

# Transcript of Angela and Deb WRNTT podcast episode

**Elizabeth Bergman:** [00:00:00] Welcome to We Really Need To Talk a podcast about the conversations we could be having with our loved ones. These are conversations with the power to improve the way we live, the way we age, and the way we die. Talking about what we want for the end of our lives is not easy. Found it to be useful and powerful and suspect that others may as well. My name is Elizabeth Bergman, associate professor of Gerontology at Ithaca College.

**Lisa Richards:** And I'm Lisa Richards, the program coordinator for the Finger Lakes Geriatric Education Center. We are co-hosting this podcast from the studio at Ithaca College where we work together in the Gerontology Institute. We spend our days immersed in teaching, studying, and developing programs on topics many would prefer to avoid altogether or maybe just whisper about fearfully.

We have seen firsthand time and again the consequences of not talking about the end of life, but we've also witnessed the power of [00:01:00] talking about it, and that is our motivation for making this podcast.

**Elizabeth Bergman:** Today, we want to tackle some big questions and we're glad you're in it with us. Have you ever had a loved one who simply refused to talk about hard things? They just keep living in denial as though the end of their life would never happen. Have you had someone get upset with you when you ask them about their preferences for care at the end of their life, even though you were both aware that you are the one who will be called on to make decisions and arrangements when the inevitable. We're digging into these and other questions today, and we have the perfect guests for this discuss.

**Lisa Richards:** We're joined today by Angela Mennitto and Deb Traunstein. Angela is a death midwife and community educator. She organizes community education events to promote death literacy, the practical know-how needed to plan well for the end of life [00:02:00] to help normalize conversations about death and dying.

She's been hosting a death cafe in Ithaca, New York since 2013. She has also organized a community event for three years called Talking About Death Won't Kill You. This brought together staff from local organizations to help people explore the many aspects of advanced care planning. She's passionate about any

activity that helps normalize conversations about death and dying in our culture. Anything that helps us bring death out of silence.

**Elizabeth Bergman:** Deb is a medical social worker with 42 years of experience in various healthcare settings, including teaching hospitals, community hospitals, long-term care facilities, home care, hospice, and private practice. She received her masters in social work degree in 1984 and also holds a in business administration in healthcare from the George Washington University.

She currently works at visiting nurse Service of Ithaca and Tompkins County, providing clinical services in their outpatient palliative care program, and [00:03:00] recently opened her own healthcare management business called Oakwood Care Management. While understanding the vital importance of meeting people where they are when addressing difficult topics, Deb is determined to also establish a safe, trusting connection with others so that they become more comfortable discussing emotionally charged topics related to the end of life.

Angela Mennitto and Deb Traunstein we're so glad you're here with us today. Thank you for being here.

**Deb Traunstein:** It's such a pleasure to be here.

**Angela Mennitto:** Thank you for having us.

**Lisa Richards:** . Welcome both of you. Can we start off by telling our listeners, Angela, what is a death midwife? What do death midwives do?

**Angela Mennitto:** Well, a death midwife, some people may have heard the term death doula basically accompanies a dying person and potentially their loved ones at the end of their life through the final week, stays, months, whatever the timeframe is, and different people do different parts of it, but [00:04:00] basically you're providing non-medical, non-judgemental support and guidance to the people and their families, potentially education, helping people think about advanced care planning, helping people with legacy projects, writing obituaries. There's a variety of things one can do. A lot of folks do also work with folks on home funerals, which is not something I myself do. I work with people up to the point of dying. But yeah, that's sort of it in a nutshell. And perhaps the biggest thing, it's more, it's a concept more than a job description, just being willing to hold space for the idea that death is a, and dying are natural parts of life.

And to have, having somebody in the room holding. Space is, can be really important sometimes.

**Elizabeth Bergman:** So. yeah..

Yeah, absolutely. When I think about the deaths that I've experienced and accompanied people through how great it would've been to have [00:05:00] a death midwife involved and at our side.

**Lisa Richards:** So why don't we launch into some questions that, I know you both have a lot of expertise in this area. So let us talk about the difficult and frightening aspects of having conversations about end of life, and why does it remain so difficult for people to talk about these things?

**Angela Mennitto:** Well, a favorite quote of mine by, uh, William Ernest Hocking, he was a philosopher, is that man is the only animal that contemplates death and also the only animal that shows any sign of doubt of its finality. So I don't think it's really a question of it remains difficult so much as this is simply a human response to death and it's wrapped up in who we are. It's also what drives us to some of our greatest achievements in our search for immortality, whether it's art, writing, institutions, anything that will help you live on beyond your years on the planet, but we're not really here to [00:06:00] unpack all of that. It just, it really isn't a topic most people willingly broach. And there's a reason why the community education that we did, and Deb and I did that together, was called talking about death won't kill you. I mean, the first thing you get is people who insist, they're not superstitious. Just say, try talking about death. Oh, we don't wanna talk about that. You know, just this belief that if you bring it up, it could.

**Deb Traunstein:** One thing I was gonna say is I can't tell you the number of people who have said to me over the years, IF I die or IF mom dies, and I have to sometimes hold back a little bit or maybe, maybe not, and just say, Well, it's actually WHEN I die, or WHEN your loved one dies. And I think practically speaking there. A lot of different reasons why it may be so difficult to talk about death. The first thing that comes to mind is it brings up so many different emotions. [00:07:00] It's anxiety. Like I, I've had people tell me I'm not afraid of being dead, but getting from now to that point terrifies me.

Because again, people don't really know what's gonna happen to them. You know, going from point A to point B could be peaceful and lovely, or it could be very complicated. Painful, you know, symptoms not managed, that sort of thing. So I think there's a lot of anxiety. There's the fear of the unknown, cuz again, it is something we just don't really you know how it will be for each of us. Sadness comes up. It's sort of an awkward thing because even if you are

comfortable talking about death, you can sense pretty quickly those around you who are not comfortable. So, we tend to not wanna put people in an awkward position. There's also, again, very practically speaking, the fear of the family conflicts that can arise if a [00:08:00] loved one appears to be close to the end of their life. Another thing that comes to mind is, for some people, we're just not prepared financially for the death of a loved one. Like for instance, a good example would be if you're an elderly person who still has a grown dependent child at home, like someone with limitations and never was able to really be out independently, or living independently.

The fear of like, you know, gosh, what will happen to my son, you know, once I'm gone, We also don't wanna traumatize those, We. And the thought for many people, probably the majority of the people we serve is, you know, they just can't imagine life without their loved one who may be coming close to the end of their life.

One other thing that comes to mind is that we think. Of all the things that we haven't accomplished yet, or maybe the places we've wanted to go to or books we've wanted to read and didn't have the time to do it, or, you know, it can be [00:09:00] something simple or something, you know, pretty huge. And I think there's such an array of reasons why people might find it difficult to talk about that.

**Elizabeth Bergman:** Yeah, absolutely. Well, we know from your bios that the, both of you have decades of experience of working in this arena, and so I know that you have lots to draw on in responding to the next question, which is what happens if we don't have these conversations?

**Deb Traunstein:** Well, one thing that can happen is we might die in a way that is very different from the way we'd like to. If you leave it all up to chance, you know, if you don't discuss it with anyone or you don't write down your wishes, and we have any number of documents today that don't need to be notarized, don't need to, you know, go through a court system. You don't need an attorney involved necessarily. If you don't share your wishes or even begin to have those [00:10:00] conversations, you could end up dying, you know, in a place that you don't want to be or in a way that you don't want to. And medical care today is such that we can do to people, all kinds of things. You may not want to have various treatments done to you. But we can do that. You know, our, you know, physicians, our specialists can do all kinds of things. And so just because we can do things medically doesn't necessarily mean everybody wants those, but if you don't talk about it, we won't know that.

There's also a, an increased burden on our loved ones if we don't choose to share our wishes and then lose the capacity. To share those wishes in the time of

a medical crisis or toward the very end of life, then that burden is on our loved ones. You know, whoever the decision maker might be, if there's one identified as such, or if [00:11:00] there's no legal decision maker identified, then it does come down to, you know, various family members.

So I think that that burden can be pretty harsh at a time when the people left behind are naturally filled with emotions over the idea of, of simply losing that person. So to place that burden on people at a time when they're already dealing with so many other things is, is a pretty tough thing to do well.

**Angela Mennitto:** And I think in this a perverse way would be the positive on that. So many people I've talked to over the years at Death Cafe. And they're adamant about having these conversations because they were there with their parents and nobody had had the conversations. And it was so painful and so difficult, and things happened that people wouldn't have wanted that they're there and they're like, I'm talking to my kids about this, you know? And they're really very [00:12:00] certain. But it took living through one of these horrible situations to say, Oh, that's why we do.

**Deb Traunstein:** Mm-hmm. That's a really good point. Angela, one other thing I thought of is, you know, besides making decisions about what medical care you'd like or don't want toward the end of your life or where you would like to be or who you would like to be around at the time, what music you'd like to be playing, and there's any number of things. If someone dies without having taken care of their legal matters. It can really complicate things again for the loved ones that are left behind. So, you know, things like a last will or you know, is there an executor in place? Those legal concerns can be drawn out literally for years and years. If a person hadn't shared their wishes, regarding, you know, their property, their assets, and hadn't [00:13:00] done anything legally. So, I mean, I totally understand both sides of the coin. I know that I have an elderly mom, for instance, who doesn't wanna burden anyone and doesn't wanna bring up difficult topics and hates to have anyone appear sad and that sort of thing. But actually, it's a gift. Determine your wishes and share your wishes medically and legally ahead of time so that you reduce the burden on those that you love.

**Elizabeth Bergman:** Yeah, very good point, Deb. And I'm thinking too about the emotional aftermath. You know, not just the complicated legal affairs and, and everything else if we don't talk about it, but, but also the ways in which it impacts people's experience of grief after a loss as well. Wonder if you have any thoughts or experiences related to that?

**Deb Traunstein:** I think that grief is complicated as it is. Just simple basic grief can be so complicated, [00:14:00] and if we make it more complicated, By the time leading up to the actual date of someone dying, and then the unfinished

business or loose ends afterwards, it only serves to make a person's grief lengthier. More complicated, more difficult.

We'll never be the same when we lose someone we love. But the pain does subside for most people over time and. The pain and the other emotions someone might feel may not be so intense. if a person has prepared well, or at least had even a minimal conversation about their wishes ahead of time. So yeah, whatever we can do to make that grief process less complicated.

I'm all for that. Absolutely. So as we think about having these conversations and engaging around these topics, both of you, [00:15:00] what role does culture play in influencing how we talk about, or when we talk about, or what we talk about around death? Well, it's pretty fascinating when you think about different cultural approaches or belief systems regarding death, and I think we're talking here about culture and ethnicity and religious beliefs, you know, kind of tied up into one big package.

I think if a person is able to embrace their culture, dying is more likely to be a meaningful experience. I would think a more peaceful experience. You know, if the process or if it's all happening in a way that's a good fit with who you are and how you are within your family and within your larger communities.

I just feel like the whole dying process can have a lot more meaning. You know, some cultures really place a huge value on the role of [00:16:00] the community. In the dying process in anything related to end of life, other cultures really encourage a lot of independence and autonomy. Thinking of, you know, there's just so many different types of patient situations I've been in where, you know, I have to really hold back my own opinions and you know, my own values because they can be very, very different from the people that I'm working with.

I mean, there are a lot of death rituals that are just really fascinating based on the culture, what comes to mind? There's. Well, I guess the first thing that comes to mind is like when you think of New Orleans and the African European cultures and the jazz funerals that they have, That would never fly with my upbringing or my family in Western New York, but what an amazing thing to be celebrating a life that way.

We think of Irish wakes [00:17:00] or the pies of, you know, pie cremation, that's pretty common in India. Sky burials. A lot of Tibetan Buddhist don't want Ashe. Put underground that they want the human or the physical body to be like up in a tree or somewhere outdoors and not underground. The Jewish custom of, you know, tearing a piece of clothing when you find out that so many love has died.

Just as a way of kinda showing your grief. One thing I think of a lot is in the African American culture, it's for many people, A goal is to become an ancestor, to become a revered ancestor, and this kinda plays into a lot of the work that Angela and I have been doing because we really focus a lot on the importance of advanced directives and making plans and making sure everybody knows your plan and that sort of thing, but, The [00:18:00] African culture, advanced directives are sometimes seen as interfering with a natural death.

And then to extrapolate that a bit, if you're interfering with a natural death, then maybe you don't end up being able to be a revered elder, you know, after you've died. So it is so important to really find out and ask questions about a person. Cultural or religious beliefs because, you know, we're certainly a melting pot here in the United States and many, many places around the world are, you know, melting pots as well.

And there could be any number of things that are really important to someone that we may not think of. Oh, you know what? One thing I wanted to add too, as a result of covid, this is an interesting ritual, drive through funerals. It makes me wanna cry actually. Because of, you know, just the situation with so many people dying, [00:19:00] particularly big cities, funeral homes, not having the capacity to handle so many people who had died, arose this concept of drive through funerals, where basically you would drive past a window in a funeral.

And see your loved one's casket or see the urn with the ashes in it. And that was how you said goodbye, and that's how you paid respect to your loved one. So it is certainly another ritual. Unfortunately, it developed as a result of the pandemic. But again, that's just another way of paying respect and memorializing a person who has.

Historical analyses suggests that ancient or primitive cultures we're quite good at talking openly about death and just engaging around topics related to the end of life in a way that we have shied away from in modern culture. [00:20:00] I wonder what your thoughts are on how we normalize these conversations.

Again, I'm sort of curious sort of what you're saying about that. I'm not so sure it's that they were any better at dealing with it so much as it was simply part of your everyday life. You couldn't avoid it. It was just integral. And like a hundred years ago, most Americans died at home and surrounded by family.

But by the 1950s, almost half of all deaths were in hospitals or nursing homes or other institutions. And so while today people say they'd like to die at. Only 20%. Do you know in America, 60% die in acute care hospitals, 20% in nursing homes. So I wonder sometimes. I lived in a small village in Italy in the eighties.

And there was one really large church in town. There was a smaller chapel, but the large church had the bell tower and the bells would [00:21:00] toll a very specific tolling of the bells when someone died. And I remember I, when I first heard it, and it was very mourn sounding, just the pace of it and everything, wondering what that was.

And that's when I found out the bells toll, whenever somebody. . So everybody in town, it was there. I mean, sure you could tune it out, but it's like, Oh, someone is dying. It's just more integral to your daily life. It's not, you're not often the suburbs removed from it, not aware of it. I think another problem is the language that we use, Getting rid of the words dead dying.

Whatever someone has passed away. The euphemisms we use nowadays, it just, it's fine to use euphemisms, but it also puts a little bit more distance in there between the reality and I just think once upon a time, ancient or appear, you couldn't distance yourself from it. But yeah, I think the way to normalize it, simply start talking about it [00:22:00] and not just when you're dealing with a loss, not.

When grandma's really sick or you know, but at other times, getting rid of the notion that your favorite dog has been sent off to the farm. Um, . The Rainbow Bridge. The Rainbow Bridge. Just sort of talking about it more. To begin to normalize it, to bring it back into modern culture. I know with the Death cafes, the folks who started that up again in the uk, John Underwood, and actually his mother-in-law, Sue Barsky Reed back in 2011, that was the idea.

Let's provide an opportunity to be able to talk more about death and dying with the aim, being a greater appreciation of the life you have now. And they got the idea from a Swiss sociologist Bernard Crita, who started hosting this cafe Mortals in 2004 with the intention of bringing death outta silence and his experience.

He grew up in a small [00:23:00] village in Switzerland, in the mountains where the Bells toll. Then he moved into Geneva or Lu. You know, was removed from that and it found that people were just unwilling to talk about, So we tried to come up with comfortable environments where people could talk about death, but not when you're grieving.

You know, it's not associated with a specific death that you maybe personally are struggling with the grief around either anticipatory grief, you know, someone's going to die or they have just died. But just to talk about it, No, I was thinking we don't have parlors in our homes anymore. You know, I never knew my grandfather, but I grew up in the farmhouse where many generations had lived, and the parlor where his body.

Was laid for however many days they did it in the 1940s, became like the den in the room where the piano was. And you know, we never used it as a parlor per [00:24:00] se, but homes used to have parlors and that was where the bodies were play. That was where the memorial, whether it was quiet and you know, you couldn't say a peep or whether it was cause for celebration.

So maybe normalizing it would be to have architects add parlors again to our homes. . But no, I agree with Angela with, you know, just talking about it I think is so important because if we don't talk about it, how are we ever gonna get anywhere with this? And in my experience also, it seems like it's a relief to the person who's at the end of their life to be able to talk about this, even though everyone might be.

You know, skiing around the subject because you know, you don't wanna upset the person who appears to be close to the end of life when actually. Most people who are dying, they sense that they're dying. [00:25:00] I mean, granted, there are those situations where it's rather sudden, but for the majority of people, I firmly believe they know intuitively they're getting close to the end of their life and are just kinda waiting for someone to open the door and begin that conversation.

You know, it is truly a relief to be able to have someone begin the conversation and then just let the flood gates open. I also find in sitting with people at the end of their life, I come in, I'm a stranger basically, but they're often, they talk to me and they don't talk to their family about it cuz they don't wanna burden their family or worry their family or see their grief.

But there is that sense of relief. It's like, oh. I can talk to this person. There's no emotional baggage here. I can just sort of talk through and maybe talk through some of my fears and I've had a lot of people just, Yeah, relief is is a good word for that. It's like, Ah, I can do this. Yeah, absolutely. I was just having a [00:26:00] conversation with students in the classroom this morning about the topic of loneliness, and they were saying the same thing, that it's easy to tell a stranger, someone that you know just a little bit.

That you're lonely, but to tell someone that you have a close relationship with, that's a lot harder to do. Much more wrapped up in it. Yeah. Mm-hmm. interesting. So, You've talked about Deb and Angela, about people may know they're dying and are relieved to maybe talk to somebody, especially someone a little more neutral about what is going on.

But what if you're dealing with someone who really doesn't wanna acknowledge that they're dying? Then how do you, how do you get someone like that to make decisions about end of life or, or any of the things we've talked about that need

to be decided upon? How do you go about that? Or do you have any success stories about times that overcame that challenge?

Success stories, success, not successful. . I do think starting small is really [00:27:00] important. And again, it's more kinda open the door, a crack open, the window, a crack. You don't have to resolve or address 12 different things all at once. But starting somewhere is really important and I think. Also, even if you can't start with words or with a conversation, you know the importance of physical touch with someone you love, I think, you know, can't be denied.

Just a big long hug or just holding someone's hand or a touch of the shoulder sometimes. That might be all. All you'll get is you're inside, you're churning because you really wanna have the big conversation and cover all the bases and make sure you're being a good healthcare proxy or a good family member.

And sometimes you may not. Ever get that complete conversation. But I think starting somewhere is really [00:28:00] important and just, you know, kind of following the lead of the person, you know, I mean, maybe the person who is dying mentioned something about a pet that they lost. Long ago, like, there you go. There's your opening.

You know, you can talk about like, what was that like and how did you feel? And or someone might mention, particularly if you're working with, uh, you know, quite elderly population. I mean, they pour over obituaries all the time. Unfortunately, they're losing their peers left and right, and sometimes there may be a mention.

You know, someone had it. If someone's funeral or Joyce, who I went to high school with, I just learned that she died. And you know, so you, you have to be really tuned in, I think, to those opportunities and take a deep breath and, and dive in If it's the person who's dying is giving you the chance. [00:29:00] I think sometimes we have a sense that maybe someone is waiting for something.

So even going out on a limb and saying, What are you waiting for? Is there anything happening that is kind of holding you back or, I dunno, that may not be, may not be a good example here, but I think again, the whole idea of, you know, just being tuned in and being aware of when an opportunity might arise, even if it's the tiniest opportunity, the tiniest hint that it might be time to go a little bit further.

You could talk about if people are reading obituaries too. Maybe a little tiny opening would be what kind of funeral did they have and you know, not what you want, but just sometimes you can open that door crack by, you know, some

people who may thought all along that they were gonna have some sort of open casket thing might change their mind if someone else that they know and respected at some other way.

Yeah, that's true. Yeah, very much so. I think people have read more [00:30:00] obituaries and been to more funerals. Most people then sat by the bedside or been in the hospital with someone at the end of their life. It's a wild guess. I think it's probably not that far off, and they're very often more willing to talk about that than what they do or don't want at the end of life.

And so using that as an opening. I know I took a workshop on writing your own obituary a couple years. And I had a wonderful time. I'm not your typical demographic, but it's a great obituary. She read it to me. I love my obituaries, but I've shared it with others and it really has gotten the conversation going and they're like, Oh wow.

It's like even my niece who's known me all her life, she says, I recognize you in this, but I've learned something new about you in reading this. And she happens to like to read obituaries. I like to believe I had a hand in that, but you know, it's like, oh, [00:31:00] I could have a say. Rather than just following stylist to conventions, I could put a little more in there.

And these days you see more and more of the hysterically funny obituaries and all of that kind of thing. Mine isn't hysterically funny. It's got a couple of good punch lines in it, but the same as you said with the planning and memorial service people, you know, they go to them. It's like, Oh God, I wouldn't want that.

Or, Oh, I love that. I want that at mine. And being open and ready to take that and run with it with them. Mm-hmm. . But also I think that a piece there is. In terms of getting started is if you're a person trying to get this conversation going with somebody who is dying, check in with yourself. Know what your own baggage is, , and don't bring it to the table in trying to talk to them.

But also to just kind of be poised to grab any of those little things, the pet that died, the person, the obituary, and come at it with a, from a point of view of curiosity, [00:32:00] Oh, what was that like for you? Or what did you think about that? And see if that helps unravel. I think sometimes there's a tendency, especially if you are the identified decision maker, and I think I'm going back to kind of the tail end of your question there.

What if you are the decision maker and the person who is dying doesn't wanna talk about it, doesn't wanna talk about their wishes. And you're feeling this

burden of like, Oh no, but I'm the one, if he or she loses capacity to make those decisions, it's all on me. Like, so I don't think shaming a person into having the conversation really helps.

I think being, you know, somewhat direct and practical about it, again, might help with dad. You know, you don't need to cover. Every base here, but I'm gonna be the one that the doctors are gonna be talking to. If you [00:33:00] ever lose the ability to have those conversations, or if you're sedated for whatever reason, or you are confused because of your condition or because of medication or whatever, sometimes people might need that reminder like, Oh yeah, yeah.

I may not be fully cognizant or, Maybe sleeping through my last week, my last several days, and just a reminder that the decision making is going to fall to me if you're not able to do it, and I really would love to begin to talk about it. Yeah, absolutely. I think you've given us both some really good advice about how to get started.

Oh, one other thing I'm thinking too, you know, some people really do not want to know what is happening to them medically. I've had many people over the years who have said, I don't want any [00:34:00] information about my condition, my prognosis, what stage my cancer is, you know, any number of things. Tell my husband or just tell my sister or whatever.

And in cases like that, it's important to, you know, to get permission certainly from that person to say, Okay, then can I talk to your doctor or doctors? You know, often we have a lot of different specialists involved in our healthcare and they're really, really are people. Just don't wanna know, and that's okay.

Again, I, I don't think it's good for us to shame them, even though I'm all about people being well-informed. And if you don't understand something that a physician or a provider is saying to you, keep asking, keep asking till you, you know, feel clear about it when you get, you know, some answers to your questions, but yet there are those people who simply do not wanna.

And if that's the case, then [00:35:00] somebody needs to know, and you need permission from that person to be able to speak to their medical providers about that. So what advice would you have for people who are wrestling with these kinds of challenges in their family or with their relationships? These struggles of trying to get people to talk about things?

What advice? We talk about this a lot. You've given a lot of good advice, but we More advice.

I must admit a lot of, I also am a volunteer with hospice care. Still am and my preferred. Assignments were always with people who didn't have a lot of family around because family and family dynamics can be so challenging. And so I'm gonna leave that . Oh, because I have that. Yeah. I mean, as a medical social worker, you don't get the easy, easy, small.

You get to storybook cases, you [00:36:00] get the complicated family meetings. Eight grown children, three out of town who wanna tell the one who's living with the parent exactly what they're doing wrong. So yeah, I totally agree with Angela that prior family conflicts can really aggravate the situation. Again, if you're in an emotionally charged time of someone's life anyway, you know someone losing their life, those left behind who have a hard time imagining life.

The dying person. And I think, I guess my first bit of advice is, you know, we all just do our best. I really believe most people do the best they can with what they have, and I really do believe that there's no perfect family situation. Or no. Perfect set of loved ones. And again, sometimes our loved ones aren't, those we're related to, but they might be Our decision makers.

Families are complicated. [00:37:00] There's a lot of issues that are really complicated and may or may not ever be settled, but I think addressing those conflicts in the best way you can. I e with like a neutral third party, like when Angela was talking about people telling her things that maybe. Didn't feel they could tell their family members or their decision makers.

I feel like in my role over the years in medical, social work has been that neutral third party who, you know, I care a lot. I want things to go as smoothly as I can, but I'm not. Related to any of these people. So I feel like I can have, you know, a little bit of objectivity there. I think doing things like having a family meeting, having a meal, maybe over a meal, like what has worked well or relatively well for your family in the past if it's really getting complicated for some, particularly for larger families.

I think making a visiting [00:38:00] schedule can help because like the last thing you want is your loved one to be. His or her bedroom or even in a hospital bed in the living room or whatever, and have all your bickering children be around you. Uh, I can't tell you the number of times I've said, you know, I'm not ignoring or minimizing what you all might be feeling, but can you just leave it outdoors?

You know, just check it all at the door. I'll help you as much as I can, but like right now, let's figure this out and not deal. 70 years of sibling rivalry in front of your beloved mother. You know? So I think, you know, there are things, things that can be done. I know that there are also kind of two ends of the spectrum.

You know, I alluded to the family member from out of town who flies in. Spend a couple days telling everyone what they should be doing and what they've done wrong, and then Boo pop a plane and then [00:39:00] they leave. And then there are those other family members that for some reason find it incredibly difficult to be a part of the situation, to be sitting at the bedside, to even be connecting with family in part because maybe it's just too emotional for them, Too sad for them, or it just, they know their boundaries well enough to know.

It's healthier for them to just kind of take a few steps back from the situation,

actually, until probably the 1980s or nineties, you know, again, most people, they still die in facilities, but up until that time, we just left everything to the doctors to make decisions, you know? And again, the. Parents' generation was more, you know, the doctors were up on a pedestal and you'd never question anything at all.

You just revere them, [00:40:00] you know, kind of like one inch down from the Pope, so to speak. You know? And I think things have changed. I mean, now we really encourage people to become. Well informed to make their own decisions to decide what they want done to them as far as treatment or what they don't want. So we've kind of made it more complicated just with progress changes within our healthcare system, so we don't leave it all up to the doctors to make all these decisions.

So it means that we might. Disputes within a family, or we might have some really difficult days or weeks to contend with because we're doing it differently now. We're not just putting everything in the hands of our physicians and they're being trained that way to. Really recognize the autonomy of, of individuals and to respect the wishes [00:41:00] of that person and their family and their other loved ones.

So, you know, things have changed a bit. When I started doing this work in the eighties, it was still, every physician really could have been. Like a God in the hospitals or in nursing homes or whatever, because you just, you didn't question anything. Like, I still have a really hard time referring to a physician by their first name.

Like a lot of the younger physicians today are like, if I say, Oh, Dr. Johnson can uh, talk to you. It's like, Call me David. What are you doing? You know, and it's just there was this re. Given to those in the profession and you know, it is well deserved. But I guess my point is times have changed and now we do pass on the decision making to the person at hand or the their loved ones.

So that's kind of been a change in really just the past 30, 40 years or so. Yeah. In our conversations leading up to coming into the studio together, you [00:42:00] mentioned Deb, the work of Ira Boch and the four things that matter most, and I wondered if you could share a little bit about that link information about that in the show notes as well.

Yeah, so Ira Boch is a physician. He spent the first, I think 15 years or so of his career as an emergency department physician, and then probably the last 30 plus years as a palliative care and hospice physician. And he has written a few books that are really pretty fabulous for those that are interested.

But in one of 'em, 2004, I believe it was, the title was The Four Things That Matter the Most, and he really breaks down in simplest terms, what's really important when we are. Facing the end of our life or when we have someone that we love who's facing the end of his or her life. And those four things are the importance of words, the importance of [00:43:00] conversation, and the four things that are so important to say are, Please forgive me.

I forgive you. Thank you. And I love. And when you really think about it, those four small, you know, total of maybe a dozen or so words, it really covers all the bases. And if we're able to have a conversation and address those four simple things, I think the person who's dying might be a bit more peaceful.

The person left behind might have a less complicated period of grief. And it's not rocket science. It's just basic human sharing of some very simple but really incredibly important things. Well, Angela Mento and Deb Stein, thank you so much for spending your time with us today. We are grateful to you and our community is better [00:44:00] having you in it, doing this work, and really bringing to families the gift of your knowledge and your experience.

And. Thank you so much. Thank you. Thanks. You're very welcome. And um, we appreciate the work that you both do and that the work at College is doing. Thank you so much. Thank you so much for listening to, We really need to talk. You'll find more information and links in the show notes. We hope you'll continue to tune in as we talk with end of life experts and champions of tough conversations, who will teach us more about the important questions and how to ask them of our loved ones and healthcare providers.

We hope you'll subscribe on Google, Apple, Spotify, or wherever you get your podcasts. Our contact info is also in the show notes. Drop us a line and let us know your thoughts, your questions, or ideas you have for future episodes. Or just say hello and remember starting is the hardest part, but we really do need to talk.[00:45:00]