The Post-COVID World: Learning to Live with the Inevitable

The COVID-19 pandemic may finally be slowing, but the pandemic has shone a stark light on one human problem we'll never escape. One day books analyzing the pandemic will fill whole rows in libraries, but no analysis can dim the glaring human condition we must face—the fact that we're all going to die. A patient dying from Lou Gehrig's disease said it best, "No one makes it out alive."

Many of us have thought more about death this past year than ever before as few of us have been unscathed by the death of an acquaintance, a loved one or friends' loved ones. Psychologist Ronnie Janoff-Bulman explains, "Once you know that catastrophe dwells next door and can strike anyone at any time, you interpret reality differently." As we reinterpret the reality of today in light of our future imminent death, let us take a hard look at just exactly how we're going to let loose of this earth.

As a doctor who deals with terminally ill patients, I know four things are true:

1. Most of us assume we are going to live to a ripe old age. However, no one is guaranteed tomorrow. There is no time like the present for making preparations, regardless of age or health status. It can provide a surprising comfort to think through and write out your final wishes. Many online assists are available to guide you through the process. We plan for many life events with intensity such as births, marriages, anniversaries and birthdays. It is valuable to plan for this crucial time of life, and it is still life. In truth, I have seen so many living their best life once given a terminal

diagnosis.

2. Those who wait until they get a grim prognosis to start pondering these matters often find the process more difficult. It is challenging to have end-of-life discussions in times of crisis when everyone's emotions are more volatile. I have been witness to so many families under stress becoming divided when opinions differ on what should be done as decision trees are presented by the medical team. In critical situations, families can focus more fully on the care and love of the patient rather than wondering what the patient would want.

3. Conversations about death and dying make most people uncomfortable, fearful or sad, even though the conversation itself does not increase our chances of dying. But, thinking through end-of-life issues within our control is not morbid: It is wise. Take two real-life examples.

The first was my friend Lani. When she learned that she had less than two years to live, she fought hard, mostly for her family. I was amazed to learn that two years earlier she had cleaned out her closets and attic. "Get rid of that stuff," she told me personally, "your kids won't want it." She had prepared, so she was able to spend her last months enjoying life and enjoying her family. I remember her bedroom in her home as being a beautiful place of quiet and peace. That's where she died, surrounded by her big family.

The other example is a man named Ralph. He was far from an ideal father or husband. A robust man, he didn't seem anywhere near death, but a massive stroke brought him to the brink. Ironically, this father who had never done much for his family had prepared for his death by completing an online $5 directive known as "Five Wishes." In his final months, as his children ministered to his needs according to his written directives, they got to know a dad who was vulnerable, and in his vulnerability, he became lovable. The last gift he gave his children—his planning—was the best gift he ever gave his

children. And the last months of his life were the best months of his life.

People ask me how to talk about death with younger children. A recent article in *Parents* magazine emphasized the importance of talking with our children about death, even when they are young, to avoid confusing and often terrifying feelings. I still remember how terrified I was as a child when I watched the animated film *Bambi* and—spoiler alert—the death of Bambi's mother. My grandson was terrified in *The Lion King* when—spoiler alert—death claimed Mufasa.

The reality is that most kids' movies feature dying or death as a prominent theme. We need to talk openly with our children about those sad and scary scenes, listening more than we talk.

4. Most faith traditions offer spiritual (and even non-spiritual) guidance to their adherents who are dying and to those who love them. The Jewish faith, for example, has rituals that take into account the theological, practical and emotional needs of the terminal patient. Whether a person has faith in something beyond the last breath or faith in nothing beyond the last breath, both are still faith. The rightness or wrongness of our beliefs will become evident after death, but the preparation that precedes that last breath is valuable and integral to the dying process. Those who do not prepare seem to suffer more, and families that are left to deal with an unexpected, sudden death seem to suffer the most.

Once we are comfortable with the concept of our own death and make a plan for how we're going to die, we can join with those who make light of this inescapable human condition. We can laugh with Jerry Seinfeld who says, "Make no mistake about why these babies are here—they are here to replace us." And we will leave earth with the confidence that we're not burdening those babies but blessing our families. {eoa}

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physician who studied at Oklahoma State University, North Texas Health Science Center, and completed her training at Baylor University in Houston. She was one of three physicians selected in 1992 by Carolina Health Specialists to begin the first hospital-based internal medicine practice outside of a university setting in the United States. Dr. Pyle has proudly served her community by volunteering at Friendship Medical Clinic which provides free medical care for those without insurance or access to care. In 2009 Dr. Pyle began traveling to Rwanda for medical work with Africa New Life Ministries. She was instrumental in the founding and growth of the Dream Medical Center in Kigali. The Dream Medical Center is a state-of-the-art hospital and the second-largest private hospital in Rwanda currently in the process of earning international accreditation. Additionally, with her husband Scott, Dr. Pyle founded the charity 2 Live Beyond which raises support for charities serving children in South Carolina and in Rwanda. Nationally, she serves in Washington, D.C., as a Museum of the Bible Women of Legacy ambassador. She is the author of *A Good Death: Learning to Live Like You Were Dying,* coming in 2022.