Living and dying – on his own terms

By Kate Jamentz-Tago, Community Ambassador

My husband, Ace, and I learned and loved together for 35 years. He was known for his generosity, quiet strength, and love of family. Throughout his life Ace found joy in moving: soccer, basketball, tennis, and golf... and he loved to dance. So when he was diagnosed with ALS, it seemed especially cruel.

But in our last several years together, we learned profound lessons about what makes life worth living. For Ace, it wasn’t about a bucket list of travel and grand adventures. It was about preserving the dignity, grace, and humor he so valued in life.

Like so many couples, Ace and I first completed an Advance Health Care Directive as part of our living trust – and as with many couples, that document sat untouched in a file for over 20 years.

But with Ace’s diagnosis, “advance care planning” took on new meaning and depth. We learned that it was so much more than filling out a form designating one’s wishes at the end of life. It was about learning to communicate with each other, with family, and with his medical team about who he was, what he cared about, and how he wanted to live!

After Ace Tago’s diagnosis with ALS, he and his wife Kate had many conversations about his wishes, a process that helped guide her when she needed to make decisions for his care.

Dolores Gomez finds her place in the community as Mission Hospice CEO

New Mission Hospice CEO Dolores Gomez says community is the key to just about everything she does. She grew up in San Francisco’s Mission District, where she worked at the YMCA and got her BSN from University of San Francisco. For the past 26 years, she’s lived in Miramar, just north of Half Moon Bay. In fact, Dolores’ entire family lives in the area: her parents are in Brisbane where her dad still runs the family HVAC business, and her grown kids Sarah and Dylan both live in San Francisco.

So when Dolores, who’s served as our interim CEO since last fall, was offered the position on a permanent basis, she knew it was a good fit. “It’s especially meaningful to be part of an agency that, like me, has deep roots in the community.”

Her clinical experience spans leadership roles with Sutter Mills-Peninsula, UCSF, SF General, Kaiser, and more. With so many years in Bay Area healthcare, Dolores already knew quite a few people at Mission Hospice, and has enjoyed reconnecting with old acquaintances.

Bay Area native Dolores Gomez loves spending time with her family, including daughter Sarah and son Dylan, whether it’s for a weekend in the mountains or dinner out.
Ace’s Advance Directive became a living document, a catalyst for conversation throughout his illness, and my North Star when I was left alone to make decisions about his care. The first time we completed an Advance Directive, we had both rejected what are often called “extreme measures.” As young, healthy, seemingly invincible adults, being “hooked up to machines” brought to mind pictures of the frenetic, impersonal ICU we had so often seen on television.

But when Ace began to have trouble swallowing and we were asked to consider a feeding tube, those initial ideas were challenged. The tube would allow Ace to get the nutrition he needed while continuing to eat foods that gave him pleasure. Artificial nutrition would prevent him from losing the strength he needed to stand and transfer to bed and his favorite TV chair. “Feeding time” was often spent sharing a fantasy about steak or crab dinners by candlelight... or just talking like we used to over morning coffee. What Ace had once rejected as “too extreme” became an intimate routine in our day. And he never gave up his evening cake and glass of wine!

The occasion of filling out the POLST (Physician’s Orders for Life-Sustaining Treatment) was another opportunity to reassess what mattered to Ace in his care. Knowing that ALS patients are prone to bouts of pneumonia, his doctor discussed with him the potential use of IV antibiotics. I remember being somewhat surprised when Ace told the doctor he would not want these. When I asked him about it, he said, “Now that I have this disease, when I decline like that, I want to go quickly.”

In truth, the most critical decisions we made about Ace’s care had their origins in Atul Gawande’s Being Mortal, a book we read together soon after Ace was diagnosed. Gawande reminds us that medical decisionmaking often prioritizes safety over quality of life. This was not for Ace, a man whose self-image included his need to move under his own power. Even when his legs failed him, we declined the offer of a mechanical lift and made a pact to find ways that he could stand... even if only for a few minutes each day.

Keeping our pact was not easy for me. Away from Ace, I told close friends that I feared he would eventually fall. But I knew that loving him meant helping him do what he needed to do. And he fell... more than once. And it may have been one of these falls that induced the subdural hematoma and the coma from which he never recovered.

Somewhere in the blur of our last emergency room visit and after at least one doctor had explained that Ace was dying, another doctor raised the possibility of traumatic, risky surgery that had “a small chance of bringing him back to the level he was in when he arrived.” Doomed, at best, to live out his days in a body that continued to betray him.

Without the many conversations about what was most important to Ace, I may have made the choice to try and keep him alive so that I could be with him. But I needed to love Ace the way he needed to be loved. I knew Ace would not have wanted risky surgery that had no chance of restoring the quality of life he craved.

And when I had to make those four horrible phone calls from the hospital to our adult children in Utah, the theme of those calls was “How fast can you get here?” – with no time spent in debates about his care. Our kids understood the choices he had made, and I felt blessed to be trusted by them to carry out his wishes.

Ace gave me many gifts in our 35 years together, none more valuable than the conversations that guided me to support him through living... and dying... on his own terms.

Since Ace’s death in 2017, I became trained as a Mission Hospice Community Ambassador to help educate people about the importance of Advance Care Planning.

I’ve met with other families who made very different choices, and who welcomed every treatment and intervention offered. Each person and circumstance is unique, and there are no “right” answers. My role as a volunteer, and our goal at Mission Hospice, is to support what matters most to each individual and family.

---

**Take charge of your future care**

It’s important for all of us to talk about and plan for end-of-life care long before it’s needed. Our goal is to make these conversations easier. While our Take Charge! workshops and other in-person community events have been suspended due to the coronavirus, we can help you think and talk about the last phase of life with free resources on our website.

These tools, including our Take Charge workshop video and toolkit, are designed to help you take charge of your future care and share your wishes with loved ones and physicians.

The Take Charge Advance Care Planning Toolkit walks you through the steps of thinking and talking about what matters most to you, choosing someone to make decisions for your care if you are unable, and completing an Advance Health Care Directive to document these decisions.

Visit MissionHospice.org/TakeCharge to learn more about advance care planning and download our Take Charge Toolkit. Questions? Call us at 650.554.1000.
"We are so glad to have Dolores leading our team at Mission Hospice," said board member Steve Weller, MD. "Having worked with her for many years at Mills, I know she shares our passion for providing exceptional care for our community."

"I always knew Mission Hospice had an excellent reputation," she says. "But I really got to know the organization, and the team's compassion and commitment, when Mission Hospice cared for my patients."

Dolores brings decades of experience as a nurse and manager – as well as expertise in Medicare standards and reimbursement – to her oversight of patient care, training, and quality. When she was appointed as our interim CEO in fall 2019, Dolores dove into learning all she could about hospice care.

After she visited the hospice house in her first week, she was reminded how important it was to have her whole family around during her husband’s final days. "Bringing the outside in, as the house does with its beautiful setting, is so important for creating peaceful spaces for families to spend time together. I am proud that we are able to offer this as an option for our patients."

Over the past six months, Dolores has continued to learn, riding along with clinical staff and talking to employees and volunteers across the organization. "Our team is really inspiring," she says. "A lot of the people here have been touched personally by hospice – it’s part of what makes them so caring and dedicated."

High energy like her family, Dolores works hard and plays hard. In her off-time, she enjoys walking on the Coastal Trail next to her house, dancing, and working in the garden. She spends as much time as she can with her loved ones, enjoying meals together, trips to the mountains, and skiing.

She also appreciates fiction, particularly murder mysteries. In fact, she has already written a mystery of her own, and is contemplating writing a second book. "I’ve always loved writing and even pursued it seriously in college," she says, "but nursing was my passion."

"I really got to know the organization, and the team’s compassion and commitment, when Mission Hospice cared for my patients."

CEO Dolores Gomez, RN, MN

Fortunately, Dolores feels she’s found her home here at Mission Hospice. She says that after her experience working closely with the staff as interim CEO, she knew she wanted to be part of the future of the agency.

"As the only independent nonprofit hospice in San Mateo County, we are set apart by our extraordinary level of care, our community outreach and education, our wide range of bereavement offerings, and our incredible volunteer services."

"It’s truly a privilege to be part of this amazing organization."
As our community comes together to support one another during the coronavirus pandemic, the Mission Hospice team continues to care for patients and families in the San Mateo and Santa Clara County area with exceptional end-of-life care, grief support, and education.

**Patient care**

Our priority is the health of our patients, staff, volunteers, and community members. We are continuing to provide patient care, with all necessary precautions. As always, we have an RN available by phone 24/7.

We are accepting new patients across all of our programs. If you or someone you know may be considering hospice, please call us at 650.554.1000 and ask to speak with our Clinical Outreach team. **We are here for you.**

**Grief support and community events**

We have cancelled or postponed all in-person community events, including grief support groups, until further notice. We are holding some events virtually, including drop-in grief support groups (see box); check MissionHospice.org for event status.

We also offer individual grief support by phone and video. For information, please call us at 650.554.1000.

**Advance Care Planning**

As we face an uncertain future, this is a good time to complete or update your advance health care directives. While we have suspended our Take Charge workshops for now, you can find resources, including a video and our Take Charge Toolkit, at MissionHospice.org/takecharge.

**Resources for our community**

For the safety of all, we urge everyone to follow the restrictions and guidelines in place. Our website contains a list of resources, including information from county, state, and federal health officials.

For all of us, and especially for caregivers, self-care is very important right now. We encourage you to get some fresh air, listen to music, and connect with others by phone or video. Our website also has links to resources for managing anxiety, loneliness, and grief.

In the 41 years since our founding, Mission Hospice has always been known for the compassionate care we provide — not only for our patients and families, but also for one another. In **this time of uncertainty, that compassion and kindness are more important than ever.**

---

**Virtual drop-in grief support groups**

To serve our community during the shelter-in-place, we are holding these and other events by video and phone.

**Tuesday evenings, 6-7:30pm**
Contact Christine Kovach, LCSW at ckovach@MissionHospice.org.

**Thursday afternoons, 4-5:30pm**
Contact Isabel Stenzel, LCSW at istenzel@MissionHospice.org.

**Fridays mornings, 10-11:30am**
Contact Christine Kovach, LCSW at ckovach@MissionHospice.org.

Check MissionHospice.org for current status of all events.