



### The incredible lightness of sisterhood

Being a true pal means knowing how to make the other person laugh—especially when life isn't funny **BY MARCIA MENTER**

**L**ate September, 2013. An email from Juliette: “I need to add to your ridiculously busy schedule by bringing you up to date on my doings. Easiest would be a telephone call at your convenience. I am relieved to report that we are finally getting this show on the road.” I email back: “I can stop by this afternoon. Expect me 3-ish.”

Juliette is 96, old enough to be my mother but so not my mother. She’s the friend I tell the whole truth to, because truth telling is our mutual delight and we feel absolutely safe with each other. For 30 years and more we’ve been so close we speak in shorthand, two Gemini minds leaping madly between topics—highbrow and lowbrow, sacred and profane—without stopping to explain. So I know exactly what she means by “getting this show on the road,” and it’s not something to discuss over the phone. Besides, her hearing aid is on the fritz, and I don’t want to yell.

I arrive at her apartment to find her sitting at one end of the couch, her body so bent and twisted that she’s literally beside herself, top half next to bottom half. Juliette’s mind is sharp, but orthopedically she’s a mess. She needs a walker to totter between the couch, the bathroom, the computer and the recliner she sleeps in. When I come for lunch (takeout these days), I have to set the table—she can’t reach into the cupboard for dishes—and wash up afterward. We can no longer go to theaters or concerts or museums or restaurants, let alone travel to France together as we once (twice) did. This is a woman who was tall, fit and vigorous well into her eighties, when arthritis began to slow her down. Even then, being a New Yorker, she walked everywhere she could.

Now she needs 24-hour care. She wants no care at all. She has an aide, Jennifer, who’s paid to be there eight hours on weekdays but invariably gets sent home after four. As a former top executive of a *Fortune* 500 corporation—one of the few women of her time to attain such a position without a family connection—Juliette is simply not interested in an existence where she can’t brush her own teeth. »

She has been telling me for years, in her assertive hoot of a voice, that she wants to end her life. I once pointed out that she was saying this with a glass of excellent Champagne in her hand. She laughed, but she was dead serious. “I’ve had a marvelous life,” she said, “and it’s over.”

Arguably she’s depressed. I can hardly blame her. A few months ago, she fell during the night on her way from the bathroom. Of course, she wasn’t wearing her Lifeline pendant, which she loathes. So she lay on the floor until Jennifer’s arrival the next morning. Amazingly, she

years, she’s kept me in the loop as she put her affairs in order: the revising of the will. The emptying of the closets. The destruction of thousands of letters nobody needs to see. I confess I never thought she’d actually stop eating. She’s been hoping for the good death, the TV death, where you konk out swiftly and unmessily. But even at 96, she’s simply too *healthy* for that. So, well, here we go.

Juliette is still an excellent manager. She convinces the hospice doctor that this is what she wants; the hospice doctor gets the primary care doctor to certify that her prognosis is lim-

up and about, answering calls and emails and running a kind of last-chance salon. “Can you *believe* this?” she asks me. “Yeah,” I say, “you’ll never walk alone.” She laughs: “And you know the thing I’ve wanted *most* is to walk alone.”

visit every day, usually not for long. She professes to feel neither hunger nor thirst, though her mouth becomes terribly dry. Jennifer gives her water, which she swishes around in her mouth and spits into a basin, like a wine taster. She’s completely lucid the whole time and in better spirits than I’ve seen her for years. We have some marvelous talks. And no, I do *not* recommend taking this way out. Waiting for your body’s perfectly healthy systems to break down as you become weaker and weaker: This takes a determination and strength of purpose few people possess. Juliette does it so elegantly, I can only attempt to play my part with equal aplomb. For her sake and everyone else’s,

I need to be as strong as she.

But I’m not. I realize I’m losing it when I try to off my cat.

Nellie, a black tabby with gold eyes, is 20, roughly Juliette’s age in cat years. She, too, is on her way out. Her kidneys are shot. The fur on her belly is falling out, and she needs daily injections of fluids. She lives on a towel at the foot of my bed but still has an appetite and gets to the litter box by herself. Nevertheless, I decide it’s time to ease her passage. I summon the house call vet, who takes one look at Nellie—as she eats, washes her face and hops on and off the bed—and says, “This is not a dying cat. Maybe soon, but certainly not now.”

I email Juliette that Nellie is still with us. She writes back, “Just remember there is a point involving pain when you owe her.” Juliette has made it quite clear to her doctors that she wishes they could do for her what I can do for my cat.

It takes Juliette 13 days to die; she can’t *believe* how long it takes. She was trained as a chemist and has a scientist’s interest in observing the process—“running the experiment,” as she calls it. But mostly she wants to be gone. A few days before the end, she gets into the hospital bed. She becomes restless and uncomfortable. The hospice nurse tells me she needs

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didn’t break any bones and was little the worse for it. But I think the fall decided her. She’s seen too many of her friends go down this path: the first fall, the second fall, the stroke, the dementia, the medical interventions, the drawn-out death. She wants none of it.

**N**ow she tells me her plan: to persuade her doctor to agree to put her into hospice care and, once that’s in place, to stop eating and drinking. Her care manager, Irene, has told her this is the way many elderly people choose to end their lives. It’s legal—suicide, but in no way “assisted”—and the hospice doctor prescribes palliative medications. Irene claims the process takes about five days, which will turn out not to be the case. “We’re meeting with the hospice doctors next Tuesday,” Juliette says brightly, “and then they’ll meet with my primary care doctor, and if all goes well, I’ll stop eating on October 7.” Do I try to talk her out of it? Of course not. It’s quite clear this is what she wants, and she’s almost cheerful at the prospect of taking control of the end of her life.

I begin mentally clearing my calendar. I’m her health care proxy and executor, so I have a big job ahead of me. (Juliette has outlived almost all her contemporaries, and her few remaining relatives are not nearby.) Over the

ited to months rather than years; a hospital bed is delivered; Jennifer and another aide are hired to be there for the duration; and Juliette has her last meal on October 6. I bring lunch—smoked salmon and lobster sandwiches—and she, as always, provides the Champagne. Not that she’s terribly interested in food or drink. She’s focused on the task ahead.

Juliette is loved by many, but she actually thinks she can slip away without anyone noticing. “If people hear that a 96-year-old woman has died in her sleep, they’re not going to question it,” she says firmly. I roll my eyes. “Juliette,” I say, “there are people you *have* to tell, people who will be terribly hurt if you don’t—John, and Gunnar and Ching, and the nieces...” She sees the logic of this. So a couple of days into her fast, she begins calling and emailing her friends and family. In the most matter-of-fact tone imaginable, she tells them she’s gone into hospice and stopped eating and drinking. She thanks them for their friendship. And with my permission, she lets them know they can contact me, which they *all* do. I become, for want of a better term, her press secretary. I guess I don’t mind. It’s a useful distraction.

No one is shocked; no one tries to discourage her. They’ve watched her physical decline. Quite a few people ask to visit, if only for a few minutes. For well over a week she’s still

## FAB FINDS

### SUPER BUGS IN YOUR SUPPER

Findings are not yet conclusive, but a project conducted by Lance Price, PhD, a microbiologist at George Washington University, provides a hint. For several years, he has analyzed the genetic codes of resistant bacteria found in UTIs and on supermarket meat, using samples from one large city as a proxy for the entire United States. The overlap so far comes out to 10 percent. “And that’s our conservative estimate,” Price says. “But 10 percent means that 600,000 to 800,000 UTI infections every year are coming from the food supply in the United States.”

So until antibiotics are removed from the food chain, how do you protect yourself from resistant UTIs? Your first step is to try to avoid getting any kind of bladder infection. The Mayo Clinic recommends wiping yourself from front to back after a bowel movement and also emptying your bladder right after intercourse. Also, follow standard food-preparation-safety recommendations. To reduce your exposure to antibiotics, buy meat, especially chicken, that comes from animals raised without them. The most trustworthy label claim, approved by the U.S. Department of Agriculture, is NO ANTIBIOTICS EVER, or NAE. In fact, if you want antibiotic-free poultry, NAE is a better choice than ORGANIC, because USDA rules allow antibiotic use in organic chickens on the first day of their lives.

Because of varying vigilance on farms, and the possibility of contamination in packaging or at a store, NAE is not an iron-clad protection, but it greatly reduces the chances of exposure to resistant bugs, and now most major chicken companies have no-antibiotics subsidiaries.

Researchers of the resistant-UTI problem point out that the more consumers buy antibiotic-free meat, the more farmers will produce it. Conversely, says Price, “every time farmers use antibiotics, we encourage the next wave of superbugs.” With antibiotics being employed across a large swath of animal farms, “we are providing resistant bacteria with a lot of opportunities,” he adds. ☉

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### THE INCREDIBLE LIGHTNESS OF SISTERHOOD

CONTINUED FROM PAGE 73 morphine but won’t ask for it. This is when I’m glad I’m her health proxy. “Give it to her as often as she needs it,” I tell Jennifer. A few drops on the tongue. Great stuff, morphine.

I’m not with her when she dies, at around 8:45 AM on Sunday, October 20, 2013. Jennifer calls to let me know, saying the end was so peaceful, it was hard to tell exactly *when* it happened. I take a cab to Juliette’s apartment to wait for the funeral home to pick her up. Everything is prearranged and paid for, the relevant paperwork in neat folders on the dining room table. Juliette wants no funeral and no memorial, just cremation and burial at sea. If she did want a memorial service, I wouldn’t be the right person to arrange it. I hate those things.

When I get back home, I kiss Nellie’s black-striped head. “You win,” I tell her. She emits a small grunt. In another couple of weeks, it will indisputably be her time.

I’ve never lost a friend as close as Juliette. I certainly can’t say I didn’t see it coming. I can say she evaluated her position, made the best available choice and didn’t regret it for a second. I’m still not sure what it will mean to mourn her, because as her executor, I’ve basically *become* her, carrying out her wishes as best I can. I’ve had to empty her apartment—did I mention that she had more than 10,000 books?—sell it and prepare to distribute her assets, mostly to charity. I’m the best person for this job. I knew her *very* well.

Of course, I can no longer have that endless conversation with her about what we’re reading or writing or seeing or hearing, about everything that matters or doesn’t matter. At some point, I’m going to have to open the last half bottle of her Champagne. It’s still sitting in my fridge. ☉

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