

Nourishment While Fasting

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BEING IN THE HOSPICE BUSINESS does not give one a get-out-of-mourning-free card. Death that is personal is so very different from death I encounter in my professional role.

My father, Peter Serrell, died in November after a 10-day elective fast, 7 weeks before his 94th birthday. He had been in the hospital for a couple of days with a poorly defined problem in his gut, where ischemic colitis was highest on the differential. "It seems to be getting better" said the surgeon. "I'm going to put you back on some solid food and see how it goes." "I have a different special diet planned," said Peter. "No solid food, and no liquids either. I don't want to wait for the next catastrophe."

He had talked about using this option several times in the past, but had not stuck to it. Each of the prior times, some acute event had frustrated him with another take-away from his sense of capability, dignity, and safety, but the frustration had been short lived and either the crisis had passed or he had learned to adjust to "a new normal."

This time he did not seem pissed with life, just ready for it to be over. I had the creeps about being "supportive" of his decision. It was not okay to agree with his wanting die. But it became clear to me that instead of "wanting to die" he saw that death was not "optional" but inevitable. He did not want to die **BADLY**, in a hospital or needing care that would burn out his caregivers.

This time he stuck to his plan, day by day. He was himself and clear-headed except for the last 2 days. I had spent the first 7 of those days with him, and I knew that when I left for the airport at the end of that visit that I would not see him again. I was not sure how best to spend the final hour of my visit.

In April of the prior year he had engaged in a discussion-promoting process using a set of "Go Wish" cards.¹ This is a deck of cards that have things written on them that people have said might be important to them in the last days of life. There is also a wild card so that you can create other options if what you want is not already on one of the cards. He read through the cards, came up with one of his own, and sorted them into what was "most," "somewhat," and "not" important; then from the "most important" pile he chose and ranked his Top Ten. He did the sort with his wife of 19 months, Becky, and they talked about what he wanted and what he did not care about. Becky kept a written list of his 10 most important priorities. When the time came, we brought out the list:

1. To be offered adult food that I can accept or reject (his wild card).

2. Not to be connected to machines.
3. To experience human touch.
4. To remember personal accomplishments.
5. To have an advocate who knows my values and priorities.
6. To have someone who will listen to me.
7. To maintain my dignity.
8. To have a doctor who knows me as a whole person.
9. To be kept clean, especially my mouth.
10. To die at home.

That list helped me go beyond my medical caring role (putting together supplies and instructions for mouth care and bowel care, disempacting him one night at 3 AM) and stay focused on those things most important to him. I used the last hour of my final visit with him to make him a "girl sandwich," lying next to him in a three-person embrace, with him in the middle and my adult daughter on the other side.

After he died, I was troubled by a persistent feeling that something had been wrong. I reviewed and re-reviewed all that had gone on, and finally had the "ah-ha" moment: no matter how right everything had been done, it still felt wrong to lose my father. I guess that is unavoidable. Or at least it would not be healthy for me to avoid that feeling.

Thinking of the upcoming High Holy Days also helped me to create a spiritual reframing of his fast. As we pause to say a blessing over a meal, we put nothing in our mouths except words of thanks. When the meal is the harvest of a year, the pause is longer, such as the whole day of fasting at Yom Kippur.² When we pause to say a blessing over the harvest of a whole lifetime, the pause is longer still.

Peter turned aside from the mouthing of food and filled his mouth with speaking of the bounty of a lifetime; instead of drinking water, he drank from the wellsprings of connections with friends and family. He did not speak of his physical self except briefly when he was directly asked or had a specific need. Putting nothing in his mouth but words of thanks, he had a feast of the soul, nourished by relationships, by recalling accomplishments, and by visitors and family members bringing him their love one more time. His spirit was refreshed and infused with the loving contacts, and by recalling important people in his youth who, like harvests of prior years,³ had nourished and sustained him in times past.

I have seen patients during the past year who have made me recall with great gratitude that my father got to live the way he wanted until he died. My sister said that after he died,

she had an image of him doing the Rocky Balboa victory dance. Good for you, Dad. Congratulations on a life well lived.

Yet still, I miss you.

References

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