from malpractice suits and other claims.

Once we clear away this matter of definitions and of ideologies, something remains that is much deeper and profoundly shaped by group fantasies rather than by logical reasoning or historical experience. While it would be invidious to ascribe malicious intent to either side in the debate, I cannot help but hear in the cheers or jeers and see in the slogans and banners indications of psychohistorical forces. From the other side of the world, the current debate in America seems to miss the point. The imagery put forth by each side reflects different paradigms of care-giving, each side side-stepping the real issues and seeking to project on the other the neurotic fears about their own selfish dreams.

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Life's Final Moments in European Health Care

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Four people are involved in the description of my wife Joni's and my experiences with health care in Europe, the heartland of the supposed socialist or National Socialist expressions of health care. They are my father, Dr. Erich Petschauer; my mother, Hildegard Petschauer; my stepmother, Micky (Emmie Anders) Petschauer; and Agnes (Neas) Obwexer.

In each case, I am dealing with the last years of their lives and how they were treated in various parts of Germany

and Northern Italy. My father, my mother, and my stepmother lived in Southern Germany, Northern Germany, and Southern Germany respectively, and Neas, in the Dolomites of Italy.

All four were insured by their country's federal health care policies. My father and stepmother bought supplemental insurance to enjoy single-bed rooms and my stepmother purchased an additional policy that allowed her treatment access to the chief of the treating medical staff. All four had end-of-life policies that stated that no unusual steps be taken to shorten or prolong their final days.

My father contracted diabetes in his late 50s. The condition most likely emerged out of the stress of living through the unique conflicts he faced during World War II and the subsequent three years in 13 American prison camps. My stepmother made sure that he received the appropriate care at home, and then careful medical attention first from their private physician, and finally in the last days of his life in a hospital in Bavaria, where he died of diabetes-related complications.

In her 70s, my mother contracted senior dementia after a minor car accident in which a car slightly injured her left leg. After an initial recovery, she became seriously ill at her favorite spa and bought thousands of Deutschmarks worth of antiques. She was admitted to a restricted clinic and, after a year when part of her insurance had expired, transferred to a closed facility appropriate for her condition. My wife Joni and I were almost surprised by the thoughtful and empathetic treatment she received not only in the medical facilities but also by the persons from whom she had bought merchandise. All the owners of the stores where she had bought items, except the Turkish carpet men, took them back when my cousin and I explained the situation. I was most astonished that a national chain took back a DM 4,000 carpet, no questions asked.

The banker at the Deutsche Bank where my mother had been a cashier treated us with the sort of respect that can only be called empathetic. He, like the owners of the stores, spoke of a relative who had experienced problems similar to those of my mother. He did everything he could to smooth my mother's transition from retiree to incapacitated person. Even more astonishing to us, as my mother made the transition from the initial clinic to her final facility in Hanover, a judge, a staff nurse, and an independent nurse examined her and made the decision with us that my mother was not "street -worthy" and that she needed to be institutionalized. The facility where she lived for the remaining few years of her life was exceptional. The staff treated her with dignity, always calling her Frau Petschauer, and there was never an implication that she was there because the state paid for it after her own resources had been exhausted. She died one night in her sleep. Since my mother had made final arrangements long before her death, Joni, my cousin, and I had no difficulty honoring all of them.

The situation with Micky was similar. After a fall that severely injured her right shoulder, she was unable to live independently, and her closest friend and I arranged for her to stay in a county facility for seniors a few minutes from her home. Unlike my mother, and because of the supplemental insurance she had bought, she enjoyed a single room with a fantastic view of the Alps. The staff once more was exceptional; she was always addressed as Frau Petschauer and everything was done to make her comfortable. Her doctor looked in on her every few days. When she developed a very aggressive cancer in her throat, he immediately admitted her to a nearby cancer facility, where again, our experience was nothing but positive. Her physician told Joni and me after two days of examinations that indeed she had cancer and that our options were to operate, once she had been strengthened sufficiently, or not to operate. Micky wanted

nothing to do with an operation and the doctor assured us, speaking in fluent English, that with or without an operation, her life expectancy would not change. However, her quality of life would deteriorate significantly. In accordance with her wish and his recommendation, we agreed against an operation. Micky died three weeks later in her sleep. Although she weakened considerably during the last few days, she remained totally alert until the evening before her death.

As with the others, an accident or fall was the cause of Neas' fairly rapid decline. She fell on the way from feeding the chickens, one of her most cherished daily activities. She had trod the path hundreds of times, but one afternoon in December she slipped and broke her left arm. In the hospital in nearby Brixen/Bressanone, she recovered quickly, except for a decline of her mental functions. She was in a pleasant room and treated well. While trying to wash her feet in a bidet one morning, she fell again and this time broke one of her hips. With that event, her decline accelerated, and when I saw her again in the family farmhouse in April of this year, the Neas of old had almost completely disappeared. She was nearly incoherent and bound to her bed. With Italian state support, her daughter was able to hire an in-home attendant during the week so that the daughter could continue to work. Itinerant nurses visited every other day to change bandages and adjust medications, and a doctor checked in regularly. Once more, death came in the night. In her early 80s, she died in her sleep in early July of this year.

The death of my father ended a conversation that had begun late in his life. We had spoken of literary works: a novel, plays, and his book about Gottschee in the former Yugoslavia where he was born as an out of Germany German-speaker (Volksdeutscher). Because of his rapidly progressing blindness, only the book was published. I have continued a very different type of conversation with "my father within" through the multitude of his documents dealing with his ex-

periences during World War II as an SS diplomat.

The three women had become my "mothers." Hildegard was my biological mother, but she was not quite up to that task; Neas became my adopted mother who embraced me beginning with World War II when I was three-years old all the way through to my 60s; and Micky, my father's second wife, who became my best friend.

Each one of the four had made arrangements for the end of life. Each had asked that no special steps be taken on her or his behalf, but in each case the state was not involved in these decisions. As those who remained, we were most grateful that these arrangements existed because the dying, and we as caregivers, could avoid excessive anguish, pain, and cost. The exceptional care these four were given allowed Joni and me to avoid dealing with details that would have detracted from remembering and honoring them.

Many Americans are afraid about how they will be treated in their final days, months, and years. It is a legitimate fear. Unless one happens to be middle or upper class, substandard care and facilities are often all that is available. The fear is justified because, being alone and distant from family members, many men and women will be neglected and abused. Sadly, the empathetic treatment that my father, mother, stepmother, and one of my childhood caregivers received in two European countries cannot be guaranteed if the state, insurance companies, nursing home corporations, and distant family members do not feel a moral obligation to provide good care. Even if family members feel an obligation, they are often so far removed physically that they cannot help the dying effectively. Consequently, unlike our four cases, the family members on the verge of losing a loved one must concentrate on fighting with the "system," or each other, and therefore cannot concentrate on dealing with the emotional needs and impending loss of a loved one as well as their subsequent grief. The mourning process is overshad-

owed in these distressful situations by issues that a more sensitive societal approach to the care of the dying would alleviate.

The majority of our friends in the United States have had similarly positive experiences with the last months and days of their loved ones. But Joni and I have also visited facilities where acquaintances and family members of acquaintances were literally being warehoused. The food was at best passable, the rooms were dirty, the staff was either inattentive or rude. Most of us have seen these situations.

Our experience with European end-of-life health care left us impressed with its high quality as we faced the medical problems, physical decline, and impending deaths of four loved ones. Most interestingly, my father and three "mothers" rarely worried about health care as such, leaving them free to concentrate on emotional, personal, and physical aspects of their last few months. What a gift some societies give all their members–not just the middle and upper class! Regrettably, during our national discussion of the health system, most of our fellow Americans are discouraged from looking for reform ideas in countries on the continent I left as a 17-year-old.

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