the preferable option as opposed to a woman giving birth under anesthesia, so too at the end of life there is more choice in regard to how much medical intervention the dying person might want. Both movements support people being more informed about their options and thus more in control of their own lives.

This is not to say that our culture is all that much at home with death. Titles like Ernest Becker’s *The Denial of Death* and British sociologist Geoffrey Gorer’s “Pornography of Death” have not lost their relevance. The latter title comes from an article written over fifty years ago. The author likened death in our own time to sex in the Victorian age. In the nineteenth century the subject of sex was avoided, especially around children. It was spoken of in euphemisms, whereas the subject of death was discussed as openly and freely as sex is today.

According to Freud, a society is defined by what it represses. If this is so, then our society has psychologically done an about face since the nineteenth century.

Numerous studies have shown that contemporary American culture is deeply death-denying. People are not comfortable around the dying. They do not know what to say to those who are grieving.

Geoffrey Gorer maintains that the daily display of violent death on T.V. confirms his diagnosis. Clear evidence of the “pornography of death” is our own preoccupation with video violence. Once we become out of touch with death as a natural phenomenon, we become fascinated with the graphic depiction of death in unnatural forms. In other words, whenever we attempt to cover up part of reality like death or sex, it manages to disclose itself, to find its way out, often in distorted and at times even grotesque forms in either film, drama, art or literature.

Immersed in this culture, how do we counter its messages; how do we become more adept in coping with the end of life? The good news is that within our own county, our own community, our own congregation, there are people who have taken the initiative to counter the culture, to change the face of dying.

The impetus was the death of a much loved dermatologist, Jim Madison, who died ten years ago. He suffered from pancreatic cancer. It was particularly painful because of the location. The cancer was boring into the nerves in his back. Everything was tried, from

increased doses of morphine, to nerve blocks, to narcotic patches. No treatment could control the pain.

Finally, Jim refused any more chemo. He said that he would not return to the hospital. At this point, he experienced total abandonment from his medical peers. He and his wife Joan, also a dermatologist, sat down with Betsy Gardner, the home health care nurse that Hospice sent. Betsy reviewed all the different medications that had proved ineffective in controlling his pain. She said: "It's clear that you don't tolerate morphine well." She put him on an alternative drug, dilaudid, given through an infusion pump which Jim was able to "pulse on" himself. The relief that he experienced was dramatic. It gave him two months of quality time in which he was able to enjoy family and the pastimes he loved.

Before he died in '96, Jim specified that any contributions in his memory should go to an educational program on how to care for the dying. By the very next year, Joan Madison had a lecture series set up on "the control of pain at the end of life." When another medical colleague, Robert Deane, who happened to be dying of the same cancer, heard of Jim's final wishes, he asked Joan if he might join in the effort. Dr. Deane's experience with patients in the surgical intensive care unit made him particularly aware of the need for the kind of program that had been launched in Jim Madison's memory.

And so was born the Madison-Deane Initiative. The Initiative is a natural ally of the Visiting Nurses Association. The mission of the MDI is a work of mercy and a source of enlightenment to the ministry of any faith community. We are fortunate in our community to have Pam MacPherson, a founding member of MDI and a co-coordinator for sixteen years of Hospice volunteers. She has offered to share her experience in the area of death and dying with the training course that Bill West is currently leading for our Care Network Ministry assisted by his partner Daniel Wilds. A faith community should have trained and caring companions for the dying.

A number of our congregation have taken Hospice training and have often spoken about how much they have gained in terms of their own lives. Dan Kucij and Dick Swanson, to name just two, have testified to the peace and insight they receive from sitting with terminal patients at Respite House and in the patients' own homes.

Stephen Kiernan, another member of our congregation, has discovered his calling in what he describes as "rescuing the end of life from the medical system." Stephen is well known as a journalist, formerly with the *Burlington Free Press*, and a talented musician within the broader Burlington community. Using his journalistic skills, plus extensive research, Stephen has written a book that many of you may already be familiar with: *Last Rights: Rescuing the End of Life from the Medical System*. It has been hailed by scholars and medical professionals alike. I especially like what the well known economist and environmentalist Bill McKibben said in praise of *Last Rights*: "Damn, I wish I'd had this book before my own father died. Besides thinking through policy questions surrounding the end of life and helping with the death of your own loved ones, the book offers a final and supreme gift: the chance to begin thinking about what your

own life means in the context of its inevitable end.” In describing the final gift the book offers, McKibben is echoing the words of the doctor that Anne Lamott consulted about her dying friend. “Pay attention to her. Pammy is teaching you how to live.”

Kiernan's book is rooted in his experience of the stark contrast between his father's and mother's deaths. In the case of his father, useless medical interventions extended his life in a comatose state. Thanks to the medical advice of Kiernan's brother, a third year medical resident, when Kiernan's mother was dying four years later, she was enlightened and informed enough to refuse an extreme medical procedure that would have left her in a debilitated state. She chose to die on her own terms, in control to the end of her life. She planned her own funeral and threw herself a birthday party.

In this author's book you can detect a sense of urgency given the experience of his parents' deaths. Through careful research and multiple interviews, he discovers an acute care system that is resistant to change and he seeks to understand why. Each in their own way, people like Stephen Kiernan and those involved in the Madison-Deane Initiative and Hospice are humanizing the final chapter of life.

What I find most significant about people working to change the face of dying is the way in which they themselves are enlivened and find deeper meaning for their own lives. Kiernan gives several examples of what he himself has gained. First of all, he has a more immediate sense of his own mortality and a consequent appreciation of each day. Secondly, he tells a story about a boss he had while working as a journalist. The two of them got along “about as well as two porcupines in a duffel bag.” When this man's wife was diagnosed with breast cancer which had spread, it softened the relationship between these two men. Friendship replaced conflict and the friendship has remained. The experience of the woman's illness taught Kiernan compassion. He further extends the lesson by saying that “each person contains the means of calling forth our compassion, if only we can see the mortality that abides within him or her.” He suggests a way of testing this idea. “Think of a person with whom you have conflict. Now give the person or someone dear to him an imaginary terminal illness. Does your attitude toward him soften?” Does the person's vulnerability affect your own feeling toward him or her? If death has the potential to turn conflicts into friendship, it's likely to have the power to make us more compassionate.

A third lesson Kiernan learned was when he played his guitar for Betty Goyette, a woman dying at the Respite House in Williston. She was surrounded by three of her five children as well as her husband. After playing some classical music, Stephen ended with “Somewhere Over the Rainbow.” Betty's daughter Anne thought she saw her mother trying to sing along. According to the musician, no audience response could equal this dying woman's gesture as she heard him play an old song and tried to join in. Kiernan concludes that helping someone who is dying, in whatever way, is one of the most gratifying experiences.

This lesson is validated by the author's discovery in one of the world's largest maximum security prisons, the Louisiana State Penitentiary at Angola. Among the five thousand

inmates, half are serving life sentences. About 85% of the inmates are certain to die in Angola given the poor prison hygiene in which infectious diseases flourish.

This maximum prison is not unique in having a Hospice unit; many prisons do. What is noteworthy is the effect that caring for the dying has on those prisoners who volunteer to work in the unit. To quote one inmate: "...it's brought tears to my eyes because you get in a relationship with the guy and it really hurts you. Being there for them, it takes a lot out of you. But it puts a lot in you." Another prisoner reported that Hospice had ended his overwhelming lifelong anger, making room for other emotions. For these prisoner volunteers, caring for the dying was not a burden, but a means of redemption.

The final lesson that all of Kiernan's extensive research and experience with people at the end of their lives is probably the one that is most practical and profound. Death is not the most important time in our lives, but it's the time in which we are shaping the quality of our dying, which is right now. People do not fear death as much as they fear dying badly.

Being mindful that we are all journeying toward the anniversary of our death every year on the calendar helps us to remember that our days are numbered. One way to enrich the quality of those days is to keep in mind that life is temporal. Being aware of our own mortality gives us perspective on our priorities, on what we value most.

The knowledge that we only have a fixed amount of time left to live, which is the reality for us all, can have one of two effects: Either it causes fear or just the opposite. Knowing that we have a limited supply of days can make each day more precious and our loved ones more dear and important.

Shortly after Abraham Maslow, the famous psychologist, suffered a near fatal heart attack, he wrote:

The confrontation with death...makes everything look so precious, so Sacred, so beautiful, that I feel more strongly than ever the impulse to Love it, to embrace it, and to let myself be overwhelmed by it...
Death, and its ever present possibility, makes love, passionate love possible (quoted by Rollo May in *Love and Will* (Dell, 1969, p. 98).

Making death a part of life helps us to live in the present. It helps us to realize that the most important time in our lives is right now. We are fortunate and blest to have people in our time, in our community, who are called to companion the dying, to change the face of dying, who are witnesses to the meaning and richness that this work holds for the living.

May our own mindfulness of death make each day the most important time. May its ever-present possibility make love, even passionate love, possible.