

Saying Goodbye

By Scott Laird

Elton John once said “Sorry seems to be the hardest word,” but I think maybe “goodbye” is even harder.

The death of a friend or a family member can often be a traumatic and very personal experience. How we grieve the loss of a loved one or someone we care about is also very personal, with no right way to do it. All of us view death differently. We all handle it in our own way. We each need to say goodbye in our own way.

Two weeks ago our family lost one of its members, our dog Laslo. Laslo joined our family eleven years ago as a rescue. An Australian shepherd, he had been picked up running wild as a stray and had not done well in the confines of the pound. No one wanted to adopt him, but the people from Indigo Rescue saw something good in him and gave him a final chance. He bounced from several foster homes before he came to us; we also intended to foster him and see if he would fit into our family.

Laslo was high strung and wary at first but we adopted him anyway. He took a long time to adjust and trust us, but eventually we began to see what a great dog he could be and he became a playmate to our first dog Fiona and then a loving big brother and buddy to our next rescue, Oka. He was our protector, our friend, and our companion. He was such a good boy.

Laslo died on the evening of January 20 when he escaped through a gap in our fence and ran off chasing deer. He was hit and killed by a car just blocks from our home. We were shocked, devastated and heartbroken by this sudden loss.

Just a few days after Laslo’s death I learned of the suicide of a friend from high school in Pennsylvania. He was living in Eugene, had been suffering from mental health issues, and had recently become despondent over the death of his dog. He shot himself, alone in a motel room.

These two deaths have left me with a lot to think about. There have been feelings of guilt, blame, and regret. The night Laslo was killed I was reflecting and realized that I could not remember the last time I saw or interacted with him. I had been home most of the day, yet I could barely register him being around. My wife reminded me that he had been sitting on the couch between



us, right before he went outside and was gone. And I didn’t remember.

Recently I’ve been seeing reminders to not take our loved ones for granted, to tell them often that we love them, and to remember that life is fragile and can be gone so swiftly. I have a much deeper appreciation for those messages today than I did two weeks ago.

There is no easy way to say goodbye when faced with a sudden and tragic loss.

In contrast, our oldest dog, Fiona, is 15. She had a stroke over a year ago and we began preparing ourselves for her passing. But she rebounded and partially recovered, although her mobility has been severely reduced, she is now losing a lot of weight, and we are having to manage quite a bit of pain. She still enjoys her meals and seems fairly bright eyed and alert. But it’s obvious the end is near for her.

When both my parents reached old age old and became sick within a few years of each other it was difficult but having time to prepare made it easier. These recent experiences with death and dying have brought me to a very profound realization; most medical professionals are not trained to prepare us to say goodbye.

In his book, *Being Mortal: Medicine and What Matters in the End*, Doctor Atul Gawande explores death and dying in American culture and proposes a change in the philosophy of end of life health care. Gawande explains that medical professionals are too focused on treating advanced diseases, and that both society and the health care industry need to adapt to help those reaching the end of life to think about and achieve what matters most to them. “Medicine has been slow to apply the knowledge we have about how to make old age better,” he says, and argues that doctors

should not only treat disease but also concern themselves with people’s functional abilities. He says that most medical trainees should be required to study geriatrics and know more about the personal needs of the elderly and their loved ones.

My father was in poor health when he entered the hospital two years ago to have surgery for a wound on his leg that refused to heal. A friend counseled me that he was most likely slowing dying and that his body was breaking down and was unable to repair itself. The surgery was unsuccessful and immediately afterwards my father had a minor stroke, followed by a massive one. He lost a lot of his functionality.

Our family started to discuss palliative care on our own, which focuses on providing patients with relief from the symptoms and pain and the physical and mental stress of a serious illness, whatever the diagnosis, with the goal of improving the quality of life for both the patient and the family. Palliative care provides therapies without the intent of finding a cure when no cure can be expected. Once we brought up the idea of moving to palliative care a new group of medical personnel was brought in to work with us and we made the difficult decision to take our father home and enter into hospice care. Not knowing we had chosen to move in a different direction, when the original surgeon came to discuss next steps, like amputation of the leg and then future therapy, we stopped him and told him we were not going to extend treatment. His focus changed immediately and he agreed this was the best idea, even though he would not have made that suggestion to us on his own.

Rather than ensuring health and survival, Gawande writes that, in his view, the job of members of the medical profession, should be “to enable well-being.” He argues against the “treatment-at-all-costs” model that has prevailed in the industry, writing, “People with serious illness have priorities besides simply prolonging their lives.”

As our dog Fiona reaches the end of her life, we recently visited with our vet to better manage her pain. Initially the vet had said they wanted to do more tests, but after seeing Fiona’s condition and talking with us about our concerns that focused on making her comfortable, the vet was willing to prescribe additional medications,

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One year subscriptions
(24 issues) \$35

Vernonia’s Voice is published
on the 1st and 3rd Thursday
of each month.

Vernonia’s Voice, LLC
PO Box 55
Vernonia, OR 97064
503-367-0098



www.VernoniasVoice.com

without further testing, blood work, and expense.

Having the opportunity to emotionally ready ourselves and say goodbye is so very different from losing someone suddenly, but a tragic and unexpected loss can also help to instill the importance of preparing for an imminent death. Continuing to treat illness at the end of life with the hope of finding a cure often leads us to ignore the inevitability of death. We often fail to talk about or reflect upon the outcome that is much more likely.

For me, one of Gawande’s most profound statements in his book addresses the unwillingness of our culture to examine and except our own impermanence. “Arriving at an acceptance of one’s mortality and a clear

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