

## A better end

Joe Ferullo | Jul. 20, 2011 NCR Today

The paramedics had just brought my father into the emergency room. It was long after midnight, and his breathing was labored -- I was used to it, after his years of struggle with emphysema and a weak heart, but this was different.

Within a few minutes, ER doctors had sized up the situation, and looked at me. One of them asked: "We're going to have to put in a breathing tube. That OK?" I nodded. I didn't know what else to do. They began their work, and a young, disheveled intern stepped up next to me. "Once they put the tube in," he said, "that's usually it. You can't keep going without it."

And I knew: my family and I would have some decisions to make.

I've thought a lot lately about that night and the days that followed, thanks to a pair of compelling first-person articles about the end of life. In "A Good Short Life," former *New York Times* reporter Dudley Clendenin [writes about the final phase](#) [1] of his battles with ALS, or Lou Gehrig's Disease. He has sworn off life-prolonging procedures and technology, wishing to make his exit as naturally as he can. In the *Los Angeles Times*, columnist Steve Lopez [writes about witnessing his father's decline](#) [2] in a nursing home -- it trigger in him thoughts about how he wants to go, again without medical interference that only prolongs the inevitable without adding any quality life in the process.

Stated and unstated in these reports -- and others like them -- is the feeling that a time will come when we'll have to confront the medical establishment and stop them from using artificial means to keep us going. That same assumption arises in analyses about the high-cost of hospital care: too much money is wasted on the last months and weeks of life by doctors unwilling to understand the emotional, psychological and financial cost.

But with my father, I experienced just the opposite. After that intern spoke to me and left, a paramedic came over, eyes glaring. *That doctor wasn't right to say what he said, the EMT whispered. This could work out fine -- and you had no choice here, okay? Whatever happens, you had no choice.* Both men, I realized later, were preparing me for what was to come.

There was no rush to judgment: doctors told us they needed to monitor my father for at least two days, to see if his lung capacity increased or stabilized. Forty-eight hours later, things had gotten worse, and we were told our options gently but plainly: chances were very remote that my father would be able to keep breathing with the tube removed. With the tube kept in, and a machine breathing for him, he could live -- but he would be largely unaware of his surroundings.

The decision was left up to us. No one advocated for expensive technology and round-the-clock care. And the decision was -- for us -- simple. We knew our father would not want to live this way; we'd spoken to him about it many times over the years. The tube was removed. Two days later, he was gone.

No one in my family regrets the decision; my father passed away peacefully, without tubes and wires and

monitors. And no one at the hospital made us feel we did something wrong, or did not try to "save" him until every last option was explored, etc. My family had been sick for a few years -- his final decline was fast, but I now think we were ready to let go. So we did. The end doesn't have to be long, cruel and dominated by doctors. It just has to be something everyone is ready for.

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**Links:**

[1] <http://www.nytimes.com/2011/07/10/opinion/sunday/10als.html?pagewanted=all>

[2] <http://www.latimes.com/news/local/la-me-0717-lopez-dad-20110717,0,7760672.column>