

connections

Calling the church to faithful new life



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Coping with old age



Much as I hate to realize it, I've gotten old. So have a lot of the people closest to me. I'll be 81 next month, my husband turned 85 a few months ago, and many of our friends are now in their 80s or 90s.

In many ways, I've been much more fortunate than most people my age and older. People often tell me I don't look 80, and I'm always glad to hear that. My hair has very little gray, evidently because of the genes I got from my parents, and I'm still in generally good health. And thanks mainly to my husband and our parents, I don't expect to ever have to worry about having enough money.



But despite these and many other advantages, I'm finding old age stressful and discouraging. I continually hear people saying, "It's better than the alternative," but I'm not sure about that. Unlike many other Christians, I don't think anyone knows what life after death is like — or even whether there *is* any life after death — but I don't see any valid reason to think that it will be bad, and I see plenty of evidence of life being bad *before* death, in old age.

Is any age old enough?

Reading a much-publicized article and a new book recently on the subject of aging and death have made me think even more than I previously had, about how best to cope with the problems that old age brings.



The article, entitled "Why I Hope to Die at 75," originally appeared in *The Atlantic* magazine's September 2014 issue. It is by Dr. Ezekiel "Zeke" Emanuel, a 57-year-old physician who is director of the Clinical Bioethics Department at the U.S. National Institutes of Health and heads the Department of Medical Ethics and Health Policy at the University of Pennsylvania.

Authenticity at every age



A friend recently sent me a quote from a [blog by Jim Palmer](#), the former pastor of a Christian mega-church who has now left the professional ministry and served in several human-rights organizations. Now an author and speaker, Palmer says his spiritual journey has involved "shedding religion to find God." To him, this has meant helping people "break free from religious pathologies that have damaged their lives."

Palmer observes that many Christian pre-teens and teens are living what he sees as double lives. They put on a Christian facade at home, church, and maybe Christian school, "but it's an entirely different story when they feel safe enough to truly be and express themselves." In Palmer's view, churches often actually promote this kind of double life. "Too often," he writes, "institutional Christianity is a breeding ground for inauthenticity and a split self."



While I disagree with some of his recommendations for regaining authenticity, the following seem especially helpful, not just for parents and kids, but for churches and adults of all ages.

Changes it's never too late or too early to make

- ✓ Recognize that what is often passed off as "Christian" may not be anything close to the true meaning of Jesus. Recognize that it's okay to question what one hears, even in the church. Become a critical, independent thinker.
- ✓ Realize that being "spiritually mature" is not necessarily obeying all rules but may in fact require breaking some. Realize that being "good" doesn't always mean being docile, meek, inhibited, compliant, and restrained. It can mean being passionate, original, subversive, nonconformist, and contrary. Let others see the passion and the rebel in you.
- ✓ Recognize what are non-negotiables: love, compassion, and the inherent divine worth of every person.
- ✓ Admit that you don't know everything and that the world isn't still like it was when you were growing up.

That's helpful advice at any age. In fact, many older *Connections* readers tell me they have found a new sense of authenticity even surprisingly late in life. Perhaps at our age we have more freedom to change, and less to lose!

What is “nature’s course”?

Emanuel calls his article “An argument that society and families—and you—will be better off if nature takes its course swiftly and promptly.” But for me, that statement raises the question of what “nature’s course” is. Some people seem to think it can include spending years on a ventilator. Others draw the line at that but include having extensive chemotherapy or surgery that causes suffering, yet can’t restore health or even an enjoyable life.



What about medications and lesser treatments? Refusing them altogether is unlikely to ensure the quick, merciful death that most of us, and presumably Emanuel, too, would prefer. Taking blood



pressure medication or having heart surgery, for example, could lessen or delay the risk that a stroke or heart attack might leave us seriously disabled.

And isn’t it “nature” or what some of us call “God” that has made humans able to develop such treatments? Wouldn’t “letting nature take its course” or “leaving it to God” really mean not making *any* medical effort to correct what goes wrong with our bodies or minds?

A drastic approach to health care

That’s what Emanuel plans to do. Once he has lived to 75, he says, he won’t actively end his life, but he won’t try to prolong it, either. He has a do-not-resuscitate order and an advance directive forbidding ventilators, dialysis, and other major interventions, as I also have. But he goes much further. He will even stop having flu shots, he says, and say no to antibiotics. “In short,” he writes, “no life-sustaining interventions. I will die when whatever comes first takes me.”

Which deprives us most?

Emanuel admits that his family and friends think he is crazy in wanting to live only to age 75. There will still be so much to see and do in the world, they keep telling him, and they remind him of the many people he knows who are over 75 and doing quite well. And they feel sure that as he gets closer to 75, he will push his desired age up to 80, then 85, and maybe even 90.



Zeke Emanuel readily admits that death is a loss that deprives us of experiences, milestones, and time spent with spouses and children—all the

things we value. But the simple truth that many of us resist, he feels, is that living too long is also a loss. “It renders many of us, if not disabled, then faltering and declining, a state that may not be worse than death but is nonetheless deprived.”

No child wants parents to die

In Emanuel’s opinion, no child wants his or her parents to die. A parent’s death is a huge loss at any age, he finds, and creates a tremendous, unfillable hole. But whether parents are estranged, disengaged, or deeply loving, they set expectations, render judgements, impose their opinions, and are general a looming presence even for adult children. It is incapable as long as the parent is alive.



Living parents also make it hard for a grown child to become the head of the family. And when parents live to 95, children must caretake into their own retirement. That doesn’t leave them much time on their own, and the time it leaves is all in their old age. Even more important, in Emanuel’s view, is that we want our children to remember us in our prime, as independent rather than as burdens.

Our children aren’t likely to admit these concerns, Emanuel recognizes. They love us and fear the loss that our death will create. But even if we don’t become burdens to them, our shadowing them until their old age is a loss for them. And leaving them with memories framed not by our vivacity but by our frailty, he feels, is a tragedy.



How far should we prolong life?

Most of us want to stay alive as long as we can help others and enjoy life to some extent. But as those abilities diminish more sharply, it’s hard to know at what point life will become a burden, either to ourselves or others such as the elderly spouse or adult child who becomes a caregiver.



Some people report that caring for a terminally ill relative can be like a spiritual gift—a chance to return the loving care we received as children, and to revisit memories and say goodbyes. But beyond a certain point, prolonging a person’s life becomes unkind to both the patient and the caregiver, leaving both trapped in an unhealthy dynamic, feeling increasingly exhausted and powerless.

Should assisted dying be an option?

Zeke Emanuel emphasizes that although he doesn't want to live past 75, he opposes legalizing euthanasia or physician-assisted death. "People who want to die in one of these ways," he feels, "tend to suffer not from unremitting pain but from depression, hopelessness, and fear of losing their dignity and control. . . . The answer to these symptoms is not ending a life but getting help." Yet that's nowhere near as easy as Emanuel makes it seem. For many people, good care can be hard to find or prohibitively expensive. And even with physical, spiritual, or psychological help, there is often a point where doctors have little to offer except morphine.



Emanuel's emphasis is not on deliberately ending his life but rather how long he prefers to live and the kind and amount of health care he will consent to after 75. He believes we should focus on giving all terminally ill people a compassionate death. But I wonder what exactly that means. Doesn't it require using antibiotics or treatments to lessen painful symptoms, even if they can't ultimately cure? What small pleasures or reliefs can keep life worth living? Different people will feel differently, and our own views may well change when we personally experience serious health problems. End-of-life care really does mean adjusting the details and re-evaluating, over days, months, or years.



Has health care only slowed dying?

Emanuel cites numerous studies showing that over the past 50 years, health care hasn't slowed the aging process so much as it has elongated the dying process. As one study describes it, the increase in life expectancy has come by adding years in which more disease happens — both physical and mental disability. Studies have consistently found "not a compression of morbidity but in fact an ex-

pansion — an increase in the absolute number of years lost to disability as life expectancy rises." However, he seems to ignore the benefits of improved health care in the years during which disability is delayed. For some seniors who exercise and stay fit, their 70s can be like the "new 60s."

No getting around the data

Still, Zeke Emanuel points out that even if we don't become demented, as about a third of people 85 and older do, our mental functioning deteriorates as we get older, and we literally lose our creativity. Of course, he acknowledges, there are rare individuals who are exceptions to this trend — outliers or late bloomers. And what Emanuel calls "American immortals" — the people who seem obsessed with exercising, doing mental puzzles, or eating special diets in an effort to avoid aging's unwelcome effects — optimistically assume that they will be among these exceptions. But, he insists, "there is no getting around the data."



Thinking about how to live

Dr. Emanuel is not saying that those who want to live as long as possible are unethical or wrong. Neither is he advocating 75 as a limit in order to save resources, ration health care, or address policy issues caused by increased life expectancy. Instead, he says, he is trying to "make my friends and others think about how they want to live as they grow older." He is nudging us all to "engage with the deepest existential questions and ponder what we want to leave our children and grandchildren, our community, our fellow Americans, and the world."



He also is trying, he says, to motivate us to ask whether our consumption is worth our contribution. To me, however, that statement seems back-

Many years' back issues, a list of back issues, and a list of books I've written about, plus more *Connections*-related information, are available free from my web site, www.connectionsonline.org. To get *Connections* monthly by e-mail, let me know by e-mailing me at BCWendland@aol.com. Please include your name, city, and state or country. To start getting *Connections* monthly by U.S. Mail, send me your name, address, and \$5 for the coming year's issues. For paper copies of any of the 22 years' back issues, send me \$5 for each year or any 12 issues.



I'm a lay United Methodist and neither a church employee nor a clergyman's wife. *Connections* is a one-person ministry that I do on my own initiative, speaking only for myself. Many readers make monetary contributions but I pay most of the cost myself. *Connections* goes to several thousand people in all U.S. states and some other countries — laity and clergy in more than a dozen denominations, plus some nonchurchgoers. *Connections* is my effort to stimulate fresh thought and new insight about topics I feel Christians need to consider and churches need to address.

ward. Don't we need to ask instead whether our contribution to the world is great enough to justify our consumption of such a high proportion of its goods—consumption that is an American characteristic?



"These questions foster deep anxiety and discomfort," Zeke Emanuel readily admits. But he feels that using our remaining years to wade through such questions is "preferable to years of trying to hang onto every additional day and forget the psychic pain they bring up, while enduring the physical pain of an elongated dying process."



Time to focus on the positive

Changes in my life during the past year or two have made me feel that 80 or even 79 might have been old enough, but I'm not going to stop getting flu shots or using antibiotics. I disagree with many of Emanuel's views, but I agree that we need to think seriously about what we want our friends, families and the world to remember us for, and why we want it. That's what I intend to keep doing, for however many years I may have left. In those years, I also hope to dwell less on the disappointment of no longer being able to do favorite activities, and to focus more on the pleasures and chances for growth that are still available.

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What matters in the end?

Although I disagree with much of what Dr. Ezekiel Emanuel says in his article that I review in this *Connections*, I wholeheartedly agree with his recommendation that we think deliberately about what we want the end of our lives to be like and what we want to be remembered for.

I often think about that when I read daily newspapers. Two that I get regularly include paid obituaries in which survivors often express their religious beliefs about what has happened to the deceased person, plus claims about what they see as the person's most admirable accomplishments. I'm always especially intrigued by the obituaries about women who were near my age. Many present being a supportive wife and lovable mother and grandmother as enough, and maybe they're right, but I'm not sure. At least, that's not all I want to be remembered for. What about you? What would you like your obituary to say? In your remaining years, how could you ensure that it will be what you'd like?

In the next *Connections*, for December or January, I plan to write about a thought-provoking recent book that also addresses this subject. It's *Being Mortal: Medicine and What Matters in the End*, by Atul Gawande, a Boston surgeon and staff writer for the *New Yorker* magazine.

End-of-life issues can be hard, but they're vitally important. I hope you will reflect on them, talk with friends and family, get legal and medical advice, and put your wishes in writing if you haven't already done so.

