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Distractions, Disruptions and Decisions

BY SUSAN E. MURRAY

It wasn’t easy that last few weeks. As Doris and Millard accepted help packing their belongings, it was marking the end of life as they had known it. Doris had to say goodbye, not only to her neighbors and friends, but also to the vast garden of flowers she had tenderly cared for through the years. But they had told their children, “When you know it is time for us to move and we can’t manage well on our own, you are to let us know and we will comply.” That they did, even though neither wanted to move. They moved, they adjusted for the most part, and now they await resurrection morning, buried next to each other. The lessons we learned from them are many, including “knowing when to let go and doing it with grace.”

What at first begins as a distraction — a loved one’s forgetfulness, not caring for their home in the way they used to, hygiene and eating habits slipping, all too often become disruptions. A disruption causes family members to no longer ignore or hesitate to “push” in responding to an urgent issue. Sometimes decisions are made in haste, feelings are hurt, and needs are not met in the best way possible.

Before distractions become disruptions, how about starting the conversations early? In regard to a loved one’s independence, some questions can include:

“What do you want us to do if we think it is no longer safe for you to drive, live independently or handle your personal affairs?”

“What do you want us to do if you become resistant to our attempts to help?”

“If you have care needs, would you prefer to stay home, move in with family or move to an assisted living facility?”

“Who is, or who do you want to be, your POA (Power of Attorney) to manage your personal and physical affairs?”

Regarding health and treatment, some questions can include:

“What are your thoughts about pursuing medical treatments versus alternative therapies to fight an illness?”

“What are your thoughts about pursuing surgery that might enhance your quality of life (e.g. hip or knee replacement) versus ones that will prolong life for a time but not cure your condition?”

“Do you have a living will or trust and where is it located?”

“Who is, or who do you want to be, your POA to make healthcare decisions for you if you are unable to do so?”

You, the reader, may have already had a version of these conversations, whether you are the grown child or the parent. However, many have difficulty bringing up the inevitable — sometimes it’s the parents, other times the children, and sometimes it’s both. Rather than making assumptions that may be mis- or uninformed, consider starting the conversation yourself.

End-of-life issues are sobering, but how much easier it is when we understand another’s heart desires and know how they want to be remembered.

Susan E. Murray is professor emerita of behavioral sciences at Andrews University, certified family life educator, and licensed marriage and family therapist.