



# Jeevodaya Hospice

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Sr. Lilly Maria F.C.C., Chairman and President

## From the Editors Desk .....

There are only two constants in life and that is Change and Death. Many fear both. Writers and philosophers, have written about change and death. Emily Dickinson saw Death as a gentleman kindly holding open the carriage door for her, while Dylan Thomas asked us “Rage, rage against the dying of the light”.

This issue contains a thoughtful article which reflects on the impact death has on the person who is dying, his family and caregivers. Those who can die surrounded by care, without physical pain and emotional distress, with their dignity intact is blessed. For many this is a luxury. It is this realization that made Mother Teresa pick up people who were dying uncared for on the streets of Calcutta and bring them to her place, caring for them till they drew their last breath. Many had wondered when she began, what was the point of spending so much time and energy on people who have no chance of survival. But Mother Teresa who thought of death

as nothing but a returning home to God, believe that everyone should at least in the last moments of their life, live with dignity, their suffering eased with love and medicines. For those of us who are privileged to have people who love us, parents, sibling, children, friends, let us remember how blessed we are.

The suffering of the person who dies, is over at the moment of death, but it is a long journey of healing for those who survive. One comfort is that the person we lost, lives on in the memories of those who loved them.

We thank Dr. Ganapathy, a well known neuro surgeon from Chennai and a pioneer in the field of Tele medicine for permitting us to publish his insightful article on life and death.

We also thank Dr. Sharmila Krishnaswamy for lacing philosophy with a tinge of humour in the troubled times we all are facing.

- Sr. Lalitha Teresa

## Live well DIE WELL

*Death should not be  
considered an isolated event,  
but as a journey for  
which we need to prepare...*

**Dr. K. Ganapathy**

*“Death should not be considered  
an isolated event,  
but as a journey for which  
we need to prepare...”*

Sigmund Freud had said that we are all convinced of our immortality. Discussing death is considered macabre, ghoulish and in morbid taste. But the unexpected deaths due to the pandemic are making us review our “this cannot happen to me” certitude.

A good death refers to one free from avoidable distress and suffering for the patient, family and caregivers; generally in accordance with their wishes; and reasonably consistent with clinical, cultural and ethical standards. Death should not be considered an isolated event - a moment in time.

It is a process, and like all journeys, we need to prepare by relinquishing roles and responsibilities, completing financial arrangements and saying goodbye. Wherever possible, should it not behave the

attending clinician to consider patient preferences for treatment, a specific dying process, pain free status, emotional well-being and dignity should be ensured.

To quote Shakespeare, “O, let him pass. He hates him. That would upon the rack of this tough world. Stretch him out longer.”

A circle of support is relevant not just at the moment of death, but throughout the dying process. The journey towards death is as much about getting to know oneself as during any part of life. Learning to recognise our needs, be they medical, emotional or spiritual, becomes more relevant when we are closer to death. Earlier recognition is a major part of enabling a good death. Death is an inevitable part of life. Having the option to influence quality of death may generally suffice. Some wish to hasten the process. Several countries have laws allowing doctor-assisted active euthanasia. At no point in history have people lived as well as the present generation. So why not focus on the quality of our death as well?

A bad death is usually associated with violence, pain, dying alone, being kept alive against one’s wishes, loss of dignity, and being unable to let one’s wishes be known. Most individuals would prefer to die at home, at peace, with family members present. Do we want to be kept alive at all costs or do we not want to be resuscitated? Knowing our wishes makes it easier for the family and the healthcare provider.

## Devastating loss

COVID-19 deaths could be considered a “bad death”. It is devastating for the bereaved kin, whose grief is compounded by social isolation and inability to provide practical and emotional support.

The associated high stress is due to financial problems and worries about the health and quarantine of the whole family. Physical discomfort,

difficulty in breathing, social isolation, psychological distress, lack of preparation, treatment falling short of expected respect and dignity, and lack of privacy supplement occasional ostracism.

The family members are deeply distressed when they cannot bid goodbye, when the death is unexpected, when it is perceived to be preventable and treatments did not comply with the patient’s preferences. The last is often discounted particularly in a pandemic. Many of the face-to-face interactions that support older adults as they mourn, including time-honoured religious rituals and funeral services, are often prohibited, compounding the problem.

When in active neurosurgical practice, I had personally managed over 2,500 deaths. Primary

importance was always given to the quality of life. Patient and family wishes took precedence over using tomorrow’s “cutting-edge technology”. Retrospectively, viewing things from the quietude of retirement, I wonder if the quality of death should also have been specifically discussed. In the 2015 Quality of Death Index Report by The Economist Intelligence Unit, India was ranked 67th among the 80 countries studied. Why should enabling good death

“It is a process, and like all journeys, we need to prepare by relinquishing roles and responsibilities, completing financial arrangements and saying GOODBYE...”

be confined to palliative medicine specialists, a truly endangered species in India?

Should the “beneficiary” and the healthcare provider not discuss this every time along with management options? Many countries have death cafes where people drink tea, eat cake and discuss end-of-life care and death. Today, we have the choice of a good death. It is essential that we make a “living will” when we are in good physical and mental health.

## Quality of Death is as important as Quality of Life.

*(The author is a past president of the Neurological Society of India)*

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# COVID TALES...

*Snippets from the musings of  
a solitary soul in isolation!*

*(When you have only  
yourself for company!)*

*Dr. Sharmila Krishnaswamy  
(based in the United Kingdom)*

**TALE**  
**1** *When the country was struggling  
to get PPE for even the frontline  
workers in the hospital,*

*The security guards...two of them...  
one wore a mask, and the other  
hand gloves;*

*Except for the Covid wards, the  
doctors wore their name badges to  
frighten the virus; The nurses gave  
one of their severe looks to keep  
it at bay; The reception staff gave  
their sweet smiles to lure it into  
their web... Alas, nothing seemed to  
work!*

**TALE**  
**2** *It was an interesting week.  
I had my birthday celebrations on  
Zoom.*

*All my family participated.  
My niece from across the seas had  
baked a special cake for me,  
When I blew the candle on the  
computer, she blew on the candle  
on her cake for real at the other  
end and.....the whole family sang  
Happy Birthday...*

*Couldn't stop my tears from  
flowing....*

*Thank God for technology....  
Alone but not alone!*

**TALE**  
**3** *New hobbies?  
Be careful as to what you choose,  
I had this vision of becoming a  
multi cuisine chef..*

*I started collecting the favourite  
recipes of my diverse family spread  
all over the world... Result?*

*Are you looking for  
ingredients to make*

*Turkish delight?  
Conjeevaram idli?  
Spicy Rigatoni?  
Zucchini fritters?*

*Going online?.. forget it..*

*They are all under my  
kitchen table...  
You can have them for free!*

**TALE**  
**4** *Something gone forever...  
Lock down is easing off but..  
Had to bid goodbye  
to a young life.*

**TALE**  
**5** *Unreal times  
Unreal living  
Get through each day  
Be happy that you are living*

**TALE**  
**6** *The easing off of strict lockdown  
has caused me personal problems.....  
I can't walk on the middle of the  
road anymore*

**TALE** *I have a new friend*  
**7** *She is a white angel with wings.*  
*I don't have to socially distance*  
*from her*  
*She opens her door for me with a*  
*touch of my finger*  
*And spreads her wings with joy*  
*I sit on her lap and together we fly*  
*She glides without noise*  
*My silent obedient friend*  
*When we get back she closes her*  
*door and shuts her wings*  
*Shuts her eyes and goes to sleep*  
*My new beautiful Honda Jazz*  
*hybrid...*

**TALE** *My nerves were tingling in*  
*anticipation of the noise, the*  
*laughter, the hustle bustle*  
*But why are the sounds so muted,*  
*Oh, all noses and mouths are*  
*covered by a piece of cloth,*  
*Just like my nose and mouth too..*  
*Where was I? In the Himalayas?*  
*Nooooo, I am in the local super*  
*market.....*

**TALE** *The sun is shining,*  
**9** *The heat is seeping thru' the*  
*windows*  
*The sky is a brilliant blue*  
*The white clouds are making a slow*  
*journey some where*  
*The leaves are nodding gently to*  
*wave them goodbye*  
*I can hear the birds chirping*  
*Who said we are not lucky....*



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