

Putting Things in Perspective

Stories from a Hospice Volunteer: K.C.

- By Tim Tosta

It is a particularly hot Sunday afternoon, the hottest of the year, so far. I am sitting on my shaded front porch, next to our 9 year old golden retriever, K.C.

K.C. is not doing so well in the heat. In fact, K.C. is not doing so well at all. About a year ago, we began to notice that K.C. had given up “lead dog status” on long walks with his 9 year old, Golden Retriever “brother,” Carter. We didn’t think too much about it at the time. We had taken him to the veterinarian, but he detected nothing irregular. We attributed his “slowing down” to his heart, which featured a thickened aortic valve.

In fact, when we first got K.C. as a eight week old puppy and had taken him to a veterinarian for his first check up, we were advised that he suffered from SAS (subaortic stenosis), which is common in Golden Retrievers. The vet recommended that we return K.C. to the breeder as it was uncertain how long he would survive. K.C. had been certified as SAS free by the breeder, so when I told him of the diagnosis, he offered to return our money. I asked what he would do with the pup. He told me that he would “give it away.” I told the breeder that if he returned our purchase price, I would keep K.C. and find another pup to raise with him for whatever limited life he was blessed to receive. That’s how Carter came into our lives.

K.C. is the strawberry blond, Carter is deep auburn. The boys bonded immediately. They became a team – K.C., the “energizer”; Carter, the Sherman Tank. K.C. literally ran circles around Carter. Despite his defective heart, he was fastest, first and friskiest. He wore a perpetual smile. If there was a ball, K.C. chased it – again and again and again. My arm or my interest often would give out long before K.C.’s legs or interest. Carter, a bit dour, and trying to be the Alpha male, moved slower and I would like to say with “purpose” or “determination,” but it wasn’t so. He would turn toward where the ball was thrown, run about twenty yards, eating K.C.’s dust, then he would just stop. As K.C. returned, Carter would make a play for the ball. Then, K.C. would evade him. And we would start the fetch game again. On some days at the beach in Half Moon Bay, Carter and I would clock five miles while K.C. racked up twenty, chasing back and forth along the Pacific sands.

I came to learn that the cheapest investment in owning a Golden Retriever is the purchase price. Carter came with bad knees. Each was rebuilt at a cost of \$2,000 a piece. We had to rebuild the first knee twice. You can do the math.



K.C. liked to chew things. One 4th of July, we could not locate K.C.’s braided nylon leash. When he refused to eat, we took him into the emergency room vet, where we learned that K.C. had ingested the entire 6 foot cord which had become entangled in his stomach and intestines. That was a \$3,000 surgery, made twice as expensive due to the holiday emergency.

But Golden Retrievers are extraordinary dogs. They lead remarkable lives. They really only do four things. They sleep. They eat. They play. And they love.

My first dog was a golden retriever (Tipper), a lovely female who already was a few years old when I arrived on the scene in 1948. She became my best friend during my life’s early years. She died at 13, but I didn’t know much about dying then. One day she was just gone and I was alone.

I subsequently had experienced a number of different breeds in my life – a hyped up, dingbat Irish Setter, two sweet, cuddly West Highland White Terriers, both named “Mac,” a languid cocoa colored bloodhound and a wonderful black and white curly haired little mutt named “Daisy.” But, none of them compared to the love output of the Goldens. Goldens exist to remind us that love given on a consistent and indefatigable basis makes for a beautiful world. Goldens also like to joke and play.

How could I not smile when I came to realize that K.C. liked to body surf? He would wade into the breach break, turning his hind end toward the cascading wave and, when it hit him, ride the surge to shore. I didn’t see the pattern immediately. And, frankly, when I began to get what he was doing, I couldn’t believe it. And every so

often a big one would roll through, giving K.C. an unexpected tumble. He would just shy away from the water for a few minutes. Then, having learned nothing from the experience, he would head back into the surf. By the way, Carter just liked to watch, from somewhere safely up on the sand.

Or there would be that “how stupid are you guys?” game, where upon returning to the house from the yard’s “dog area,” K.C. would give a little head fake as if he were headed into the house, then break to the right and run in circles around the yard as we tried to get him in, so we could get to bed. Our going after him was the game. We figured out that if we ignored his fast break and went in, he would show up at the door in a couple of minutes with his big, wide K.C. grin, suggesting that we were bores for not having participated in the chase.

Carter, of course didn’t play because, if he made it fast into the kitchen where the boys slept, he might find an item of food, available for plunder.

Even as K.C. has slowed physically over the last year, he has not curtailed his love. K.C. continues to smile and wag his tail - even now as he enters his last days of life. We know that, but for the large and frequent doses of pain medication, he would be in extraordinary physical pain. K.C. is being consumed by cancer - fibrous carsamoma, to be specific. His fore leg muscles have atrophied. His chest cavity is filling with fluid. His skin has erupted with dozens of metastatic lesions.

We first found the skin lesions around his neck and chest area. The veterinarian removed a couple of them for biopsies, but we all imagined what the tests probably would show. Nancy took K.C. to two other veterinarians, one a homeopath and the other an oncologist. Both confirmed that our beloved friend was in his last days.

A month ago, while Nancy and I were in Crested Butte for Nancy’s birthday, our son, James, telephoned to advise us that K.C. had stopped walking and was refusing to eat. We returned home to find a very different K.C. from the one we had left only a few days earlier.

Although Nancy has been serving the dogs homemade organic dog food for the last couple of years, K.C. began to turn up his nose to her offerings. Upon our return, Nancy began to hand feed K.C. roasted chicken, which he took in small amounts.

But the loss of my friend K.C. is profound . . . I find myself holding back tears as I think about how K.C. suffers and how much we will miss him.

Then she found prednisone, a steroid, which has markedly improved K.C.’s appetite. The vet also gave Nancy some fairly strong pain medicine (tramadol) which got K.C. back on his feet, although he still moves slowly. For the past two weeks, K.C. has spent most of his time sleeping in cool, shaded spots of our garden. Carter seems to think nothing is wrong with his bro! He still offers puppy like challenges to K.C. in the garden, which K.C. briefly acknowledges, then ignores.

We have spent our time going to K.C., wherever he is, to just sit and offer our return love to this extraordinary friend, who never ceased in his giving to us. Jillian, our youngest, who is attending summer school, at the University of Arizona in Tucson, returned home last weekend to have her last visit with K.C. James, who lives in an apartment over our garage, has joined us in keeping vigil with K.C. for the past several evenings. I do what I can when I get home, which really isn’t all that much, time wise. I lie with him and massage his sore, tired body. I really love him.

So, on Friday, while I was at a firm wide event in San Diego, Nancy got the lab results which confirmed the severity of K.C.’s condition. The veterinarian suggested that we might need to put him down in the next few days, given K.C.’s likely suffering. We now have sat with that suggestion for two days. We know that K.C. may be in considerable pain, particularly as the tramadol wears off. But he still manages the wag of the tail and a big smile, if only in his eyes. That has made it difficult for us to cut short our time with him or his with us. But this morning, K.C. only got up with enormous difficulty. He has been breathing hard all morning. He has new tumors emerging on his snout and tongue. The skin lesions have begun to bleed. And, K.C. has about him the smell which arises from necrotic tissue exposed to the atmosphere.

Nancy has a veterinarian friend, Jennifer, who specializes in geriatric and hospice care. She makes house calls. She has agreed to come to our house Monday evening, following my hospice shift, to put K.C. down, if he otherwise doesn’t pass before her arrival.

I am a bit surprised at myself about how all of this makes me feel. After all, I have been serving the dying for more than five years at Laguna Honda Hospital. I continue to participate in a support group that I joined four years ago as my mother began her decline with Lewy Body Dementia, a neurological disorder combining the symptoms of Parkinson’s and Alzheimer’s diseases. My mother died over two years ago, but I continue to provide support to other families dealing with Alzheimer’s, Parkinson’s, Lewy Body Dementia and other similar afflictions. I am heading over to a group dinner meeting tonight.

I always feel the loss of my friends at Laguna Honda. But, it doesn’t feel painful. I profoundly empathize with my support group colleagues who daily are witnessing, in their loved ones, the suffering that my mother went through. And, I do not lose my ground. But the loss of my friend K.C. is profound. I am so sad. My gut is in a knot. I find myself holding back tears as I think about how K.C. suffers and how much we will miss him.

And I hate having the option to put K.C. down. Even though we already have made that decision, I can't help but revisit it as I sit here today.

My experience with humans as they approach dying has been that every breath of life offers an opportunity for that "aha! moment" where life's meaning may become clear. I have seen so many people experience what is euphemistically called a "good death" because of this awakening. With some, this "knowing" has always existed. No transition is necessary. For those precious few, appreciation of life simply exists, its meaning is understood and continued existence is cherished even as death approaches. For others, this moment never arrives. And for them, death is different. It is a struggle. There is a distinct sense of "holding on" for something more. The last breath is not so much a surrender, as a defeat.

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My resistance to assisted suicide and other euthanasia strategies rests on the fact that I have seen the dying find meaning in the last moments of their lives. When that happens, the surrender to death is transformational. It is peaceful. It is elegant. Even with those who are considered cognitively impaired, I have witnessed a moment of recognition, followed by this transformational surrender. For this reason, "taking a life" seems wrong to me, because of the potential lost opportunity for this ultimate discovery. It doesn't always happen. It may not even happen frequently. To the extent that it could, why deny the chance?

K.C. came into this world giving love, receiving love, and making his world a much kinder, gentler and more loving place. There is no transformation experience awaiting him, only increasing pain. That's how I know that I can let him go.

By the time you read this, K.C. will have passed and our family (including Carter) will be living in a new world without him. We will recover from his loss, eventually. And, we all will be better for having experienced his love.

Thank you for letting me share this with you.