

I recently turned 70 in Marin County, Calif., home to some of the healthiest, wealthiest and longest-lived people in the country. I swim daily, take no medications and can still hoist my roll-aboard bag into an overhead bin. But there is no denying that somewhere beyond the horizon, my death has saddled his horse and is heading my way. And I'm hoping to make that death as good as my life has been.

My wish is to die in my own bed, cared for by people I love—clean, comfortable and relatively free from pain. I hope to have time to say my goodbyes and give my final blessings. But in our technologically advanced society—despite the billions we spend on end-of-life medical care—this simple, old-fashioned and once-inexpensive death is harder to achieve than you might think.

According to a 2017 Kaiser Foundation study, seven in 10 Americans hope to die at home. But half die in nursing homes and hospitals, and more than a tenth are cruelly shuttled from one to the other in their final three days. Pain is a major barrier to a peaceful death, and nearly half of dying Americans suffer from uncontrolled pain. Nobody I know hopes to die in the soulless confines of an Intensive Care Unit. But more than a quarter of Medicare members cycle through one in their final month, and a fifth of Americans die in an ICU.

In his final year of life, retired IBM manager Ed Walski, who had Parkinson's disease and dementia, was shuttled nine times between his assisted living apartment and hospitals and nursing homes. "The first few times I'd say, OK, we got him through this, and now he's going to get rehab and be back where he was," said his daughter Karen Randall, a veterinarian in Silver Spring, Md. "But he never came back. It was a stair step down to the basement." Despite financial resources and a devoted daughter, Walski's dying was far more chaotic and painful than it needed to be.

I don't want that to be my story.

I've spent the past three years interviewing hundreds of people who have witnessed good deaths and hard ones, and I consulted top experts in end-of-life medicine. This is what I learned about how to get the best from our imperfect health-care system and how to prepare for a good end of life.

**Have a vision.** Some doctors assume that everyone wants to extend life until there is no joy left in the living of it. They're mistaken. In the Kaiser study, most people cared

much more about not having their families financially burdened by their care or distressed by tough medical decisions; having their medical preferences honored; and dying in peace spiritually, with their loved ones around them. Living as long as possible was at the very bottom of most people's lists.

Imagine what it would take to die in peace and work back from there. Whom do you need to thank or forgive? Do you want to die under the stars or listening to a Mary Oliver poem or with Willie Nelson's "On the Road Again" playing? Any of this is possible if you face death while still enjoying life and recognize the pitfalls of modern medicine.

Advanced medicine is replete with treatments (ventilators, dialysis, defibrillators, feeding tubes, to name a few) that postpone death and prolong misery without restoring health. The default setting is often to provide them until the whole family unequivocally says "No." Get clear, long before that final panicked call to 911, on what gives your life joy and meaning. When you can no longer enjoy those things, what medical treatments would you refuse? Nobody can answer this for you. We vary widely in how much suffering we're willing to endure for more time on earth.

Talk to those you love about what a good "quality of life"

“  
Seven in 10  
Americans  
hope to die  
at home,  
but half die  
in nursing  
homes and  
hospitals.

