

On Mortality
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Last month, I turned 75. That got my attention. That is geriatric old, no getting around it. For obvious reasons, mortality has been on my mind this past month. Consider this thought to be notes on what has come out of it.

I read a book by a physician, Atul Gawande, called *Being Mortal: Medicine and What Matters at the End* (Metropolitan Books, 2014).

“How are you?” Dr. Gawande reports asking a woman in her eighties.

The first thing she mentioned was a lower-back pain that she'd had for months, which shot down her leg and sometimes made it difficult to get out of bed or up from a chair. She also had arthritis and she showed us her fingers, which were swollen at the knuckles and bent out to the sides with what is called a swan-neck deformity. She'd had both knees replaced a decade earlier. She had high blood pressure, “from stress,” she said, before handing over her list of medications. She never used to have “bathroom problems,” but lately, she admitted, she's started wearing a pad. She'd also had surgery for colon cancer and, by the way, she now had a lung module that the radiology report said could be a metastasis—a biopsy was recommended.

She said she lived alone, except for her Yorkshire terrier. Her husband had died of lung cancer twenty-three years ago. She does not drive. She has a son who does her shopping and checks in on her once a day—“just to see if I'm still alive.” She does her own cooking and cleaning and manages her medicines and bills.

She usually wakes up at five or six o'clock. She doesn't seem to need much sleep anymore. She gets out of bed as the back pain allows, takes a shower, and gets dressed. She takes her medicines, feeds the dog, and eats breakfast, cereal and a banana that day. After breakfast, she takes the dog for a little walk in the yard. She does chores, laundry and cleaning. In the late morning, she watches television, game shows. For lunch, a sandwich and orange juice. If the weather is nice, she sits out in the yard in the afternoon. She use to love to garden, but she can no longer do that. She makes dinner—a salad and maybe a baked potato or a scrambled egg. At night, she watches sports on television—she loves the Red Sox. She usually goes to bed around midnight.

I was taken by how much I could relate to what this old woman reported. I too have lower back pain, plus hip pain, and if I stand or walk for more than a couple minutes the pain intensifies, and my groin and then legs and feet go numb and if I don't get off my feet I will fall unless I grab onto something. Last week, I was in a parking lot starting to lose my balance and thought I could reach one of the cars to hold onto and I miscalculated and came crashing to the ground. I was shaken by the experience and bruised from top to bottom. Even now my right arm aches.

I'm told I need orthopedic surgery where they cut away part of my spine and use some of that bone to, with screws, fuse vertebrae. It's four hours of the oblivion of general anesthetic—which, at this age especially, reminds me of what death must be like, and the prospect of lying there waiting for the nothing that I know is coming up any second is scary, like waiting for death. Then three weeks of drug-mitigated pain and disability—"hell on earth," so another patient who had this same surgery informs me,

including constipation beyond imagination--and then a four to six month recovery period.

Do I sign up for that? I guess I'll have to, or should anyway, but I sure don't like the looks of it. But as I am now, I'm all but housebound. I can't make breakfast without having to endure pain and sit down at least once. I use a motorized cart in the super market. Go to a mall? Beyond even contemplating. Except for quick trips to Hannaford's super market for groceries and toiletries—I use a cart—I spend my life alone in my apartment on the leather couch I'm sitting on right now and in bed. I retired from the university last month, so I don't have to go to work.

Like this woman, I have arthritis in my knees and neck and hands. Sore, aching, aflame. No surgery in the offing now, but I suppose that could be coming up.

I too have high blood pressure. Twenty milligrams of Lisinopril daily. I seem to have had no effects from my heart attack twenty years ago, but I feel the need to be careful about taking the Lisinopril regularly.

No "bathroom problems" for me—yet.

And no cancer. Though I have to get a second PSA test for prostate cancer later this month—my number had gone up the last time I had it checked a couple of months ago. I was with my father when he died of prostate cancer. It was a horrible ordeal for him, and a traumatic experience for me.

I too live alone. No dog, though; no pets of any kind. With my back as bad as it is, I couldn't walk a dog. I'm thinking about getting a Russian Blue cat—handsome animals and, according to what I read, good companions. Though I don't think the owner of the apartment I rent allows pets; maybe he will make an exception with me.

Unlike this woman, there's no one to check in on me to see that I am alive, as she put it, or to do my grocery

shopping. Like her, if food is going to be on my table I will have to prepare it.

I read recently that a high percentage of old people live alone. I can't remember the exact percentage, but I remember being struck with how high it is. It's tough going all day without speaking to a living soul and to realize that that's going to be the case tomorrow and the next day and next month and the month after that.

Something this woman doesn't have to deal with evidently, I have persistent clammy, flu-like symptoms and utter exhaustion that line up with diabetes symptoms. I'm in the process of checking the diabetes possibility out. Or is it a thyroid problem? I don't know. And I can't say there is anybody besides me that feels the urge to find out what the problem is.

Especially since I retired a month ago, my daily schedule is very much like this woman reported. I too wake up at five or six o'clock. Like her, I don't need as much sleep as I used to. And yes, my back pain is especially bad in the morning, and I struggle to shower and get dressed. My breakfast is exactly the same as hers: cereal and a banana. And like her, I think about the value of the potassium in the bananas, though I don't know for a fact that potassium matters for much of anything.

The highlight of my day, a cup of coffee—I love coffee--and *The New York Times* online. Reading the Times' stories I think, what difference does it make now whether I know what is happening outside the walls of my little apartment? But nevertheless I feel compelled to stay abreast with what's going on in the world. Perhaps it's simple curiosity. And the mental stimulation and entertainment and distraction it provides. And the fleeting illusion that I matter for anything in the larger scheme of things.

This old woman doesn't drive. I'm so grateful that I do. I love my fifteen-year-old car. I just had it detailed, as they call it, polished to a glistening shine, and put a lot of money into a new muffler and some scheduled maintenance. But how long before I'm physically not able to drive, and then will I do?

I'm severely hearing impaired and a cochlear implant has accorded me functional hearing one-on-one, but I can't hear in groups, even small ones, or discern amplified sound, so restaurants are very tough, and no telephones, television, movies in theaters unless they are captioned, and no audio books. That said, the implant has been a godsend. Before it, I was getting by with a magic marker board and trying to read lips.

I have the beginnings of cataracts in my eyes, but they say that is easily corrected with minor surgery. I read a lot of biographies and so many of the old people I read about lose their sight. First it's a magnifying glass and then they can't read at all and then someone has to read to them. I may be more sensitive to the gift of sight than most others because I suddenly lost all of my hearing twelve years ago. I know first hand that everything we have—our hearing, our sight, the ability to stand and walk, all of it—can go at any time.

No television at all for me, that's different from the woman respondent. I got rid of television a couple months ago. Before that, I watched it with captions—just about everything on television is captioned. I didn't watch during the weekdays, but like this woman I watched Red Sox games evenings and weekends, and I watched prime time cable commentary shows on CNN and Fox, Bill O'Reilly and so on.

I decided to jettison television after reading three books of memoirs by Donald Hall, a former poet laureate of the United States now in his mid-eighties. I started with Hall's latest book, *Essays After Eighty* (Houghton Mifflin,

2014). Then it was *The Best Day the Worst Day: Life with Jane Kenyon* (Mariner Books, 2006). Kenyon was his wife, and herself a fine poet, who died of cancer in 1995. And then it was *Unpacking the Boxes: A Memoir of a Life in Poetry* (Mariner Books, 2009). Hall is an exceedingly bright and perceptive and forthcoming about himself and he's a superb prose stylist, a pleasure to read. These three books, which focus on the last couple of decades of his life, as he embarked into old age, sensitized me to the process of aging and decline and disengagement from people and the world. I recommend them to you highly, regardless of your current age.

In some of Hall's writing, he is 53, and other places 67 and 82 and 85. How disconnected from the affairs of the world he is now in contrast to before; how much more circumscribed his life is now; how alone he is now. Everything has closed down for him, narrowed; how few contacts he has with anything outside the four walls of his house now, how few people he sees day to day. In twenty years, it went from intimate contact with Jane Kenyon and parties and lectures and public acclaim to, now, a woman who stops by once a week or so to see how he's doing.

Hall's obviously maintained his mental acuity. This month I saw the film "Still Alice" (Netflix DVD) with Julianne Moore, which is about a woman dealing with Alzheimer's disease. It underscores that our mind, like all our capabilities, is both fragile and impermanent—sooner or later, it will leave us. Also making this point, again through the example of Alzheimer's, is the excellent 2001 Swedish film, "A Song for Martin" (Netflix DVD). While I've certainly slowed down physically, if I've lost anything mentally I don't notice it. Frankly, I didn't expect to be this mentally sharp at my age. I'm very grateful for this state of affairs and want to take advantage of it while I still can.

Hall reports that he now in his advanced years sits alone and watches Red Sox games on television, just as this old woman does, and just as I've been doing for the last few years. There I've been: game after game after game, night after night after night, weekend afternoons too, the players strangers all, none of them knowing I'm even alive much less that I watch them and care how they do, the jokey announcers pretending that the game matters for something more than a mere sport exhibition, a show, a diversion, an entertainment (and a snail-paced one at that), first inning, second inning, third inning, six more to go, foul balls, fly balls, doubles to left, an occasional home run trot around the bases, one team wins and another loses, commercials upon commercials upon commercials, three hours or more gone never to return, dopey, headachy, vaguely depressed, click, turn off the set, just about time for bed, maybe a magazine and a bowl of cereal. I made the decision this month that while I really don't know what I am going to do to pass the time and give my life meaning from here on, it will not be watching people playing with a ball or pontificating on cable shows.

I spent about five days in withdrawal, I guess it could be called, from television—what do I do with my evening? the Red Sox are playing the Blue Jays, these two guys broke out of prison in upstate New York, they are talking about it right now on Megyn Kelly, and what do we do about ISIS? (Why do we have to do anything about ISIS?) Switching back and forth between the ballgame and the cable shows would make life instantly better. Oh, that's right, I cancelled Comcast. I'll change that back to how it was tomorrow morning.

I've had a long lifetime of very heavy television watching, including vast amounts of sports, and yet it only took about five days to de-tox from TV. Remarkable to me, there was a big National Basketball playoff game on recently—the playoffs are endless, one seven game series

following another. They are all big games according the media that make their money hyping their importance, but this was the sixth game of the finals between the Cleveland Cavaliers and the Golden State Warriors, so it was *really* big. But I forgot it was being played. I didn't take note of it until the next morning's perusal of ESPN.com. I also forgot that CNN was undoubtedly musing about the big prison escape; where are those two guys?

I don't even think about television now. I speculate it's been so easy to drop it from my life because, really, I was actually getting very little out of staring hour upon hour at colored dots on a light bulb besides a slight headache, dopiness, and depression. It should have been obvious all along: life is too short to waste on television. I wish I had turned that damn thing off at twelve years old and left it off. I can't turn back time, but I can control what I do from here on out, and one thing I'm not going to do is watch the Red Sox play yet another silly baseball game.

I remember what I did the night of the *really* big NBA game. I went to a lake near my house. It was still light out; the NBA plays until mid-June now. I sat in a new folding chair--really sturdy, only twelve dollars from Amazon--and looked at the water, the waves so rhythmic, soothing, and watched two little ducks, cozy together swimming along, so it seemed, and glanced at a good book, and felt at peace, and all without commercial interruptions with guys yelling at me to buy a Toyota.

Another negative learning I took from the Hall books is the need to take responsibility for getting into the best health possible; this rather than a posture of coping and acquiescing to medical interventions after health crises arise. From what I picked up in Hall's books, he neglected his health, smoked and drank heavily and ate poorly and let himself get fat and had got no exercise, and in general paid little or no attention to his physical state of being.

For many years, I've attended to my weight and diet—good food, no junk—and worked out and gotten cardiovascular exercise. I certainly have my health issues, and I could be better with how I nurture the physical aspects of my being, but for my age I am very lean and fit.

The importance of caring for one's health in one's earlier years of life came through in a documentary I saw and a book I read this past month. The documentary was about Bob Weir, one of the founders of the legendary band, The Grateful Dead (“The Other One,” Netflix streaming). Weir took care of himself in his younger years and is happy and well at seventy. His bandmate Jerry Garcia didn't do that—drugs and alcohol, obesity—and he was dead at 53. The book was a biography of the English theater critic and writer Kenneth Tynan—heavy smoker, dead after a nightmarish ordeal from emphysema at 52. (Kathleen Tynan [Tynan's wife], *The Life of Kenneth Tynan*, Quill, 1989.) I'm so grateful that I've never smoked or abused drugs and alcohol.

Everybody has to identify their own health regimen, but I stay away from junk food, smoking, and alcohol. I do a yoga routine and some pushups and sit-ups daily. I go hard for about twenty minutes most days at a rowing machine (I can't stand up long enough to do anything else; but cranking away hard at a rowing machine provides a good cardio workout). I wish I could take a stroll everyday; my bad back precludes it. But pretty much daily sits by a lake with the waves and gliding ducks I referred to a bit ago bring me peace and serenity. Periodically during the day I follow my breath in and out about five breaths, relaxing and letting go of tension with each outbreath. And I do this writing; it centers me, calms me.

And I make sure to keep my apartment picked up and clean. This past month, I watched the film “About Schmidt” directed by Alexander Payne and starring Jack Nicholson, which is about what happens to a man upon his

retirement (Netflix DVD). Following the sudden death of his wife, the protagonist Warren Schmidt, the Nicholson character, lived in clutter. You can't do that, at any age, without paying dues for it. Small things add up: even if you live alone, make the bed carefully every morning.

In *Being Mortal*, Dr. Gawande recounts his father's death from cancer. Excerpts:

He needed daily enemas. He soiled the bed. . . . The pain medication made his head feel "fuzzy," "foggy, "heavy." He did not want to be sedated; he wanted to be able to see people and communicate. Pain, however, was far worse. . . . His weight continued to drop. . . . The doses of pain medication were increasing. . . . He said that he felt confused and had trouble communicating. His world was closing in. . . . A chest X-ray showed pneumonia in his right lung. . . . His paralysis advanced and he was unable to pee. Then the bladder spasms began. He groaned as they came over him. . . . His greatest struggle remained the pain from the tumor. He took morphine every two hours. . . . For long hours, he lay quiet and stock-still, except for the rattle of his breathing. . . . On his penultimate afternoon, he broke out into a soaking sweat. We got him into a wheelchair and took him to the window looking out at the backyard, where there were flowers, trees, sun on a beautiful summer day. The suffering my father experienced in his final day was not exactly physical. The medicine did a good job of preventing pain. When he surfaced periodically, at the tide of consciousness, he would smile at our voices. . . . During his final hour of wakefulness, he asked for the grandchildren. They were not there, so I showed him pictures on my iPad. His eyes went wide, and his smile was huge. He descended back into unconsciousness. . . . Around six in the

afternoon, his breathing stopped. My mother took his hand. No more breaths came.

I know—or sort of know, anyway--that I will confront this circumstance quite soon—this year, next year, five years from now, perhaps ten if I'm fortunate. I say "sort of" know, because I don't *really* know that that will happen to me, not really. I was helped along in coming to grips with this reality by a memoir I read this past month by the photographer Sally Mann, *Hold Still: A Memoir With Photographs* (Little-Brown, 2015). Toward the end of Mann's book there are photographs of decaying dead bodies, which had been left out in a field as part of research into what exactly would become of us after we die if we weren't cremated or buried. The pictures caught me by surprise; I had just intended to read about Mann's career as an artist. Truth be told, I wish I hadn't seen how we rot away.

But even with that truly disturbing reality thrust in my face, I still can't really imagine dying and being cremated or buried and rotting under the ground. Can anyone truly come to grips with the fact of their non-existence for eternity? Perhaps it is good, a protection, that we can't. But sort of knowing I am gong to die can get close to really knowing, and especially this last month I feel as if I'm have moved a ways in that direction, and while it hasn't been pleasant I think it has been healthy, sensitizing.

Being Mortal is written from the view of medical professionals, how they should see things, what they should do. But that is not—and will be not—my frame of reference. I am the one who will die, not the one who will care for the dying. How best should I see things; what should I do?

I need to make a gift of the hit, as it were. That is, use my increasingly awareness of my mortality to heighten my appreciation for the incredible gift of life that I still have. I need to use that realization to propel me to live the time I have left as fully and effectively and rewardingly as the person I truly am.

Who am I really right now? What most matters to me right now? What do I want to experience from here on out? What do I want to accomplish? What are my highest standards for directing and assessing my life from this point forward? What would a life of the highest possible quality look like for me? What would an honorable life look like? All of my adult life, the requirements of my career as a professor provided answers to the basic, call them existential, questions; next things to do were set out for me, I didn't have to ponder them, even though I should have far more than I did. Now, suddenly it seems, that prop isn't there. I'm financially secure—I'm fortunate in that regard. I don't feel compelled to do things because I have to keep a career going and make money. What do I really want to do with my life? I need to answer that question and do my best to live in accordance with it; that is to say, live with integrity.

Answers to those questions I posed in this last paragraph are coming to me; I'm getting clearer by the day, though I still have a good bit of uncertainty. One thing I know for certain, however: I have a ten-year-old daughter who lives a long ways away whom I love with all my heart and think about all the time. I'll look out for her the best I can and provide for her when I'm gone. That I will do. That's definite.

Whatever I decide to do with the remainder of my life I have to get myself into a personal state to have the wherewithal to actually do it. I need to hone my instrument for living, my being in all its dimensions. I need to get mentally healthy and clear minded and

insightful and wise the best I can. Even in this last stage of life, I need to work on my character: self-control, dedication, persistence, courage, generosity, decency. I need to get as physically healthy as I can. I need to monitor my health status and get to doctors immediately when symptoms arise and work cooperatively with them. I need to get myself to the best place geographically. Where on this earth should I live in order to have the highest chance of living optimally well? It's not Vermont, where I live now, that I know. I think I know where my best place is. But wherever it turns out to be, I need to move there before the year is out.

After making a gift of an awareness of my mortality in the way I've just described, I need to let dying go. It doesn't need my attention. It will come when it comes. I need to attend to living as fully and honestly as I can while I still have time.