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Pulling Back the Curtain of Smoke

By HUBERT B. HERRING

It is always interesting to talk to smokers about their habits. Young ones say they will quit soon (most of them won't); older ones, resigned to being hooked, come up with a variety of rationales.

One woman told me she did not care if she died 10 years earlier — the important thing was enjoying her life, and that meant smoking. What she seemed to believe was that at some point she would have a peaceful, easy death, but that if she kept smoking, it would simply come a decade sooner. No big deal.

But smokers' deaths can be anything but easy. Yes, we hear statistics — more than 400,000 Americans a year killed by smoking, more than 1,000 a day, but those are sterile numbers. They give no sense of how long, how painful, some of those deaths can be. That is because we do not see them. We see healthy-looking people puffing away in office doorways, we see movie stars smoking on screen, but those deaths are invisible except to those near and dear.

So let's pull back the curtain, past the cloud of smoke, and look at one such death closely.

Imagine being slowly, slowly, slowly asphyxiated — breath by ever-harder breath — for a decade. That will give you an idea. When I met my future father-in-law 20 years ago, he was a healthy, vigorous 59. Yes, he was a heavy smoker, but that did not stop him from whipping me at tennis.

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Within five years came the first mention of emphysema. His shortness of breath steadily got worse. The warning signs were crystal clear, but still he would not quit. Then, about 12 years ago, his doctor told him not to waste his time anymore: get out and come back when you have quit.

That scared him enough to quit. But it was too late. His breathing got more and more difficult. Tennis had already gone by the wayside, and golf soon did, too.

About six years ago, he heard about a surgery that involved cutting away the diseased part of the lung, allowing the smaller, remaining lung more room to expand. Desperate for relief, he had that surgery — an ordeal for him, a huge expense (at least for Medicare), a disruption to the lives of many family members who had to ferry him to doctors, to care for him during the recuperation.

For six months, he seemed to improve ever so slightly, but then the decline resumed. Bit by bit, his life narrowed. The winter month in Florida, treasured by his wife, had to go — getting on a plane was too much of an ordeal. Traveling anywhere, even by car, got more difficult. In his last few visits, he would pull into our driveway, get his strength up while hooked to a portable oxygen tank, then dash in and collapse, taking a few more minutes before he could talk.

Those visits stopped. By a year ago, his world was limited to a sad little triangle — his bed, his bathroom and the dining table. For a while, on a good day, he could sit comfortably at the table, reading or carrying on a normal conversation. Gradually there was more time in bed, less at the table, and the conversations grew shorter. He would say one sentence, someone would answer, and, struggling for a breath, he would sputter, "I can't talk right now."

In his last month or so, he mostly lay in bed — at 112 pounds, just over half his former weight — struggling nearly every minute just to breathe. One daughter, my wife, asked him if he wasn't terribly bored, having to just lie there. No, he said — the never-ending fight to breathe kept him fully occupied. He was able to stay at home only because another daughter devoted much of her time to caring for him.



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The end, considering the glacial progress of the disease, came with whirlwind speed. One day he could not get out of bed, looking almost as if he was in a coma. The ambulance came, and when the family's attention was briefly distracted in the hospital, he was hooked up to a respirator, even though he had a living will that forbade such measures.

Two days later, the doctor asked him if he wanted it removed, making clear that he would then surely die; he nodded a definite yes. It was removed, and in a day and a half he was dead.

This was not a life that happened to end in one decade rather than the next. It was a grueling, sad, costly ordeal — excruciating for him, as he was slowly choked to death by his rotting lungs, and endlessly disruptive for family members, who spent hundreds of hours caring for him — that stretched for years, stealing his entire retirement. If you poked around, you could probably find many equally excruciating stories just for that single day he died — Jan. 20, 2002. But those stories are invisible.