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Article published Aug 25, 2006 Coping with the end of Mom's life from a distance

By Bill Berlow ASSOCIATE EDITOR

I was at my ailing mother's hospital bedside in California last month when a cardiologist told us that she'd experienced another irregular heartbeat.

The arrhythmia, he said, was potentially fatal, especially to a woman who's almost 90 and suffering from heart and lung disease. He was putting her on a drug to prevent arrhythmia, which "could cause sudden death."

Mom, whose mental faculties remain sharp, looked at him nonchalantly and asked, "What's wrong with sudden death?"

She wasn't trying to be funny. She knows she doesn't have much time left and, like all of us, dreads a difficult decline that drains her and those she loves physically, emotionally and financially.

When Mom was in her 50s, she was the full-time careÂgiver for my grandmother, who'd lived with us since we moved to South Florida in 1955.

Grandma did fine until she broke her hip in her early 90s, then twice subsequently. When Mom could no longer handle the physical demands of full-time careÂgiving, Grandma went to a nursing home in Hollywood.

Mom visited once or twice daily, but the experience was hardly desirable. I'm certain she fears a repeat, with her in the role that Grandma once played.

Meanwhile, I feel useless, living on the other side of the country and able only to call and e-mail my mother and sister, who lives near Mom and has been coordinating her care when she doesn't provide it herself.

My helplessness is a reminder of what I've believed for a while: that for all of our social and economic progress and mobility of the past century or so, we pay a high emotional price.

Before hospitals and nursing homes and assisted living facilities, when family members remained geographically near each other if not under the same roof, little thought was given to what happened when a relative was unable to care for him or herself.

There was no choice: You took care of that loved one until the end. Family members experienced end-of-life issues firsthand. And so dying was also more intimate - a tragedy but not a stranger.

It's increasingly the exception in our country. But in traditional cultures, it's still the rule.

When I traveled to Turkey a few months ago, my companions and I spent several evenings in families' homes. One night, after we'd eaten and been talking for an hour or so, the 85-year-old father of our host shuffled in from his bedroom.

Our guide, Akif, who had never before met the elderly man, bowed, took his hand and, in a gesture of deep respect, kissed it. He addressed him in Turkish as "Uncle."

Then our host, the elderly man's son, described through Akif his pride at having his father live with his family. The oldest of four brothers, he and his siblings argued over which of them would have the "honor" of having father move in after their mother died. Our host exercised what was obviously his birthright.

Akif told me later that while there are a few facilities for the elderly in Turkey, it's rare that family members don't care for their aging relatives until they die.

"We have a saying in Turkey, with regards to parents when they get old," he said. "You never say 'Ooof.' "In other words, he explained, you never think twice about how your own life might be inconvenienced.

Traditional cultures are, by definition, simpler. In some respects, perhaps, better.

To her doctors' surprise, my mother rallied sufficiently last month to return to her Oakland apartment in an "independent living" retirement facility where assistance is available.

She's needed it. Mom's ongoing medical condition is tenuous - she's now having a problem with a build-up of fluid in her legs. I'm trying to figure out when I can get out there again - and wondering whether I've already seen Mom for the last time.

When I said goodbye to her in July, I got emotional. She was composed.

"Don't cry for me," she said. "I've had a good life."

"I'm not crying for you, Ma," I replied. "I'm crying for me."