

## Nutana Park, **Aging and Mortality**

(recorded March 5, 2023)

Good morning, friends at Nutana Park! It's good to be with you.

This exercise - this sharing a sermon with your congregation, feels very connecting for me; it feels like the long arc of a circle curling back and coming back to connect.. This is because Nutana Park was our home congregation. My wife, Marie, and I were members here throughout most of the 70's. And it was a good connection: we had good friends, we sang in the choir, we worshiped here - we felt at home. We've also been to weddings here, to the funeral of a med school classmate, *my* baptism happened here, and also the child dedication of our oldest daughter. So we felt we were very much part of church life at NP - we belonged, and as a result this church has always had strongly positive associations for me.

We recall particularly a Sunday evening group which was loosely moderated, but strongly and gently supported by Pastor Verner Friesen. We were glad to be able to tune in recently to the live stream of Verner's funeral here at Nutana Park, with great gratitude for his friendship and mentorship over many years.

A scripture reference. We need a scripture reference for a sermon. Well, maybe we don't - but I thought of one soon after Bob raised the idea of doing this sermon. The verse from John 10:10 came to me, the one where Jesus said "**I have come that they might have life, and have it abundantly.**" (KJV) Other translations provide different nuances: "**I have come that they may have life, and have it to the full.**" NIV "**My purpose is to give them a rich and satisfying life.**" New Living Translation

And then, in "the Message": "**I came so they can have real and eternal life, more and better life than they ever dreamed of**".

Let's let that verse sit for a bit.

Some questions:

Do we understand how precious our lives are?

Do we think about the inevitable, universal truth that these, our precious lives, will end - that we will die - each and every one of us?

How does knowing we will die impact how we live?

Does knowing we will die impact how we think about our health care?

Do we think about the question of our goals, and our wishes in relation to how we navigate health care - today, when we're young, when we're older, when we're kind of old, when we're really old? When we're frail and diminished?

Do we think about what ideas and values inform these health care goals and wishes?

Do we understand that the goals for our care might change as we move through life?

Do we know we *can change* our goals of care/ that it is our choice to change our goals for our health care whenever we want /whenever it feels right to do so?

What's it like to have an incurable illness, like a cancer illness which will not go away?

What does "hope" mean when we have relentless illness or progression of disease?

What is courage?

A lot of questions. These questions all came into our discussion in January when my sister Erika and I had a conversation which became a podcast. Erika hosts a podcast called Afterthought, and she had pitched the idea of doing a podcast episode together after she read a book I'd recommended, the book is called "Being Mortal - Medicine and What Matters in the End" by Dr Atul Gawande. Knowing my experience as a physician in palliative care, she asked me to do an interview on the subject of Aging and Mortality. The topic was all the more pertinent for us at that time, as we had had two family deaths in the preceding 6

months - our mom, who lived to just short of her 102nd birthday, in August, and then 1 ½ mo later our brother Rudy who died of Covid complications. (Rudy, by the way, had also been a part of this congregation years ago.) Additionally, Erika and I have both had experiences with cancer illness, so, all in all, she thought we could have a good conversation on the topic of aging and mortality, or... aging, and “living with the knowledge that in the end we all die”. That’s the definition of mortality - that we will die.

So I agreed to have such a conversation, and we did, and that became the podcast episode we’re talking about. Some of you may have listened to it after the link to it was included in your Lenten devotional material. In the podcast we talked about the book, we talked about the two recent deaths in our family, and she asked about and we talked quite a bit about my experience with recurrent cancer and health challenges, and about how my wife Marie and I navigate that. So I should tell you this story.

In 2015 I was diagnosed with lung cancer. It was a small solitary lesion. I had surgery, and chemotherapy, and it worked - I was clear until summer of ‘21, when a recurrence was found in one of my bronchial tubes. I had chemotherapy again, and radiation, this time. Again, it worked. In 2022 - last year, I had surgery for a different cancer - prostate cancer in January followed by the finding of brain metastases from the lung cancer a month later, and again last May. Each of the brain lesions was treated with focussed radiation, which worked. In June last year I was hospitalized for 5 days due to an exacerbation of a lung condition. Then a month later I was found to have several bone metastases, so, from last August to November I had chemotherapy, then in just this past January, I had radiation. And there have been some heart rhythm issues with hospital treatments and procedures along the way, as well..

Every three months I have a brain MRI, and a PET scan to monitor for cancer recurrences. And I expect them - I expect recurrences, because I know the nature of my diagnosis. My lung cancer, called "small cell" lung cancer, is a non-curable kind, with an overall 5 year survival of 7%. So far I have survived for 7 1/2 years. Each time I complete cancer treatment I feel relief and gratitude; each time I have the next scan I feel apprehension and uncertainty. So this past week I was not surprised then, to learn that I have new brain metastases, and widespread bone metastases. I am meeting with my oncologist in 4 days time and will discuss if there are any further reasonable treatment options. I am writing this on March 5.

I'll just insert a quick bit about my vocational history: I practiced Family Medicine firstly in Rosetown for almost 9 years, then in Labrador for a few years with MCC. In the early 90's I was located in Melfort, then relocated to Indiana, where I soon became the medical director of a hospice and palliative care agency. I retired in 2019 and we moved to Madison, Wisconsin where one of our daughters and her family live. So the largest segment of my career was in Indiana, where, working in end-of-life care for 23 years, I was grateful to have found my vocational niche. I felt palliative care was my calling.

So I have now been dealing with cancer for over seven years, with several recurrences, and Erika, in the podcast asked how that was for me. She wondered firstly why I do not embrace the imagery of "battling cancer", and wondered how we are able to cope with it all.

The model of "battling cancer" is commonly used, and it works for many people, and maybe it would for me in some circumstances, but for me living with an incurable cancer I have come to be more comfortable thinking in terms of it as a chronic disease, in the same way as many folks live with chronic heart disease, kidney failure or diabetes, and as such, it is part of me - it is part of my life. Life does not stop with the appearance of cancer and then resume when it has been overcome. We

are living our life every day, within the cancer experience. It has become, in a sense, a companion - an undeniable accompaniment in our life. The combative battling imagery falsely suggests that it the cancer has currently defined our life, our living, in negative terms, and that life could only be good, again if the cancer was vanquished, which feels like a set-up for framing the whole story as a failure if the cancer wins. I likely will die of this cancer, but the cancer does not solely define my life, nor will my life have been a failure if I die from it. We will all die of something.. So as we strive to accept this cancer reality, we also strive to live rich, satisfying days, and to live our lives with gratitude for what we have. And there is so much. We are people of privilege. So we look for, and take notice of beauty every day. We believe this is congruent with being comfortable with mortality. Besides, while I could curl up in a corner and feel sorry for myself, it's much more satisfying and fun to engage with every day.

Parker Palmer, in his book "On the Brink of Everything" - a book about his perspectives on aging, talks about "collaborating with aging". He says "I don't want to fight the gravity of aging. It's nature's way. I want to collaborate with it as best I can, in hopes of going down with something like the grace of a setting sun." He talks of there being a choice about how to live and view that part of life, and this suggests that "living abundantly" is at least to a degree, a matter of choice and attitude. Victor Frankl, who lost everything when he was incarcerated in a Nazi concentration camp taught me years ago, when I read his book "Man's Search for Meaning" that everything can be taken from a person except one's choice of attitude, in any circumstance. We can always choose our attitude regardless of the situation, regardless of what challenges we face, and what losses we have experienced. But, I also want to confess it is easiest to proclaim such a positive and proactive approach to life and what might lie ahead when one is not suffering - and I don't feel that I am suffering..

Parker Palmer again, recalls one of the Rules or precepts of the Order of St Benedict, which instructs the monks of the Benedictine Abbey, and the “rule’ is: “to keep death daily before one’s eyes” (repeat) Palmer says, “The finality of death is meant to challenge us to decision, the decision to be fully present here now, and so begin eternal life. For eternal life rightly understood is not the perpetuation of time, on and on, but rather the overcoming of time by the here and now that does not pass away”. (repeat) Pay attention to what's here, right now and you'll be rewarded immediately - “the Blessed Community is in our midst”, he says, and then: “Rightly understood, keeping death daily before one's eye does not mean looking away from one's life - it means looking more deeply into it.” Which sounds like abundant living, to me. Good words to ponder.

But this optimistic rhetoric about living well with mortality and approaching end-of-life well belies some of the main points which Dr Gewande makes, in his book “Being Mortal” where it's clear that he believes that the medical profession and health care fails the elderly in this regard. He’s very critical about the nature of chronic care facilities where efficiency, meeting government metrics and economy are given primary importance, relegating individual residents' needs and aspirations to a lower priority. Systemic efficiency easily surpasses attention to personal care. (And I want to insert quickly here, that I have seen many examples of nursing home care which would contradict this view - including the care given to my mother at Bethany Manor.) Still, listen to what he says about this: He says “Medicine’s focus is narrow. Medical professionals concentrate on the repair of health, not the sustenance of the soul.” He says then that “People with serious illness have priorities besides simply prolonging their lives. Surveys find that their top concerns include avoiding suffering, strengthening relationships with family and friends, being mentally aware, not being a burden on others, and achieving a sense that their life is complete.”, and “Our most cruel failure in how we treat the sick and the aged is the failure to recognize that they have priorities beyond merely being safe and living longer; that the chance to shape one’s story is essential to sustaining meaning in life...” And finally, in the Epilogue he says ”We’ve been

wrong about our job in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being. And well-being is about the reasons one wishes to be alive.” Enhancing well-being - that also sounds like abundant living, to me.

In hospice work we always emphasized the importance of establishing goals of care, recognising that what we want and hope for changes as we move through life. That most of us, through most of our lives, in most health care circumstances want simply to get better when we aren't well - to get “back to normal”, and so we hope for and accept all that needs to be done to achieve that objective. In health care, however, in situations of serious illness there is always “the next thing” - that is, if one intervention fails, then do the next, and then the next, and the next. And there is often a cascade of next interventions that *will* be done, unless a choice is made not to. Unless goals of care are changed, and articulated. My mother-in-law, when she got lymphoma in old age, after widowhood, although she was encouraged to pursue treatment, clearly opted for and conveyed she wanted no cancer treatment; wanted simply to live out her days. And she lived over another year, fairly comfortably, without encumbering her life with doctor visits, waiting rooms, tests, procedures, and potentially complications from all that. My own mother, in the last year of her life at the Villa at Bethany Manor at age 101 yrs was blessed to be in a setting where her goals of care - her wishes, were respected, and so while we pursued comfort on her behalf there was no expectation or pressure, when she developed new symptoms like changed breathing, occasional vomiting, pain- there no pressure to go for tests or active treatment, which would have been against her wish to simply be there in the unit, and focus on comfort and quality She expected that her life would end, which it did, quietly and graciously, this past August. We are so grateful for her loving and respectful care in that setting. Mom did not talk about mortality but lived in a comfortable acceptance that her life would end. We can assuredly say that in the Bethany Manor setting she experienced abundant living to the end. Choices we make about our futures, choices that are consistent with our values and our hopes, and compliance with those choices by medicine

are some of the key determinants around the question of abundant living, at the end of life.

Folks, I have compressed much of the content of the podcast into a 20 minute sermon, and I realize that makes for a somewhat unwieldy package - and I hope it has not been too disjointed. If you want to hear the conversation I had with my sister I invite you to listen to the podcast.

Jesus said, “I have come that they may have life, and have it to the full.” May it be so. Amen.

**19 min**