

Plan for the worst but hope for the best

• DR. BATYA L. LUDMAN

‘Plan for the worst but hope for the best’ is the mantra I often relay to clients when discussing serious illness. While one can never fully prepare for any and every eventuality, and it is always very important to have hope, one often does begin to anticipate and prepare in some way for the worst, in the event that a situation deteriorates. This may be a difficult column for some but I believe that discussion of the patient’s wishes, needs and concerns whenever possible (assuming they are in control of their faculties and would like to talk) is a very important aspect of enabling your loved one to let go and move on when the time is right. Sadly, if family members or friends fear this discussion, they themselves may experience greater regret after a death.

Those with family living abroad often worry that when their loved one is ill they may not be as readily available, or will live too far away to get to where they think they should be or need to be, until it may be too late. This, coupled with the acknowledgment that those family members who may live closer often have a somewhat different relationship with the loved one who is unwell, may lead to potentially more challenging family dynamics.

I am often asked how best to prepare for the death of a loved one. I believe the key within any relationship is to always strive for open, honest conversation. For years before my mother became unwell, she made it very clear that if she ever was diagnosed with cancer, she did not want to be told. Respecting her wishes, when she was actually diagnosed, her family did not tell her and requested that her physicians do the same. (In retrospect, her not wanting to know was really a statement that she would choose not to have treatment). One day, after she was already very sick, I went with her to see a specialist and looking the doctor in the eye, she asked her very directly where her cancer was located. Clearly she needed to approach her health, or lack of it, on her terms, in her own time and in her own way. She had to be ready to hear the information and we had to respect this. Once she herself asked and was ready to hear the answer, her relationship changed dramatically with those she was leaving behind. Empowered with knowledge, she was now prepared to do what she needed to do – to begin saying her goodbyes, telling people which of her possessions she wanted each of them to have, and letting her family know what she wanted her final days to look like. She could now guide others to help her get her needs met. With those willing to discuss her impending death, she was very open, relieved, calm and at times joyful. She felt heard at a time when this was of prime importance. For those who could not bear to have the discussion, her conversation with them became more superficial and sad.

IF GIVEN the gift of this time, which is not always the case, our loved one can be helped to tell others what they need and what they want them to know. Family members must ensure that they make the space in their heart and find the time and a way to let the dying person know what they in turn want them to know. Enabling this to happen can be a real source of comfort for everyone. Whether it is a discussion about pain



level or medication, their wishes for others or for future generations, going through treasured belongings or fulfilling last requests, these tasks can be helpful for preparing to separate from your loved one while offering respect and being as hopeful and positive as one can be under the circumstances.

If one has the philosophy that one should live every day as if it is their last day, they realize that we do not get to put off these discussions because if we do, they may never happen. In an ideal world, a will that includes not only disposition of material assets but also encompasses an ethical will that includes one’s wishes for others should be discussed and revised as many times as necessary before one eventually needs these documents.

Always providing hope is important. Among other things, when one begins to lose hope, they may give up prematurely and we would not want this. There is a fine line between encouraging one to be hopeful and being realistic with respect to expectations given a poor prognosis. One never truly knows when someone will die and while a physician may give an approximate time frame, this is always at best an educated estimation. That said, there are certain signs that may suggest that death is near and often those who work in hospice care or with the dying, can help the family know that the time remaining is indeed becoming shorter. Palliative and hospice care, aimed at making

someone as comfortable as possible in their final days, is often reserved for those who are no longer receiving traditional medicine aimed at healing or prolonging life. It is a very important aspect of care in the end stage of life and when the finality of ensuing death becomes more real. One of the greatest gifts a friend or family member can offer to the seriously and terminally ill is to give permission for the dying person to “let go.” By telling them that you will be able to manage, will be okay and will take care of what they need to have taken care of without them, it enables them to be relieved of this burden. Having done this for both my parents and having suggested it to many others with whom I have worked in the end stages of life, death seems to come easier. If it is at all possible to

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say one had a “good death,” the calm in one’s final moments is a lasting gift to those sadly left behind. When one has had a relationship with someone, the inevitable aspect of losing them is never easy. By planning and preparing for the worst while hoping for the best as long as possible, we give those we care about the dignity they so rightly deserve. ■

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