

Holding a Life in Our Hands

by Lisa Hoffman

I am always happy to hear from my dear friend Cynthia Kear, and her mid-afternoon Thursday call was no different. Until she said: "Marvin is in the emergency room, and the doctors need to talk with someone who knows his medical history."

Marvin Mercer was an 80-year-old friend with a long history of heart disease. He had a quadruple bypass in 1993 and another heart procedure last year, which his doctors felt would give him five more years of life. But, he had collapsed at a bus stop that afternoon and was given CPR by a kind Samaritan while an ambulance raced to the scene.

I spoke briefly with the ER doctor and headed for the hospital. Marvin was unconscious, hooked up to a respirator and all kinds of beeping, flashing monitors. His face was bloated and white. A small man, he looked lost and utterly defenseless. As I gazed at him with a breaking heart, I realized I was on the front lines. As one of his three Durable Power of Attorneys, I had been asked by Marvin to make medical decisions if he could not. His first, Sarita Tamayo, was out of town, and his third, our Buddhist teacher Darlene Cohen, was recovering from surgery.

Marvin was in critical condition. The ER doctor told me they would cool him down to 91° for a day or two to protect his brain and heart. After this, they hoped his body would resume normal functioning. But, she warned me, although tests had shown normal brain activity, his primal body positioning and reflexes suggested otherwise. We would have to see what happened when they warmed him up. This was all they knew.

Now it was late Thursday evening. I had just spoken with Kirk Phillips, who is a physician's assistant, then Keith Wiley, who is a doctor. I hung up the phone with my heart racing and head pounding. Keith told me Marvin was coded to receive all available and extraordinary medical procedures if he had a heart attack or other incident. Kirk felt very strongly that if Marvin -- a fiercely independent man -- lived, he would not be able to take care of himself in the most basic ways.

Keith had gently asked: "Is this what you want? Is this what Marvin wants? If you get a call in the middle of the night from the hospital about how to handle a precipitous drop in blood pressure, what will you say?" Keith explained these are questions and scenarios I needed to think through and make decisions about now. "Marvin would want a Do Not Resuscitate code at this point," I said. "He wanted no extraordinary measures."

Keith, Kirk, Cynthia, Sarita, Marvin and I were and are part of a small group of Darlene's students on the priest ordination path. Marvin had been ordained five months earlier on his 80th birthday, after coming to Zen in his late 60s. Darlene had given him the ordination name of Deep Mountains, Companion of What-Is-Real. Marvin had lived a life of service, but it was a lonely life. His wife of 24 years was schizophrenic and battled with leukemia for 7 1/2 years before dying in 1981 and he had not remarried. Marvin a quiet man who was hard on himself. The combination made it difficult for him to connect with others until the last few years, when he learned simply to offer himself to people and life. His new name reflected this lesson.

I came back to the present moment. This was what-is-real, and I would have to give the order to change his code.

Marvin had placed his life in our hands -- mine, Sarita's, and Darlene's. In a larger sense, he had placed his life in the hands of our Sangha, a sweet word that for Buddhists means community, even family. Although I was overwhelmed by the role I was stepping into, I knew I was not alone. I reflected on Marvin, who, after living that long, lonely life, moved into San Francisco Zen Center at age 77. He no longer wanted to be alone.

I phoned Sarita, who was in Texas for her mother's 70th birthday. We had spoken twice, and she was expecting my call. Marvin and Sarita had a close, lovely and transformative friendship. Sarita pushed Marvin to take care of his affairs after a surgical procedure about a year ago, when she found out he had no will, no healthcare directives, nothing. Marvin lashed out in anger because he feared death, and I believe he knew it was approaching. Sarita was resolute, meeting his anger and fear with her compassion and determination. And sometimes a little irritation. Because of her persistence, we could care for him now in accord with his wishes.

She answered, and I described my conversations with Keith and Kirk. We immediately agreed that it was time to change his hospital code to Do Not Resuscitate. Our exchange was loving, clear, connected. And anguished. This was our adored Marvin. Before changing the code, I would contact Darlene in the morning to include her in this profound decision.

I called our friend Rachel Flynn to let her know and because I needed to hear her say this was what Marvin wanted. She did. Marvin, Sarita, Rachel and I have been a small Sangha for many years called Great Spirit, honoring Darlene, whose Buddhist name is Great Spirit Manifesting Dharma. Darlene's teaching helped us develop the closeness, stability and clarity to handle this crisis. I fell asleep with my anxiety cradled in a commitment to care for Marvin and our Sangha.

When my eyes opened early on Friday morning, I felt weighed down with responsibility and no idea what this day would bring. Darkness was giving way to dawn as I arrived at the hospital. Marvin actually looked better, with some color and definition in his face. He was on a respirator, with an array of intravenous drugs; his skin was ice cold from the cooling process. I held his hand in mine, looked at his dear, lined face, and wondered what would happen.

Friday was a waiting game, with a constant stream of visitors. Someone described it as an ongoing Well Being Ceremony, a beautiful ritual with chanting, bells and drums in which healing and ease is offered to specific people and all beings everywhere. Some people simply meditated with Marvin, others talked to him and read to him, and everyone stroked his bald head and held his hand.

I checked in with the ICU to make sure so many visitors weren't overwhelming them. The nurse I spoke with smiled and said, "Oh no, its fine... it's not like you people are really wild or anything like that!" I sensed that they were enjoying the sound of chanting, and the energy of love and devotion.

I went to the hospital three times that day, working in between. In the early afternoon, I learned that the warming up process would begin at about 3:00 p.m. and continue through the next morning. He had even been able to breathe on his own for a few hours, although he was on the respirator again. His doctor told me that he was now, "cautiously optimistic," but he was

very clear that Marvin was still in critical condition. We would know nothing more until Marvin regained consciousness.

On Saturday, I knew I would be at the hospital all day. As soon as I arrived, I could see Marvin had lost Friday's modest progress. His face was again swollen, his color white, and he had not been able to breathe on his own again. He needed a high level of oxygen due to his heart not pumping properly. Blood and fluid was backing up in his heart and lungs. His nurse told me these issues often resolve through medication. We were still in a wait-and-see situation.

Visitors began arriving again early, and continued all day. Marvin was a long time volunteer at Zen Hospice Project, an active member of the Unitarian Church since 1955, and an indispensable resident at San Francisco Zen Center. He believed in helping and was always finding quiet ways to make a difference, doing the endless pile of dishes at Zen Center, lending money to people in need, and making it his business to keep the sidewalk and street outside the Unitarian Church swept.

Zen Hospice Project provides volunteers to Laguna Honda, a long-term care facility in San Francisco, and Marvin created their garden 10 years ago. He knew nothing about gardening, but somehow managed to nurture it into a beautiful bed of colorful flowers that provided peace and solace to Laguna Honda residents, volunteers and staff. Asked how to tend new seedlings, Marvin would always say, "I don't know, we'll plant them, water them, and find out."

I stepped out for a cup of tea at 4 p.m. When I returned, Keith was there. He put his arms around me and I shed tears for the first time. Then he took my elbow and said, "We need to talk, let's find an empty room." My heart started pounding as we found a quiet stairwell.

Keith explained that Marvin was now on dopamine and another powerful drug that were artificially elevating his blood pressure, masking the fact that his heart wasn't pumping enough blood, and his other vital organs were weakening. Essentially an extraordinary measure, I had not been consulted about these medications. This kind of intervention was often the first of several decision points that often backed loved ones into a corner by keeping a patient alive artificially and creating a spiral of false hope. Keith looked at me and asked, "Is this what Marvin wants? Is this what you want?"

I knew immediately that I needed to direct the doctors to end these medications. We needed to see if Marvin's heart and other vital systems could support him. And if they couldn't, it was time to let go. Keith and I called Sarita and laid out the situation for her. In an exchange of a few words, Sarita and I agreed that I would give the order. I got off the phone feeling somehow shaky and resolute at the same time.

I walked into Marvin's room and looked down at him. I felt the power of what I was about to do, what he had asked Sarita, Darlene and I to take care of, if he couldn't. Marvin, I thought, I am about to tell your doctors and nurses to take action that will likely end your life. I touched his hand and went to the nurse's station.

I asked Elaine, his evening nurse, to call Marvin's doctor, explaining that we had decided to discontinue his medications. She nodded, and looked me in the eye in a way that registered the seriousness of what was happening. In a moment, his doctor was on the phone. After

repeating back my directive, he said, "I do believe that if Marvin survives this, he will not survive intact." I realized that he was quietly supporting our decision.

Elaine talked with the doctor for a moment, hung up, and spoke with another nurse, who turned and said: "You realize that once he's off these medications, he won't last long?" "Yes," I said. "I understand." We gazed at each other in what felt like solidarity.

It was 7 p.m., and we left Marvin alone with his nurses. When we came back a little later, there seemed to be only us and him. It was partly because there was less equipment in the room and fewer lines hooking him up to medication drips and monitors of various kinds. But I think it was mostly because we knew there was little time left to be with him in this world.

Many people had been called to come to the hospital. His ICU room was already full, and still a nurse kept poking her head in the room to say, "More people for Marvin..." The medical staff was astonished. As I stepped out to make room, one of the nurses said to me, with tears in her eyes, "You just don't know how many people die alone. *This* is the way to die."

We surrounded Marvin, chanting, wrapping him in his priest garments, telling him that we loved him. His blood pressure and heart rate began to drop, and it seemed that he would leave us momentarily. He was taken off the respirator. His vital signs rose and after an hour it looked to be a long night.

At about 8:30 p.m., we left the room while the nurses made some adjustments. As we filed out, one of them said, "He is having a beautiful death." She told us that he looked wonderful, radiant, at ease.

We began to talk about shifts of people sitting with Marvin; I would stay the night. We had been in the hallway for a few moments when they called us back: "He is going." And we watched, chanting and touching him, while he took a few last quiet breaths and left us. It was gentle and his timing was impeccable.

When I think about Marvin's death and his ICU room overflowing with people, I reflect on his decision only a few years ago to no longer be alone. He had certainly fulfilled this commitment to himself. And in doing so he made sure that none of us were alone either.

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