
A Death in the Family, Part II

By Kerry Pechter Tue, Jan 25, 2011

Forget "death panels." Loving, decisive words from a doctor helped this dying pianist decide to let go of her life. The conclusion of a two-part story.

(This is the second part of a two-part article. The first part can be found [here](#).)

One of the Ruth Cohen's ambitions, in her last decade, was to master a difficult piano piece: Rachmaninoff's arrangement of Fritz Kreisler's *Liebeslied*. She did learn it, and performed it (with her daughter-in-law turning the pages of the sheet music). Her son videotaped the performance and posted it on YouTube in August 2007.

The following spring, a hiatal hernia required surgery, but Ruth recovered. Then, in December 2009, she fell while leaving her southern California condo for a long-postponed lung examination. In the hospital, she at first appeared to need only a few stitches to close a cut on her chin. But after two days, she started coughing blood.

One specialist diagnosed a treatable reappearance of lung cancer. Another specialist suspected terminal lung cancer. At that point the Cohens dropped into a medical-financial-emotional zone of ambiguity that traps many families in their situation. It's a triangle where families carom between hope and fear and where the prospect of bottomless expense may open like a crevasse beneath their feet.

"We were led to believe that she might get better," her son told me. But, faced with contradictory prognoses, the family wasn't sure whom to trust. "My wife was afraid they might be trying to make money from her by saying they could reverse her lung cancer," he said. Optimism naturally won out.

Ruth moved into a nursing facility, qualifying for Medicare and Medi-gap coverage because she received regular radiation treatments at a nearby hospital. Her son paid out-of-pocket for a private room. At some point she contracted MRSA—Methicillin-Resistant Staphylococcus Aureus—and began receiving intravenous antibiotics.

At the nursing home, Ruth's daughter-in-law was struck by the impersonal way that much of the medical staff treated Ruth. To combat the institutional indifference, she loaded Ruth's *Liebeslied* video onto her smartphone and began playing it or e-mailing it to almost every doctor, nurse and technician on the floor. She became the ombudsperson—the "official PITA" [pain-in-the-ass], her husband said—that all hospital patients need but few get.

"I wanted them to know that the way she looked now was not her," the younger woman said. "I wanted them to know how vibrant she was, and how much more music she had in her. I also wanted her to get great treatment. And everybody she met there was deeply affected by Ruth."

The daughter-in-law's own mother's situation back in Connecticut was an important reference point for

her. As much as she wanted her mother-in-law to live, she didn't want to repeat what was happening in her own parents' home. Her father, a retired professional, had for years been spending large sums on 24-hour in-home professional nursing care for her mother, who had dementia.

Talking finances

Outside the hospital, the family talked finances. They agreed to sell Ruth's condo and rent an apartment for her in an assisted-living facility where one of Ruth's close friends lived. The rent would consume the condo profits in about two years, they figured. It would also wipe out any prospect of a bequest.

A bequest was more important to some family members than to others. The attorney and his wife were well-fixed; they had no need for an inheritance. His younger brother did need one, but without hesitation the brother agreed to spend whatever was available to help his mother. A licensed real estate agent, he flew with his wife to California to put the condo on the market. It sold quickly.

"My brother understood that if she died he'd get a benefit," the attorney said. "But he still favored making all the decisions toward helping her live. He loved her. There were no financial hesitations. We were glad to use all the money from the condo. We were already thinking about using up all our own money after hers ran out. That was stupid, probably, but nevertheless... We thought she was getting better and that she might live five or ten years more."

In the end, they didn't have to spend all of their money, or hers. After a week in the new apartment, when Ruth was barely settled in with her furniture and piano, she suddenly weakened and was re-hospitalized.

"The new doctor in hospital said, Why didn't you tell us she has cancer?" her daughter-in-law said. "We thought she had slow growing cancer. They said no. Her lung cancer was advanced. Besides that, her kidneys were failing. In the end her body was so heavily loaded with antibiotics for the MRSA that her kidneys shut down." She was put on dialysis and her condition improved. The family became optimistic again.

"Ruth wanted to live more than anything," her daughter-in-law said. She wanted everything done, despite having said 'no heroic measures.' She had wanted the esophageal surgery. She wanted to be on dialysis. But she was dying of cancer."

After three weeks, a new doctor came to talk to Ruth. Her daughter-in-law and younger son were in the room. This doctor had watched and listened to the *Liebeslied* video. He had evaluated Ruth's x-rays and charts. His purpose at that point was clearly not to treat her but to help her let go of life and accept her own death. But calling this a "death panel" would be a disservice.

"He said he had seen the video. He told her how rich and full and worthwhile her life had been and that life was not something to cling to," her daughter-in-law told me. "He said what a privilege it was to know her even for a short time. He was near tears himself. He was amazing. And after that it was easy for her to decide to end the dialysis."

The family's feelings were understandably mixed, however. In another conversation, the daughter-in-law said, "The saddest moment was when she gave up on the dialysis. My husband wanted her to live. There was no peaceful resignation in this death at all."

Two days later, at half past midnight, in a bedroom at her son's home, released from dialysis machines, flashing monitors and PICC-lines and eased by morphine injections that her daughter-in-law learned to administer, Ruth Cohen struggled for a moment, then died at the age of 87 with her family around her. Her performance of Fritz Kreisler's *Liebeslied* is still posted on YouTube. At last count, it had 62,566 views.

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