

How do we want to live out our days?

by

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A friend's brother recently died of a heart attack playing golf. Scott's death was sudden, tragic, but maybe not horrific. He was doing something he enjoyed, with friends, and did not suffer much.

Ruminating over this and other deaths, friends and I often kick around some version of "How do we want to live out our days?"

I see "living out my days" in three phases.

I think of the last years of one's work life, and ultimately stepping away, as the first phase of living out your days. When and how we can quit is dictated by health, family, finances, and just dumb luck. But eventually, if we are fortunate, most of us will choose to leave our vocation.

Freed from work, the next phase can be one of pursuing almost any interest you wish, traveling, and reviving long dormant to-do list items.

Then there is a final phase. I want mine to be short and peaceful. Those I've queried agree—we *do not* want to be stuck in a hospital bed, over-medicated, miserable, and unaware.

These three phases are relatively easy to understand; it's making the transitions between them where people often struggle.

When he stepped down as president of BSU, Bob Kustra said something like, "It's time to give someone else a chance to do this job." To me, that was a selfless, humble reason to step away from a prestigious job. Not everyone can retire on their own terms, but Dr. Kustra's was a reasoned transition that allowed others a chance to lead BSU.

Ideally, the middle phase would be the longest, most rewarding, and fun. For me, what's important for this middle phase is doing things that generate the feelings I've learned are important to me, rather than checking off bucket list items. As a tennis player, I've played many matches, but remember very few scores. What I do remember are feelings of victory, of defeat, or of a well-played match against a worthy opponent.

For me, this non-working phase is the crux of "living out our days." How do we spend our time? What resources do we spend on ourselves? What time and money do we

spend on others? Do we have a desire to contribute, do something for the “greater good?”

I mull these questions over often. I have hobbies and interests that bring me enjoyment, but struggle to find that rewarding, sense-of-accomplishment activity.

The transition to our last phase will likely lack clarity. It’s easy to believe you will make thoughtful, logical decisions when you are of sound mind, but those decisions become less obvious as we age.

Anne Lamott writes of a doctor saying, “Watch her now, because she’s teaching us how to live” when a friend with a terminal illness was dying way too young. How we release ourselves from this life and still interact with those we love is a fascinating way of looking at this final phase. Assuming my mind is sound, a terminal illness could clarify this last transition.

But if one’s health is just “getting older,” I see this last transition coming down to motivation. For some, the maintenance to stay healthy simply becomes too tedious, requiring more effort than one has. Will we just give in and say the heck with it, I’m not going to the gym, or I’m going to have a drink whenever I wish? Once you’ve lost the motivation or the physical ability to maintain healthy habits, you are likely headed down a dark road.

Mom’s poor eyesight, hearing, and sleeping eventually just became too much. She lost the will and energy to struggle on after one more trip to the emergency room left her with no answers and no improvement. She died shortly thereafter.

Dad had a great “I don’t worry attitude” to the end. But his mind was gone long before he was. His lack of memory and comprehension was as hard as any physical decline could have been.

Does that last transition mean pulling the plug on life support? Will you have the capacity to make rational end-of-life decisions? Who will “teach me how to live” and release in this last transition?

When he collapsed on the golf course, Scott had a *Do Not Resuscitate* order in place. But he also was an organ donor. In the hospital, he was kept “artificially alive” while recipients were located for his eyes, kidneys, and lungs. These complex wishes were fulfilled. The hospital gave Scott an “honor walk” as his body was wheeled to the operating room to harvest his organs.

Scott’s final phase was devastating to those close to him, but it was about as short as it could be. And by donating his organs, Scott helped make the world a better place. He experienced no mental tussle in his final transition.

Perhaps Scott’s “last phase” was the perfect way to live out one’s days.