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## A Death in the Family, Part I

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By Kerry Pechter     *Wed, Jan 19, 2011*

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*For the very old and their families, preservation of life often competes with preservation of finances. Here's how one California family coped with an elderly mother's death. (The first of two parts.)*

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After 87 years of life, Ruth Cohen still had no time in her busy schedule for death. There were piano pieces yet to write and perform, grandchildren to fuss over, and the unfailing southern California sunshine to wake up to every morning.

The daughter of Russian immigrants gave in—she wasn't the type to give up—only after doctors confirmed that her lungs and kidneys were beyond repair. No longer eligible for Medicare, she went from the hospital to a hospice bed in her son's home near LA. A few nights later, on March 27, 2010, she died.

As of January 1, 2011, a new regulation allows Medicare to pay for "end-of-life counseling" for the elderly during their annual wellness visits. Such counseling had been cut from last spring's health law after Sarah Palin likened it to "death panels." Now it's back.

Politics aside, few doubt that families should set aside time to discuss how they will cope with the foreseeable death of an aged parent. There are medical, financial, legal, emotional, and even just logistical issues to talk about, either within the family alone or with professionals.

One big question, for families and for the country, involves the tradeoff between preserving and extending life for the very old and preserving financial resources for their survivors. It's valid, many health economists believe, to weigh the value of heroic medical care for a grandparent against, say, the value of educating a grandchild.

Judging by one family's recent experience—I've known the Cohens, whose names are changed, for over 40 years—that's not easy. In their case, doctors couldn't agree on Ruth's prognosis. She improved, deteriorated, and improved. Her sons and daughter-in-law, understandably, hoped for the best and decided to spend whatever it took much to extend her life for as long as she wanted to live.

### **Neither rich nor poor**

Financially, Ruth Cohen was far from rich and far from poor. With three pianos, including a black Steinway the size of a small Mercedes, in her Southern California condo, and with an attorney son and professor daughter-in-law only a few freeway miles away, she could hardly be called indigent.

On the other hand, few financial advisors would regard her as a "prospect." A widow for the last two decades of her life, she received about \$1,000 a month from Social Security and a \$392-a-month pension that her oboist husband earned as a high school music teacher in the 1950s, 60s, and 70s.

She earned a bit by teaching piano and performing, but she still had a mortgage so her income fell short.

Her son told me, “My wife and I gave her about \$7,000 to \$10,000 a year. As far as I know, she never considered buying long-term care insurance. She viewed the value of her home as her insurance and me and my wife as her backup.”

All told, her income was less than \$30,000 and her home equity ranged from \$200,000 to \$300,000, depending on the market. Medicare and Medi-gap insurance covered the expenses when she developed lung cancer at 82. Chemotherapy drove the cancer into remission, and she went back to writing and performing both classical music and children’s music.

In fact, she became something of a local musical celebrity in her old age. That itself was a kind of redemption. A piano prodigy at age five and later a conservatory student, she abandoned her own musical studies to raise children in the Philadelphia suburbs. Scholarships helped those children attend Yale and Georgetown. It was a long, sophisticated, accomplished, difficult, middle class life. A distinctly twentieth-century American life.

### **Disagreeing doctors**

The last chapter of the story began, as it often does, with a simple fall, in December 2009. Then came four months of confusion and anxiety, of conflicting diagnoses and hurried financial decisions, and finally, one cathartic night.

(This is the end of Part I of a two-part article.)