

Write Your Own Ending

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Have you ever been watching a really great movie, thoroughly enjoying it, only to be disappointed by the ending? You sense the ending is near, things take a turn for the worse, and you're left with that overwhelming urge to say, 'NO... make it stop, go back!' I can relate. Haven't you wished at times that you could rewrite certain endings? Imagined a different, more satisfying conclusion that would have truly made the movie better? While we might not have complete control over how our own life ends, we do have a say.

This concept of "writing your own ending" was the central theme of an event I attended featuring Barbara Combs Lee, the author of *Finish Strong: Putting Your Priorities First at Life's End*. During her talk, a primary point was made that life is a story with a beginning, middle, and end. Our parents set the stage at the beginning, but in the early-middle of life, we take the reins and become the authors.

We meticulously plan our careers, family lives, where we live, and even our impact on others. But when it comes to planning our ending, we do the minimum or worse avoid planning at all. In fact, according to this [ongoing Pew Research](#), less than half of us take the initiative to write our own ending.

All too often, conversations about end-of-life preferences involve problematic statements like 'just shoot me' or the infamous 'pillow pact.' These are indicative of a preference for quality over quantity of life. Again, according to the Pew Research, 57% of American adults would prefer to stop medical treatment if faced with significant pain and little hope for improvement.

Turns out doctors aren't really prepared to help us write a good ending either. Atul Gwande, a practicing physician and author, points this out in his latest book, *Being Mortal*. Gwande brings an important perspective, that of a doctor. He points out that those who aspire to become a doctor do so because they want to help people, make them better, and save lives. Which is great, until it's not.

Gawande's insights highlight the distinction between "quantity of life" and "quality of life." A treatment or procedure may extend a person's life, but it could also permanently diminish the quality. All too often this important distinction is not clearly articulated or discussed between patient and physician. Without such important discussions the opportunity to have meaningful conversation regarding preferences and considerations of how to proceed is lost. And, that, can lead to sad endings.

Having spent the better part of a year studying late stage planning and end of life consideration, I'll share just a minute of what my personal experience and journey was like because I think it may be helpful to others. This research was done as a group project with my study group. Anyone who knows me, knows that I love my study group! We have monthly phone calls to discuss and share what we've learned and are researching. I generally enjoy the calls and look forward to them. But. This topic changed that. I found myself being "too busy" to do my research. The calls were uncomfortable. I didn't really look forward to doing the work. Gwande's book made me cry, several times.

This all came to a crescendo when preparing my advanced health care directive as part of a group exercise. I had an epiphany! The focus on planning my death and dying was making me sad; but, it was just that - a plan. I wasn't going to die because I put a plan in place. I was going to die (someday) because I am mortal. And like any other plan I create (or help clients create), it's not magically going to happen tomorrow. Just because I put a in place now, it didn't mean that my life was over. Rather, it brought more meaning and appreciation for

living. Further, it was similar to all the other planning in that it is something to review and update periodically.

As a financial planner, most of my work with clients revolves around the middle stages of life. In discussions with colleagues, I've noticed a significant neglect of end-of-life planning. Generally, people tend to avoid thinking, discussing, or planning for it. Unfortunately, this avoidance continues until one is faced with the overwhelming feeling of "NO... make it stop!" At that point, individuals are forced to make decisions, and substantive planning becomes impossible. My goal is to change this approach and encourage proactive end-of-life planning.

In our present time and in this country, as Coombs-Lee suggests, we are fortunate to have the privilege to author our ending. So, why not craft a positive one? This involves not only summoning the courage to delve into the subject, dare imagine an ideal ending, and nurture the relationships with those who you'd like involved. Equally important is ensuring that appropriate and supportive estate planning documents are in place and communicating your wishes with your loved ones.

I've assembled several resources you may find useful.

Those are:

- Compassion & Choices <https://compassionandchoices.org/resources>
- Prepare for you care <https://prepareforyourcare.org/welcome>
- Care Right <https://carerightinc.com/>

Additionally, you can borrow from Stephen Covey's 7 Habits of Highly Effective People. Habit number one is to begin with the end in mind. How do you want to be remembered?

One of the more lighthearted exercises I engaged in was planning my day of remembrance. There was something heartwarming about organizing a party for my friends and family, selecting my favorite location, choosing the music to be played, and food to be enjoyed. I want there to be a mood celebration for my life rather than mourning my departure. With a bit of time, reflection, and the acknowledgment of our mortality, I now feel empowered instead of sad and fearful. I encourage you to give it a try!

Disclosure

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