



The Good Enough Death

It's all part of a
good enough

Life!



By Amy Rothenberg, ND, DHANP

As a licensed naturopathic doctor, my job is to help patients feel better, to understand and address root causes of illness, and to offer lifestyle and natural medicine approaches for acute and chronic ailments. I work to support my patients so they can live life as healthy as possible. And still, patients die. As I round the corner of 36 years in practice, many of the patients I met 30 years ago, when they were middle-aged or older, are now well into their 80s and 90s. Even the healthiest among them will eventually pass.

During these pandemic years, the sheer number of Covid-related deaths in the world along with the specter of medicalized, difficult, and lonely deaths raises the question: What does it mean to have a good death? A recent, comprehensive article in the *Lancet*¹ outlines 11 elements, which I'll detail later. But first, I want to share the stories of two of my older patients, who led very different lives and had very different deaths.

Amanda

Easygoing, enthusiastic

Amanda, a spry 86-year-old, was a community organizer by trade, which right away tells you a lot about her personality and passions. When her grown kids, all in their 60s, decided it was time for mom to move to an assisted living community, she resisted, not wanting to give up her independence. They insisted, she relented, and just as soon as she moved in, she took it upon herself to initiate and organize a recycling center. She made new friends and found she actually liked living close to other people, where she could participate in activities and outings.

Amanda came to me for help with chronic diarrhea, and for heartburn and a general unwell feeling in her belly ever since the move some three months earlier. Her recent digestive complaints were probably triggered by the change in diet from her previous simple fare to more and different kinds of food, with increased refined carbohydrates, salt, and sugar. That said, Amanda was happy cooking less and enjoyed sharing meals in a communal setting. Amanda also complained of general soreness in her low back, especially if she stood for too long.

Amanda was so delightful and entertaining, that gathering her health history at our first meeting was more like a fun conversation with a smart, engaging person at a cocktail party than a medical intake interview. She navigated even the most delicate areas of the intake with confidence and good humor, putting me at ease in the process.

She'd had consistently good health throughout her life and no hospitalizations except for the delivery of her three children. She was not taking any medication, a rarity at her age! She'd lost her husband ten years earlier, which was tough for her, but she'd leaned on friends and family and poured herself into various projects.

Narrowing the choices

In deciding on a homeopathic remedy for Amanda, I knew she needed one that would address the loose stools and indigestion. The remedy also needed to fit her extroverted, easygoing nature and how she was full of ideas, energy, and enthusiasm for her own life and the lives of others. Not too many remedies fit that bill: *Medorrhinum*, *Belladonna*, *Lachesis*, and *Sulphur* were at the top of my list.

If Amanda had needed *Medorrhinum*, I would expect a history of wild or erratic behavior as well as swings in mood and energy, which I did not see. People who benefit from this remedy often have a history of lots of discharges in the form of emotional upheavals or physical discharges, such as inflammation with swelling or sinusitis/allergies with much mucus—which was not true for Amanda either.

If Amanda had needed *Belladonna*, I would expect that, at her age, she would have some circulatory issues, inflammatory processes, headaches, and possibly temper flares. Again, this was not Amanda's story.

People who need *Lachesis* tend to have more anxiety and fear than Amanda showed. They also tend to have feelings of claustrophobia or a dislike of snug-fitting clothing, which she did not have. People needing *Lachesis* also tend to have issues with sleep and with the heart, but Amanda slept like a baby and had no heart or circulatory issues.

Remedy for an idea person

This left *Sulphur*, a remedy that is often helpful for “idea people,” those who can gather the groups and plan fun activities. They move through life, especially if they are in a balanced state, with ease and a good amount of joy. If pressures or stressors mount, however, they might not stay balanced; they can become grumpy and messy, and unable to manifest their many ideas. But when life is mostly going well, with no big insults or accidents, people who need *Sulphur* may appear much like Amanda: curious, encouraging, energetic, and getting things done.

I gave Amanda *Sulphur* 200c, and within a few weeks, her chronic problem with loose stools improved dramatically. Amanda's more recent problems with heartburn and indigestion also improved, and she was back to having fairly normal digestion that did not distract or irritate her.

Over the next eight years of treatment, she took additional doses of *Sulphur* a number of times, and it always helped her: once when she had a spreading rash along her chest and abdomen, once when she went through a time of deep sadness after losing a buddy she'd made in her new place, and a few occasions when her digestive system acted up. Amanda loved homeopathy and felt that it kept her happy and healthy. She was curious about it, always asking me questions, and was very appreciative of having me as a resource if symptoms arose. From time to time, I also prescribed other natural medicines, such as botanicals when she had viral illnesses. And I introduced her to Therabands for resistance training, to help with both her balance and keeping calcium in her bones.

Overall, Amanda enjoyed her new surroundings, made dear friends, and continued to bring fresh ideas and experiences to her life and to those around her. I thoroughly enjoyed the opportunity to work with her, and she taught me much more than I ever taught her—about being positive, being friendly, and accepting people as they are. She passed away peacefully in her sleep at 94. What a blessing!

Amanda was happy cooking less and enjoyed sharing meals in a communal setting.

Nick

Aggressive, inappropriate

Nick, in his 80s, was well into cognitive decline when his wife brought him to see me. She had been my patient for decades, so I already knew quite a lot about him and his antics from her ... and oh, how I wished she'd brought him in sooner!

Nick had not taken good care of himself throughout his life; he'd been an excessive drinker with a poor diet and sedentary lifestyle. He was overweight and had a hard time getting around. He had Type 2 diabetes, hypertension, and high cholesterol, all managed to one degree or another with medications. Often in a sour mood, Nick criticized his wife at every turn.



Recently, his cognitive issues had begun increasing at an alarming rate, and he was less able to care for himself. He would turn mean and aggressive toward his family, snapping and lashing out. He would comment inappropriately about people in the room and laugh at times for no apparent reason. He would often sit in his chair with his private parts exposed, with no sense of what was proper in company. He would make lewd remarks to his wife, which she found mortifying, even though she understood it was part of his illness and decline.

She was at her wit's end. Caregiving is exhausting, and she did not have the stamina or patience to take care of him. She didn't feel good about it, but with her children, she decided to hire help in the house so she could have support.

Remedies for Nick's cognitive decline

When I looked at the trajectory of Nick's life, this period of his older years was not a huge surprise. I needed to find a remedy that would address his compromised cognitive function as well as his loss of inhibition, his aggressive behavior, and his not realizing right from wrong. This led me to consider the remedies *Belladonna*, *Bufo*, *Veratrum album*, and *Hyoscyamus*.

Nick had not taken good care of himself throughout his life...

People who need *Belladonna* often lash out at others, as Nick did. But they also usually have a lot of inflammatory ailments; those are the diagnoses that end in "itis" such as pharyngitis, colitis, bursitis, or any ailment with inflammation or infection, which Nick did not have.

People who need *Bufo* may have a decline in cognition and the capacity to communicate. They may also laugh for no reason and return to an almost childlike state. But they do not usually have angry outbursts or the loss of inhibition that Nick showed.

People who benefit from *Veratrum album* may lash out at others, as Nick did. But they also tend to have strong feelings of superiority, huge mood swings, and excessive discharges, none of which were true of Nick.

People needing *Hyoscyamus* can exhibit meanness, lashing out at others, and an inability to know right from wrong. They are also prone to silly behavior, lewd talk, and exhibitionism, which fit Nick's recent

changes well. I gave Nick the remedy *Hyoscyamus* 200c. A few weeks later, his wife reported some improvement in his behavior. His demeanor was calmer, and he had fewer violent outbursts of lashing out at others, which made it a little easier for them to care for him.

A sad goodbye

But just a few months after our first visit, Nick fell ill with an upper respiratory infection that quickly went to his lungs. He was immediately hospitalized and sedated, and I did not have the opportunity to work with him further. Nick succumbed to pneumonia a few weeks later. It was not the best way to leave this world, without his faculties and without any closure or goodbyes. But his wife and family actually felt somewhat relieved, alongside their feelings of loss and grief.

What can homeopathy do?

I have seen homeopathy do wonders for people, and I wish I'd had the chance to work with Nick earlier, say when he was in his 30s or 40s. I am pretty sure I could have helped him shed some unhealthy habits, which may well have changed his life

trajectory. Many people know what to eat and what not to eat, and what to do and what not to do for their health—but they have a hard time doing it. Whole-person homeopathic treatment can offer them the self-agency, discipline, and clarity around decision-making that allows them to make the needed changes. It can be key in helping people shift an unhelpful attitude, find more gratitude, be more positive and accepting, and make life choices that lead to better health. While I use homeopathy to address the symptoms for which patients are seeking help, it's also my hope that the right homeopathic remedy will touch some of these deeper aspects of life.

Once a patient is fully into cognitive decline, as Nick was when he finally sought homeopathic care, I have seen homeopathy help to some degree and possibly slow the progression; but as with most every chronic disease, primary prevention is always best. I've emphasized this to Nick's adult children so we could work together against any genetic predisposition for dementia. Thankfully, they live healthier lifestyles than their dad did and sought care earlier, so I'm less worried about them.

Of course, there are many risk factors for cognitive decline, and some patients who take pristine care of themselves will still develop cognitive issues later in life. The most we can do, for ourselves and those we care for, is to address the modifiable risk factors as best we can. [Read more on this topic in Dr. Rothenberg's Spring 2019 *Homeopathy Today* article, "Maintain Brain Health as You Age," in Member Resources at www.HomeopathyCenter.org.]

Many ways to live a life

The contrast between Amanda's and Nick's stories is stark. But what I have found in my years of working with patients of all ages is that many people age—and die—similarly to the way they have lived their lives. It's important to underscore that we all come into life with our own genetic inheritance. Life circumstances—where and to whom we are born, our lived experience, accidents and illnesses—all intertwine to bring us to where we are. I never judge a person or the way they live, handle adversity, or interact with the world. I use that information to help me find an effective remedy. But as my mother often reminded me, there are many ways to live a life.

Never underestimate the role a homeopathic remedy can play to bring comfort, ease pain, and help, even at the very end.

Planning for a good death

With Amanda, Nick, and their families, I made it a point to speak about end-of-life wishes. Amanda was very clear about what she wanted and did not want, and had already discussed it with her family. She had all her paperwork in order. Nick, on the other hand, had not discussed anything with his family. (See *Everyone Needs These Documents* on page 29.)

What are key features to a good death?

Here's the list from *The Lancet* piece:

- Relief from physical pain and other physical symptoms
- Effective communication and relationship with healthcare providers
- Performance of cultural, religious, or other spiritual rituals
- Relief from emotional distress or other forms of psychological stress
- Autonomy with regards to treatment-related decision making
- Dying at the preferred place
- Not prolonging life unnecessarily
- Awareness of the deep significance of what is happening
- Emotional support from family and friends
- Not being a burden on anyone
- The right to terminate one's life

I had to read that list a few times to appreciate its breadth and depth. This is not a spoiler alert: this list makes up elements of a good life, too! When I compare Amanda and Nick, who had such different lives and different deaths, it underscores how similar these lists are. Most of us want to: avoid having ongoing physical or emotional pain, be able to communicate effectively, feel connected culturally or spiritually, not have relentless stress, live where we want, be self-aware, have autonomy and self-agency, and not be a burden to others. In essence, it's many of the very same characteristics of a good life that go into having a good death.

Some of us spend years in physical or emotional discomfort or pain. Some of us live a lifetime with emotional or psychological stress. Some of us spend decades seeking spiritual or religious connection and meaning. Some of us do not feel supported by family and friends. So, when we are dying, the above-identified areas are even harder to come by and that much more essential.

Get support early

The continuously improving fields of palliative and hospice care have revolutionized end-of-life support for patients and loved ones. Palliative care reflects an interdisciplinary

approach, which aims to optimize the quality of life and reduce suffering for people with serious and complex ailments. Coordination of supportive therapies, treatment for pain, and psychological support might be part of palliative care. Palliative care does not mean death is imminent, and in fact, research² shows that accessing palliative care earlier is better for patients.

Hospice care focuses on the quality of life for people, as well as their caregivers, when there is an advanced and life-limiting illness. Hospice care offers compassion and support for people in the very last part of life, so that they may feel as comfortable as possible and lovingly cared for.

I encourage families to seek palliative care early and hospice care when appropriate. Some families in my practice do not want to access these services. They want to deny the inevitable; the reality and finality of impending death hits hard. It's also true that the support, access to pertinent resources, and compassionate care offered by both palliative and hospice care is broad and can be tremendously helpful for individuals and families.

When done well, these services, support programs, and providers help the dying person and their family move toward many of the characteristics of a good death mentioned earlier. Some of the points, such as not prolonging life unnecessarily, can be addressed while in good health or early in an illness process. Confirming your own desires or knowing the wishes of your loved one, and having the right paperwork on file, are important steps we can all take. (See "Everyone Needs These Documents" on this page.)

Homeopathy's role

I have had the privilege of working with patients in both palliative and hospice care, and am enormously grateful to have a tool like homeopathy. I have seen remedies ease pain and discomfort as well as address the strong feelings that arise, for both the person who is ill or failing as well as those who love them. Never underestimate the role a homeopathic remedy can play to bring comfort, ease pain, and help, even at the very end.

Whole-person, whole-medicine

My work is whole-person, whole-medicine in its nature and scope. So, while bringing up the topic of a good death with my patients and their families can be difficult, I feel like it's part of my job. I would like to edit the phrase to a *good enough life* and a *good enough death* to remove any hint of judgment and to approach this whole topic with a loving dose of encouragement and actionable information. After these conversations, patients often feel more settled and have more of a plan of action, which can help bring some peace in light of the inevitable ending. Part of the contract of having the chance to live is the guarantee of death, so the more we can talk about it, the better for all. And increasingly, I appreciate the idea of a good enough death, as just another part of a good enough life. 💧



Everyone Needs These Documents

In what can only be described as a jarring juxtaposition of a family celebration and tacking down end-of-life wishes, a few years back when my dear sister was toward the end of her life, our extended family was gathered to celebrate a life milestone for another family member. Knowing my sister did not have any end-of-life paperwork on file, we gathered as four siblings to all fill out our Living Wills, Do Not Resuscitate forms, and other state documents related to end-of-life care. We did it at the same time to try to normalize the moment, which in hindsight, was not especially normal!

The general fear of death, or the fact that talking about death is taboo in many cultures, has many of us avoiding the topic. We miss the opportunity to have our own and our loved one's end-of-life desires shared. Many of the necessary legal forms can be found online for free: some simply require a witness's signature, some require a doctor's signature, and some may require time with a lawyer. Rules and forms vary by state, so please check your own state's requirements. You can review "9 End of Life Documents Everyone Needs" by Emily Crowley on the Legal Templates website here: <https://legaltemplates.net/resources/estate-planning/end-of-life-documents/>

Footnotes:

1. Mehreen Zaman, MHI et al. What would it take to die well? A systematic review of systematic reviews on the conditions for a good death. *The Lancet*. Volume 2, Issue 9, E593-E600. 9/2021
2. Hoerger M, et.al. Defining the Elements of Early Palliative Care That Are Associated With Patient-Reported Outcomes and the Delivery of End-of-Life Care. *J Clin Oncol*. 2018 Apr 10;36(11):1096-1102.

ABOUT THE AUTHOR



Amy Rothenberg, ND, DHANP, has been in practice since 1986 in Northampton, MA, www.nhcmcd.com. Her new book, *You Finished Treatment, Now What? A Field Guide for Cancer Survivors* (Koehler Books, 2022) can be preordered at www.DrAmyRothenberg.com. With her partner Paul Herscu, ND, MPH, DHANP, she founded and teaches through the New England School of Homeopathy, www.nesh.com. Dr.

Rothenberg's writing can be found at *Medium*, *Thrive Global*, *The HuffPo*, and more. When not working, Dr. Rothenberg enjoys spending time with her family, in nature, and playing the guitar.