




Sharing A Personal Growth Experience

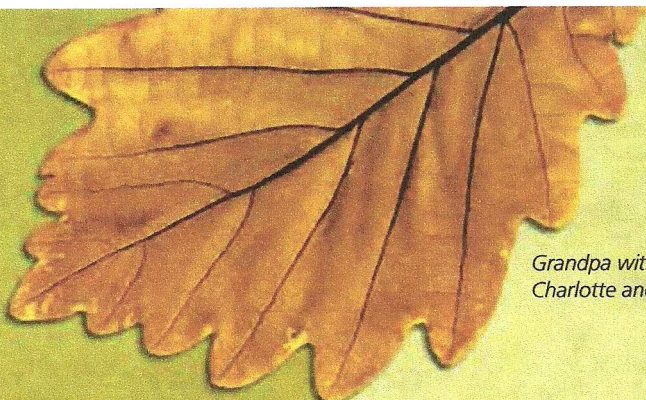
Do I need to die well?

by Ira Byock, MD



*Letha and Herb
renewing vows in July*





Late one night last fall, I received an e-mail from a friend who called my attention to a web site for people living with cancer which had an online discussion titled, “Do I need to die well?”

The opening entry was from a mother of two school-aged children who is living with stage IV breast cancer. She wrote that she’d been asked by a social worker where she wanted to be and how she wanted to be cared for at the end of her life. It spurred her to consider what would be best for herself and her family.

“I finished a book called “Dying Well,” which in many ways is a great book. I don’t regret reading it. Now, however, I feel pressured to not only die, but to die well.”

I groaned. That’s my book! I wrote *Dying Well* in 1997 to help people living with incurable conditions know what to expect, advocate for themselves, and imagine how they could live fully through this stage of life. In it, I tell stories of real people who describe things they did and times that were meaningful to them and their families as they approached their lives’ ends. Without sugarcoating the pains and sadness they endured, the stories I chose were intended to expand what most people imagine is possible in this time we call dying. I hoped to dispel the notion that life ends the moment you receive a lousy diagnosis. The last thing I wanted to do was weigh ill people down with yet another expectation.

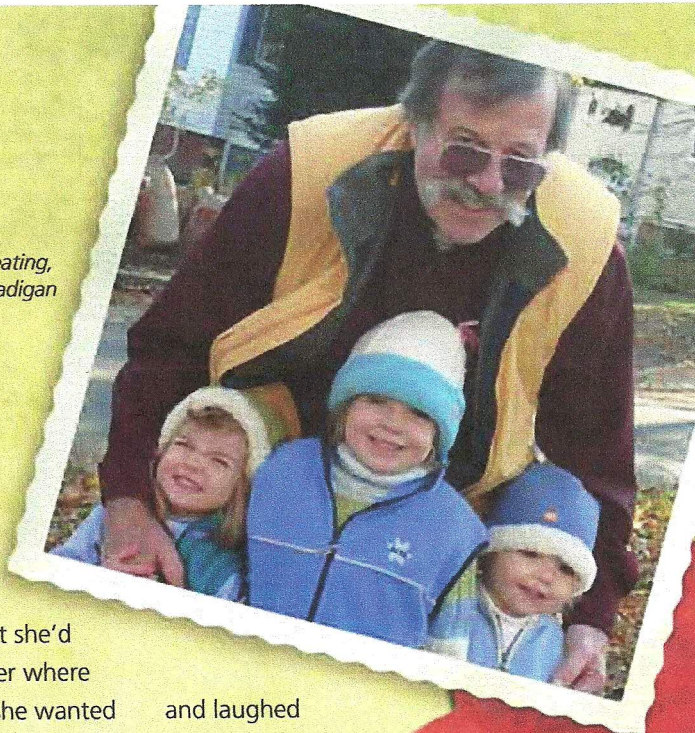
Then, as I held my aching brow, I thought of my good friend Herb Maurer

and laughed aloud at the irony and humor of it all. As it happens, Herb was dying that same week. I shook my head in frustration over the failure of words—or at least my use of them—to describe the simultaneous tragedy and gift of Herb’s last two years. How can I convey not only the depths of sorrow but also the heights of joy that these months have encompassed?

My Friend Herb

In telling someone about Herb, I often start by saying he is—unfortunately, now was—one of the smartest doctors I ever met. Herb became an oncologist before there was such a thing. Early in his career, Herb gravitated toward treating people with cancer. He absorbed the science of cancer biology like a sponge and almost intuitively understood the myriad ways the disease plays mischief with people’s bodies. In addition to being a consummate clinician, Herb conducted early research that advanced the treatment

Grandpa with Keating, Charlotte and Madigan





The author, Dr. Ira Byock, (left) enjoying dinner with Herb for the last time.

of lung cancer. He was a driving force in founding the cancer center at Dartmouth, where I work.

But those descriptions don't even begin to describe the man. Herb's tall, muscular frame, booming voice, full-curl, handlebar moustache, and checkered flannel shirts made for larger-than-life first impressions. Think Paul Bunyan meets Wilford Brimley. Herb tended to mumble loudly, so in the hospital corridors, you could hear him coming from a distance, like rolling thunder. As big as he was physically, Herb exuded warmth, and reliably, within two minutes, patients fell in love with him. His genuine concern and melodious baritone assurances melted people's fears though I doubt they always knew what he said. A hug from Herb could soothe a patient more than any medication ever made.

Herb was passionate about life, which is probably why he fought so hard to preserve the lives of others. He held strong beliefs—which he loudly voiced—on everything from the right treatments for lung cancer to national politics, from raising children to gourmet cooking, from furniture making to visual arts.

Having dinner with Herb and his wife, Letha, (who is also an oncologist) was an event that would always nurture my palate, stimulate my mind, and satisfy my soul. So for me personally among hundreds of people who knew and loved him, Herb's diagnosis was a crisis and his dying was tragic.

Nothing can diminish that tragedy. And yet, it would be a mistake to say that these last two years were *only* tragic.

Crisis = Danger and Opportunity

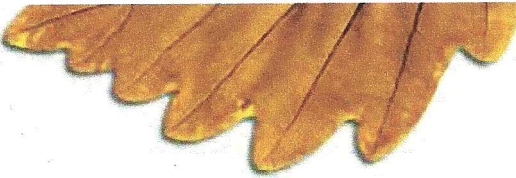
Confronted with a personal crisis which every one of us will face, Herb recognized that within this crisis, there were both dangers and opportunities. His story is worth telling not merely because of the choices he made but, even more so, because of the way things turned out as a result.

Like anyone else, Herb hated being sick. Herb knew that locally advanced ampullary carcinoma was incurable. He knew he was dying and ached with sadness from having to retire from medical practice and the loss of his entire future. His primary concern was for others, like the patients who relied on him, but most poignantly, for Letha and his children.

Herb made good use of medical opportunities to extend his life and alleviate his discomfort. Before any decision about treatments, he and his doctors would review the chances the treatment would work and the discomfort and risk that it would bring, and honestly discuss to what extent his current quality of life was worth sustaining.

Despite needing to take frequent naps and get around with a cane, Herb's quality of life remained good for over a year and a half. To be sure, he had his share of bad days, when pain or another infection reminded him that his disease was ultimately unbeatable. But for many months, he was able to work part time, read, paint, travel, take drives, and enjoy dinners. That meant a lot. Whenever he and I discussed one of the proposed treatments, he would comment on his appetite. Herb once told me, "I've been

Simple pleasures assumed high priority, such as Saturday evenings enjoying oysters on the half shell and gin and tonics on the porch.



eating full meals—from appetizers to desserts—and *enjoying* them.” It was his way of literally bringing gut instinct to making decisions.

Nevertheless, every time he was hospitalized, he made sure that there was a DNR order in his medical record. As much as he wanted to live, if his heart suddenly stopped, he wanted to die naturally. He didn’t want anyone to perform CPR, because he knew that even in the unlikely event that it restarted his heart, it would just mean that he would die in an ICU, likely sedated or with his hands tied to keep him from pulling out tubes.

Opportunities to Complete and Celebrate Life

The lust for life that marked everything Herb did was undiminished during these two years. With the same honesty that marked his treatment decisions, Herb considered what would be left undone in his personal life if he died suddenly. He got around to things he had put off in the midst of a hectic professional life. A first marriage had ended painfully nearly three decades ago. Herb reached out to his first wife, just to let her know she mattered in his life and to convey warm regards and well wishes. Despite good feelings between himself with his two older children, both in their early 40s, busy lives made visits less frequent than he wished. Now, he took the time to write thoughtful letters and make calls to them, which led to meaningful visits. He told me it was what really mattered.

On July 4, Letha and Herb gathered family and close friends together at their farm in the Berkshires, including many from far away and years gone by. In the company of those who love them, they renewed their marriage vows.

The emphasis on family and friends and the themes of completion and celebration reverberated through those months. He and Letha made trips with their sons. There were innumerable family gatherings and dinners


with countless hours of reminiscing, plenty of sober conversations, and lots of laughing. Simple pleasures assumed high priority, such as Saturday evenings enjoying oysters on the half shell and gin and tonics on the porch.

When his declining condition shifted the balance from the potential benefits of treatment to the burdens they carried, Herb immediately entered hospice care. He and Letha welcomed the help at home. For several weeks he held court as a virtual parade of people visited. On what turned out to be his last evening, Herb sat with his family, viewing hundreds of pictures of their lives together. The next morning, he felt too weak to get up and spent the day in bed. He was comfortable, except for an episode of losing his breath that required a dose of the emergency medications that our Palliative Care team and the hospice had in place. Thankfully, it worked like a charm to soothe his discomfort.

During the last hours of his life, Herb opened his eyes, smiled, and gave a “thumbs up” to a good friend who had stopped by. He was surrounded by Letha, his children, grandchildren, and close friends—and a hospice nurse—as he took his last breath.

There is no universally right way to die. What Herb did was right for him, but what constitutes dying well for one person could be wrong for another. For dying well to be fully understood, the word “well” must be read as both an adverb and an adjective, describing the person who is approaching the end of life. Herb was well as he was dying. He once again taught me that it is possible to feel well within oneself and right with the world, even as one dies. Therein lies the hope for us all. ❧

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