



Engaging Aging

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Sisters Face Death with Dignity and Reverence

by Jane Gross

PITTSFORD, N.Y. — Gravely ill with heart disease, tethered to an oxygen tank, her feet swollen and her appetite gone, Sister Dorothy Quinn, 87, readied herself to die in the nursing wing of the Sisters of St. Joseph convent where she has been a member since she was a teenager.

She was surrounded by friends and colleagues of nearly seven decades. Some had been with her in college, others fellow teachers in Alabama at the time of the Selma march, more from her years as a home health aide and spiritual counselor to elderly shut-ins.

As she lay dying, Sister Dorothy declined most of her 23 medications not essential for her heart condition, prescribed by specialists but winnowed by a geriatrician who knows that elderly people are often overmedicated. She decided against a mammogram to learn the nature of a lump in her one remaining breast, understanding that she would not survive treatment.

There were goodbyes and decisions about giving away her quilting supplies and the jigsaw puzzle collection that inspired the patterns of her one-of-a-kind pieces. She consoled her biological sister, who pleaded with her to do whatever it took to stay alive.

Even as her prognosis gradually improved from hours to weeks and months, Sister Dorothy's goal was not immortality; it was getting back to quilting, as she has. "I'm not afraid of death," she said. "Even when I was dying, I wasn't afraid of it. You just get a feeling within yourself at a certain point. You know when to let it be." *(Continued on page 2)*

“It is not death that will come for me, but God.”

St. Thérèse of Lisieux



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Sisters Face Death with Dignity and Reverence (Continued from page 1)

A convent is a world apart, unduplicable. But the Sisters of St. Joseph, a congregation in this Rochester suburb, animate many factors that studies say contribute to successful aging and a gentle death — none of which require this special setting. These include a large social network, intellectual stimulation, continued engagement in life and spiritual beliefs, as well as health care guided by the less-is-more principles of palliative and hospice care — trends that are moving from the fringes to the mainstream.

For the elderly and infirm Roman Catholic sisters here, all of this takes place in a motherhouse designed like a [lay] secular retirement community for a congregation that is literally dying off... On average, one sister dies each month, right here, not in the hospital, because few choose aggressive medical intervention at the end of life, although they are welcome to it if they want.

“We approach our living and our dying in the same way, with discernment,” said Sister Mary Lou Mitchell, the congregation president. “Maybe this is one of the messages we can send to society, by modeling it.”

Primary care for most of the ailing sisters is provided by Dr. Robert C. McCann, a geriatrician at the University of Rochester, who says that through a combination of philosophy and happenstance, “they have better deaths than any I’ve ever seen.”

Dr. McCann’s long relationship with the sisters gives him the time and opportunity, impossible in the hurly-burly of an intensive-care unit, to clarify goals of care long before a crisis: Whether feeding tubes or ventilators make sense; if pain control is more important than alertness; that studies show that CPR is rarely effective and often dangerous in the elderly.

“It is much easier to guide people to better choices here than in a hospital,” he said, “and you don’t get a lot of pushback when you suggest that more treatment is not better treatment.”

But that is not to say the sisters are denied aggressive treatment. Sister Mary Jane Mitchell, 65, chose radical surgery and radiation for a grave form of brain cancer. She now lives on the Alzheimer’s unit, unable to speak and squeezing shut her lips when aides try to feed her.



James Estrin/The New York Times

Then there is Sister Marie Albert Alderman, 84 and blind in one eye from a stroke. She sees a kidney specialist, who, she says, “is trying to keep me off the machine by staying on top of things.” By that she means dialysis, which she would not refuse. “If they want to try it, fine,” she said. “But I don’t want it to go on and on and on.” (Continued on page 3)

(Left) Sr. Mary Lou Mitchell, SSJ, President, visiting Sr. Helen Goschke, SSJ

Sisters Face Death with Dignity and Reverence (Continued from page 2)

But Sister Mary Jane and Sister Marie Albert are exceptions here. Few sisters opt for major surgery, high-tech diagnostic tests or life-sustaining machinery. And nobody can remember the last time anyone died in a hospital, which was one of the goals in selling the old motherhouse, with its tumble-down infirmary — a “Bells of St. Mary” kind of place — and using the money to finance a new facility appropriate for end-of-life care.

“There is a time to die and a way to do that with reverence,” said Sister Mary Lou, 56, a former nurse. “Dying belongs at home, in the community. We built this place with that in mind.”



In the old motherhouse, the infirmary was a place apart. Here, [*new motherhouse, pictured left*] everyone mixes. Of the 150 residents, nearly half live in the west wing, design-

ated for independent living, in apartments with raised toilets, grab bars and the like. Forty sisters live in assisted-living studios, and another 40 in the nursing home and Alzheimer’s unit, all in the east wing, with the chapel, dining rooms and library at the central intersection.

Remaining money from the sale of the motherhouse went into a shared retirement fund covering the women’s lodging and medical care, along with Social Security payments of the retired and salaries of those still working. Dr. McCann bills Medicare for home visits, although most of the care he delivers is not covered by the government and goes without reimbursement.

Dr. McCann said that the sisters’ religious faith insulated them from existential suffering — the “Why me?” refrain commonly heard among those without a belief in an afterlife. Absent that anxiety and fear, Dr. McCann said, there is less pain, less depression, and thus the sisters require only one-third the amount of narcotics he uses to manage end-of-life symptoms among hospitalized patients.

On recent rounds, Dr. McCann saw Sister Beverly Jones, 86, a former music teacher losing her eyesight. Upbeat, Sister Beverly told the doctor about the latest book she was reading using a magnifying device — “Beethoven’s Hair” by Russell Martin, about the composer’s DNA.

He also saw Sister Jamesine Riley, 75, once the president of the congregation, who barely survived a car accident that left her with a brain injury, dozens of broken bones and pneumonia. “You’re not giving up, are you?” Dr. McCann asked her. “No, I’m discouraged, but I’m not giving up,” Sister Jamesine replied in a strong voice.

Some days, Dr. McCann said, he arrives with his “head spinning,” from hospitals and intensive-care units where death can be tortured, impersonal and wastefully expensive, only to find himself in a “different world where it’s really possible to focus on what’s important for people” and, he adds, “what’s exportable, what we can learn from an ideal environment like this.” (Continued on page 4)



Sisters Face Death with Dignity and Reverence (Continued from page 3)

Laura L. Carstensen, the director of the Center on Longevity at Stanford University, says the convent setting calms the tendency for public policy discussion about end-of-life treatment “to devolve into a debate about euthanasia or rationing health care based on age.”

“Every time I speak to a group about the need to improve the dying process, somebody raises their hand and says, ‘You’re talking about killing old people,’ ” Dr. Carstensen said. “But nobody would accuse Roman Catholic sisters of that. They could be a beacon in talking about this without it turning into that American black-and-white way of thinking: Either we have to throw everything we’ve got at keeping people alive or leave them on the sidewalk to die.”

Often the Roman Catholic position on end-of-life issues is misconstrued as “do anything and everything necessary” but nothing in Catholic theology demands extraordinary intervention, experts say, nor do the sisters here, or their resident chaplain, Msgr. William H. Shannon, 91, advocate euthanasia or physician-assisted suicide.

“Killing somebody who is very, very old, with a pill or something, that isn’t right,” Sister Dorothy said. “But everybody has their own slant on life and death. It’s legitimate to say no to extraordinary means. And dying people, you can tell when they don’t want to eat or drink. That’s a natural thing.”

Barbara Cocilova, the nurse practitioner here, sees differences in the health of these sisters compared with elderly patients in other settings. None have chronic obstructive pulmonary disease (perhaps because they do not smoke) and only three have diabetes (often caused by obesity). Among those with Alzheimer’s, Ms. Cocilova said, diagnostic tests tend to produce better-than-expected results among those who are further along in the disease process, a possible result of mental stimulation.

Dr. McCann and others say that the sisters benefit from advanced education, and new ventures in retirement that keep them active. Sister Jamesine was a lawyer who founded a legal clinic for Rochester’s working poor. Sister Mary Jane Mitchell was the first female chaplain in a federal penitentiary.

Sister Bernadine Frieda, 91, spry and sharp, spends her days visiting the infirm with Sister Marie Kellner, 77, both of them onetime science teachers. Sister Marie, who left the classroom because of multiple sclerosis, reminds an astounded sister with Alzheimer’s that she was once a high school principal (“I was?!”) and sings “Peace Is Like a River” to the dying. “We don’t let anyone go alone on the last journey,” Sister Marie said.

“This is what our society is starved for, to be rich in relationships,” Sister Mary Lou said. “This is what everyone should have.”

Aging Engaged



Sister Genevieve Kureth, DC

An entire generation of women in religious life - and probably more - know these two Daughters of Charity as significant figures in their lives. When stories are told of early days of formation, both names are spoken with love and profound respect. When conversations deepen to touch upon the lessons of life, both names surface as the kindest of instructors. When memories are shared of postulatum, seminary, first missions and vow formation, these are the sisters who rest at the center of the tales. They have companioned untold numbers from adolescence to adulthood in community, and far more beyond the boundaries of religious life.

But here's the wonder: Sister Genevieve Kureth and Sister Marian Hagner don't rest in the past. They are gifting in the now. They continue to teach and inspire the lives of so many people. They counsel and console with letters, cards, and calls. With open arms, they receive visitors from across the country, enjoying those who

come before them. They listen with an interest that is an offering of love itself. The spirit of their community's founders, St. Vincent de Paul and St. Louise de Marillac, is as much a part of their lives as is breath itself.

Both natives of Baltimore, MD, they have traveled diverse roads of ministry, always in willing response to the presenting needs before them. Sr. Genevieve has served in the care of troubled youth and in infant care as a psychologist. As Provincial Councilor and as Visitatrix (Provincial Superior), Sister has served the internal workings of the Emmitsburg Province of her community.

Sister Marian's ministries have been centered in the field of education, including teaching, guidance counseling, and principalship. Sister generously served in internal ministry to her community as well, assuming the positions of Seminary Directress, Sister Servant, and Director of the Provincial House.

Currently, both sisters reside in their Provincial House in Emmitsburg, MD. We applaud their vibrant engagement of life.



Sister Marian Hagner, DC

Yielding to Mystery

Sister Rose Mary Dougherty, SSND

Co-Director of Companioning the Dying, Silver Spring, MD

In the early years of my life as a religious, the first Sunday of each month was dedicated to reflecting on death. During November we returned to this theme. I don't think the reflection was meant to frighten us or to disengage us from life. Rather, it was meant to help us live more earnestly, to generate what we might have called "religious fervor." But staying with this reflection was one of the hardest things I was asked to do. I just couldn't do it. Of course we would all die. Why belabor the point? My head understood; my heart did not. Death was still far away.

Then in the early 90's, before apartheid had ended in South Africa, I agreed to go there to work with spiritual directors. As I prepared, I began to have an underlying sense I would die there. I had no fear or heaviness, just the thought I would not come back. My theoretical questioning about death was put to rest. I now had to deal with the matter on a personal level. And I continue to deal with it, grappling with understanding the dying process itself.

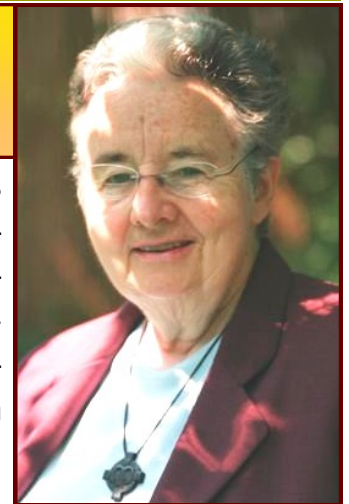
Dying persons themselves have been my greatest teachers: the priest who knew that though there were many people who wanted to be with him, he needed to be alone with "the few faithful friends who could pray (him) into God"; my old friend, Ray, who despite years of cherished independence and privacy, let go into life, not only bearing what life had sent him in his final illness of cancer, but welcoming all of it, including the twenty-four hour personal care in his

home; Joe, who weeks before he died had chosen psychological isolation, unwilling to communicate even with his doctors, and then within hours of his death, reached out to take my hand as I sat with him and gave himself to

death, hand-in-hand; my sister, who days before her death talked constantly about the big party we had to get ready for; and now my brother, diminishing rapidly from Parkinson's - crinkled smile, soft voice, bright eyes, embracing life as fully as death, saying every goodbye with, "Thank you for everything; I love you." They've taught me more by presence than by word. Except for Ray, there have been no words about dying. And the most he would say is, "Always something new, isn't there Rose Mary? But it's all so beautiful."

I've wanted to ask my brother what it's like for him now but I suspect he has no words. And even if he did, he could never convey the transformation I sense happening within him, that which I can only imagine because I see his peace.

But what dying is for him is not what it will be for me or you. There is no blueprint for dying nor one right way to companion the dying. The best we can do is bow in the presence of this mystery and trust we'll be shown our place of entry.



Sr. Rose Mary Dougherty, SSND

Rose Mary Dougherty, SSND, offers retreats & spiritual direction, and with Amy Hoey, RSM, co-directs the program COMPANIONING THE DYING. Visit <http://www.companioningthedying.org>

From the Offices of NRRO

Brother Robert Metzger, SM
Associate Director of Planning & Education



In a recent NRRO survey many responders said they were interested in seeing this office develop a workshop on dealing with grief. We are currently putting the finishing touches on that program which we will offer early in 2011. The workshop is entitled *Through Grief to New Life: A Spirituality for Meeting God in Transition Times* and is intended for members of an institute's leadership team.

One of the goals of the workshop is to introduce the participants to the power of unresolved grief, its affect on a congregation as well as introducing a process that will help religious heal unresolved grief. More information on this workshop will be sent out in the coming months.

From the Editor's Desk

Sister Sherryl White, CSJ, Ph.D., Psychologist, Pittsburgh, PA



Have you ever experienced a conversation that babbles along easily, then suddenly erupts in an icy spray of water? It happened to me recently during a routine visit to my doctor. We chatted easily about summer updates and wonderings regarding the passage of time. Smiling, Dr. Pierce began telling me about an exchange she'd had with her 11 year old son. Reviewing his lessons, he was sharing the story of Jesus raising Lazarus from the dead. With innocence and wisdom borne only by youth, he turned to her and said, "You know, Mom, I wouldn't mind dying." Eyes wide open now with caution lights flashing in her mind, Dr. Pierce let the seconds tick by. Her son contin-

ued, "Don't get me wrong, Mom. I don't want to go. But wouldn't it be great to experience that feeling of having Jesus' arms wrapped around you?"

Splash! The last time I faced the prospect of dying, I was in a plane that had lost its hydraulics (translation—ability to brake) and we were preparing for an emergency landing. Instead of anticipating the loving embrace of Jesus, I was frantically searching my memory for the "perfect" act of contrition. Insurance!

When did you last think about the prospect of death? How tangible is God's love in your life? What are your hopes and fears? May the complex beauty of fall draw you more deeply into life's reflections. As always, may we be well.

NRRO Calendar

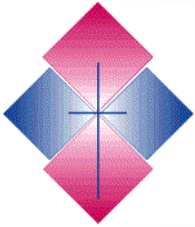
Sept. 28: Training for New NRRO Consultants; Washington, DC

Oct. 19-20: NRRO Retirement Planning Workshop for Small Institutes; St. Louis, MO

Oct. 21-24: CMSWR National Assembly; Belleville, IL

Dec. 11-12: Retirement Fund for Religious National Collection Date





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The National Religious Retirement Office coordinates the national collection for the Retirement Fund for Religious and distributes this money to eligible religious institutes for their retirement needs.

The National Religious Retirement Office supports, educates and assists religious institutes in the U.S. to embrace their current retirement reality and to plan for the future.

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