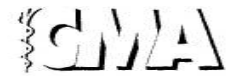




North Coast Physician



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The Editorial and Publications Committee encourages our member's comments for publication.

Please submit electronically prior to the 15th of the month preceding publication.

Cover Photo

"WEB IN THE HEMLOCK 1 -2013"

STEPHEN KAMELGARN, M.D.

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AUGIE: A GOOD LIFE AND A GOOD DEATH

Scott Sattler, MD



A Good Life:

Augustine Schettino, my father-in-law, was 93 when he died three months ago -- 93 going on 80. Mary, his bride of 67 years, is 91 going on 77. They were quite a pair.

Family history has it that both sets of my wife Kathy's grandparents grew up in the same little mountain village (population 600) in Calabria, Italy at the turn of the previous century. After each couple met and married they immigrated separately to the USA, one couple moving to New York City and the other to Pittsburg, PA. Augie and Mary were born and raised in these separate cities, not knowing each other. In January of 1943, a year after Pearl Harbor, the 22-year old Augie enlisted in the army. Through a remarkable set of circumstances (which in themselves make a very good story that must wait for another day to be told), he and Mary met and fell in love shortly before he shipped out to New Guinea. He spent the next years building runways for warplanes on south Pacific islands. After his honorable discharge in 1946 he and Mary reconnected, married and started a family. He found work as an accountant and Mary became a telephone switchboard operator using plug-in cord pairs to answer and connect calls, like you see in the old movies. Two sons and two daughters followed, and I had the good fortune to marry their first daughter, Kathy.

Augie was in his mid-60's when I did a full physical on him and found a small prostate nodule. He was otherwise healthy and his PSA was normal. An ultrasound of his prostate showed the nodule to be cystic and not of particular concern. But there was a small shadow in the other side

of his prostate that was disconcerting to the urologist. Biopsy showed cancer cells. A CT-scan of his pelvis was normal. Prostatectomy, radiation and hormone therapy followed. His PSA dropped to zero and stayed that way for about 5 years. Then, despite ongoing chemo and hormonal therapy, it gradually rose to levels consistent with extensive disseminated disease. For the next 25 years or more, sequential bone scans showed progressive lumbar degenerative disk disease consistent with his age but no sign of bone metastases. He remained asymptomatic but for minor arthritic pains, working in his garden and managing two small rentals year after year. Mentally he was as sharp as a tack, still doing his own income taxes, and in his inimitable fashion excelling at the board games he so loved to play with his wife and family.

A Good Death:

About six months before his death Augie noticed that his body ached more than usual and that he was tiring more easily. New labs showed that his PSA had skyrocketed and a subsequent bone scan displayed for the first time extensive metastases throughout his calvarium, axial and peripheral skeleton. All ribs and long bones were involved. One femur displayed such extensive disease that he underwent a course of prophylactic radiation therapy to prevent pathologic fracture. Amazingly he remained free of focal pain. His aching and fatigue responded well to a short course of prednisone and his life returned to near normal, helped by occasional supplemental corticosteroids. One could see, however, that the rapidly growing cancer cells were steadily demanding more and more of his body's energy. His

appetite remained, but couldn't keep up with this logarithmic energetic demand, and he began to lose weight. In maddening fashion he nonetheless continued to continually beat all of us at Scrabble and dice games.

By the Christmas holidays he was sleeping more often during the day and his cane had morphed into a walker. The frequency of his daily walks on the block tapered and then ceased as his physical weakness grew. Some days he would walk laps around his kitchen-dining room circuit, pushing his walker so fast that family members had a hard time keeping up with him.

Then one day in February he just didn't have the strength to bear his weight any more and collapsed despite the walker. It took three of us to hold him up and get him to his bed. It was clear that his 91-year-old wife could no longer take care of his physical needs, even with the help of additional home health care workers.

Augie had been on Hospice care for several months, thank heavens, and so we contacted them about his change in condition. They reminded us that Hospice also provides periodic respite care. Recognizing that those who care for terminally ill patients need a break intermittently, the program offers up to 5 days of skilled nursing care every 90 days for Hospice patients who have need for it. His Hospice nurse activated this option and within 24 hours Augie was transferred to a local skilled nursing facility where Hospice continued to oversee his end-of-life care. Even though he soon lost his capacity to verbalize, he continued to respond to touch and voice with gestures

"AUGIE", Continued Pg. 21

"AUGIE", Continued From Pg. 6

and flashes of humor. Gradually over the next four days his body lost its ability to meet its energetic needs and bit-by-bit it simply shut down. His breath was the last thing to go and he died literally surrounded by his wife and children, grandchildren and great-grandchildren, longtime friends and his favorite priest.

His was a good death. His transition from life to death was in essence seamless and free of pain and stress. He died with his family at his side amidst a great outpouring of love, laughter, quiet tears, the holding of hands and the silent shared attunement that despite the poignant sadness of the moment, all was well.

Thoughts on 'A Good Death'

As we spread the news to friends and other family we found that the phrase "A Good Death" often elicited an odd response. For many it was an oxymoron. The juxtaposition of 'good' and 'death' in the same sentence was impossible for some to comprehend.

As I think back on those final days I realize that the family did a lot of things right. On the physical plane they recognized that point in Augie's life when it became clear that continued disease-directed therapy was neither effective nor appropriate and would merely prolong his dying, and they agreed to redirect the focus of his health care from fighting the disease to maximizing Augie's comfort in his final days. They brought in Hospice months before his death

and benefitted greatly from their expertise, compassion and experience. It also helped a great deal that Augie, the accountant, had taken the time to consolidate the information needed to handle his estate and that he and Mary had prepared for the survivor's needs far in advance.

On the mental-emotional plane they had used his last days and months to bring the family together and, given the circumstances, to rise above the historical dramas that occur in all families, shedding the distinctions and differences that could have served to divide them in times of stress. In doing so they made possible the family's ability to join together in this profoundly intimate sharing.

And as devoutly religious beings Augie and Mary had also done their homework on the spiritual plane. They had no fear of the dying process and they did not hesitate to use the resources of their church to support them during these days. In short, they had done their homework, and done it well. May we have the wisdom to follow in their footsteps. §

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