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Goodbye to Jumpy: Lessons for the health system

By **Janice Lynch Schuster**

For 15 years, I have made a living writing about death and dying, and about aging and caregiving. My experience stems from having cared for my grandmother in the early 1990s, and I was motivated by my outrage at discovering a healthcare system that was anything but caring. These days, my nightstand is laden with books bearing titles such as *The Denial of Aging: Perpetual Youth, Eternal Life, and Other Dangerous Fantasies*, *Never Say Die: The Myth and Marketing of the New Old Age*, *A Bittersweet Season: Caring for our Aging Parents—and Ourselves*, and *Twelve Breaths a Minute: End of Life Essays*. Each is a good read, and each, in its own way, prepared me for the recent death of Jumpy, my 9-year-old son's dwarf hamster.

These days, I write about caregiving and care transitions. I was intrigued by the situation we faced with Jumpy's demise and struck by how well our veterinarian managed a situation physicians routinely back away from.

Jumpy's Diagnosis and Treatment Plan

In the early days of what would prove to be, in hamster years, a long illness, Jumpy just didn't look right: his ears were swollen and he scratched incessantly. Diagnosing either a parasitic infection or an allergic reaction, our vet treated Jumpy with the full arsenal of veterinary weapons: an anti-parasite medication, along with antibiotics and painkillers.

For two weeks, twice a day, one of us held the hamster while the other administered minuscule doses of what we hoped would relieve and cure him. Jumpy seemed to improve, although we failed to comply with a recommended follow-up appointment. I was on vacation, and my husband was busy. When we went back a couple weeks late, Jumpy had regressed and we were back to square one. More treatment followed, but Jumpy did not improve. His ears swelled, his belly was distended and he spent most of the day huddled in his hamster castle. His treadmill never moved.

I took him back to the vet, who explained our options. We could continue to treat Jumpy, every other week for the rest of his life, to the tune of some \$200 per visit. Or we could end treatments—and Jumpy—with an overdose of some drug. It was left to me to decide.

The irony of my situation was not lost on me. I have spent years writing about how families contend with decisions just like this: Insert a feeding tube or not, try a ventilator or let nature take its course. In the hypothetical world of writing, the answers always seemed plausible and I seemed confident. In the real-world situation in which I found myself—with a sobbing 9-year-old boy and

a quaking hamster of indeterminate age—it was less straightforward. Eventually, we agreed that it was time to end Jumpy’s suffering, that he would be cremated and that we would acknowledge and celebrate the happiness he had brought to my son.

Facing the End

It was so hard. I know, you’re thinking, “We’re talking about a hamster, for God’s sake!” And yet it was a living, breathing creature, one with whom my son had bonded and enjoyed good times. I can still picture Jumpy in the pilot’s seat of a G.I. JOE helicopter, and flash to an image from the movie of Beverly Cleary’s *The Mouse and the Motorcycle*. He was a rodent, pure and simple, and his problems paled in comparison to the rest of the world.

But in those problems lie kernels of understanding about the difficulty of end-of-life work. It was hard, painfully so, to tell my son that we could do no more for Jumpy. It was wrenching to witness him saying good-bye to his beloved pet. My son’s cries echoed through the vet’s office. The vet stood close to my son and told him how sorry he was for his loss, and how he hoped that he understood we were doing the best and right thing. How seldom we encounter that kind of compassion—that willingness to stand by us—in the healthcare system, yet how essential it is.

I would like to write a thank-you letter to the vet, acknowledging him for the compassion and human touch he showed to my little boy, who had just confronted the first of what is ultimately a lifetime of loss. Isn’t that the heart of what we can offer one another—a consoling and knowledgeable presence, someone to say how sorry they are, an affirmation that we are doing what is right and that parting is painful? I hope someone is there for my boy when he has to see me through, and I hope we all have a care system that has learned how to care. ■

Janice Lynch Schuster is the co-author of Handbook for Mortals: Guidance for People Facing Serious Illness (New York: Oxford University Press, 2011). She is a senior writer for the Altarum Institute in Washington, D.C.