

On a Sunday morning in mid-October, my father called. “Are you sitting down?” Blood drained from my head. My mouth went dry. “I’ve been diagnosed with multiple myeloma. The doctor says I have less than six months to live. Will you help me use Oregon’s aid-in-dying law?” In an instant, the nurse advocate in me shoved the grieving daughter aside. “Yes,” I answered. I would help my father orchestrate his own death.

Days later, I flew to Oregon. Shortly after my arrival, we visited my father’s friend Wayne, who had just suffered a second stroke. He lay in bed minimally responsive and unable to move. Outside of Wayne’s room, Dad gripped my hand hard and said, “Don’t let this happen to me!” The idea of being dependent on others for his personal care mortified him. For this reason, he dismissed the other options—palliative care, hospice care, and pain management.

Here’s how the Oregon law works: Two physicians must agree that the person opting to end his life is mentally competent and has less than six months to live. Two verbal requests to pursue aid in dying must be made to the prescribing physician at least 15 days apart. Both physicians must inform the person of other legal options. The person must sign a written request cosigned by two witnesses attesting that he is competent and not being coerced. The person must be able to drink the lethal medication unaided. Otherwise, this would be euthanasia, which is illegal throughout the United States.

Dad was overjoyed when we decided to hold Thanksgiving at his retirement hotel. During that time, he met privately with each adult grandchild to say goodbye. They hugged and kissed him, joked with him, cried with him, and when it was time to leave, toasted him with White Russians.

As soon as everyone left, Dad collapsed. Over the next couple of days, he barely woke up, a setback to his goal of taking the lethal medication sooner than later. I did everything I could to return him to baseline functioning, a requirement for answering the prescribing physician’s questions coherently and for drinking the lethal medication unaided.

For the next 11 days, I slept on Dad’s couch. It had been a long time since I practiced basic nursing, but Dorothea Orem’s self-care deficit theory kept us in good stead. After regaining his strength, Dad was anxious to get the ball rolling. Many times a day he asked me, “What do we have to do now to make this happen?” Once his mind was made up, he never wavered.



Death with Dignity (and Love)

A nurse takes on a challenging new role at her ailing father’s request.

Despite my fear that Dad’s increasing need for pain medication could jeopardize the legal requirement for mental clarity, his will prevailed. The day came. In the early afternoon, my brother went to pick up the medication at a compounding pharmacy, two hours away. My husband was scheduled to arrive at 5:30 PM. At 7, Dad would be drinking a combination of propranolol, morphine sulfate, digoxin, and diazepam. My work was almost done. While he napped in his reclining chair, I sat on the couch opposite him, shed my nurse-advocate cape, and sobbed. My relationship with my father hadn’t always been easy, but by the end of his life, we had developed a loving, unshakable bond.

Now here we were. My father hadn’t asked for my opinion or my approval, and I hadn’t questioned his decision. I felt a tinge of uneasiness, especially regarding my role in making it happen. He was 92. With the exception

of quadruple cardiac bypass surgery in his 60s and spinal stenosis, he had enjoyed excellent health. No matter my feelings, I had to respect his decision. I had to let him go. Although I felt profound sadness, I was thankful that my grief was unencumbered by regret, resentment, unsaid words, or still-simmering conflicts.

After my husband arrived, each of us took turns speaking our hearts to Dad. When the time came, my brother and I sat him on the edge of his bed opposite a display of family pictures. With a recording of Eva Cassidy singing “What a Wonderful World” in the background, he drank the medication. Within five minutes, he fell into a deep sleep. Knowing that hearing is the last sense to go, I whispered words of love into my father’s ear. Twenty minutes later, he died peacefully. If a death could be called beautiful, this was it.

Although I miss my father terribly, I have no regrets. Mostly, I am thankful for his strength and courage, his clear-mindedness, and his willingness to work with me to repair our relationship. I am also thankful that nursing prepared me for the role of nurse advocate and taught me how to “be with” a person at the end of life, even when that person was my father. ▼

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