

One of the Rosh Hashanah and Yom Kippur prayers that most deeply affects me is the “Unetaneh Tokef” from the repetition of the Musaf Amidah. You might not recognize the name, but you know the prayer, if not from the Mahzor, then from the powerful Leonard Cohen version. “Who will live, and who will die. Who by fire, who by water.” It asks us, it challenges us, to consider our mortality.

Among us in this room, we have people who have had significant encounters with their own mortality, some at relatively young ages. Their experiences with end of life are a thousand times more profound than mine. But you don’t need to have survived a close encounter to be challenged by Unetaneh Tokef to imagine how you want to live at the end of your life.

Last fall, my doctor suggested I try a new migraine medication. I take two such medications - one, to prevent migraines, and the second, to treat the migraines when the first doesn’t work. The second is very effective, but my doctor thought I could do better by switching to a different preventative medication. He warned me of some possible side effects, including decreased mental alertness and fatigue, until I became accustomed to the dosage. I started out with a very small dose with the instruction to increase gradually until I would find the smallest possible effective dose.

As I gradually increased the dosage, I noticed some unexpected effects. My favorite foods lacked zing and beverages tasted flat. I also noticed the expected mental changes, but they were worse than anticipated. I began to suffer from memory and concentration problems. I had trouble doing simple math in my head, like figuring out how to double or halve a recipe. I couldn’t keep the numbers in my head. I had to count heads in shul numerous times to see if we had a minyan because I couldn’t remember how many I had counted just a few minutes earlier. I had to write down more of my divrei Torah because I couldn’t remember transitions from one point to the next. I didn’t feel particularly tired, but I did feel like my brain was sluggish. Over the course of the next six weeks, rather than getting better as I got accustomed to the medication, it seemed to be getting worse. Just as I had trouble keeping numbers in my head, I also found it very difficult to apply trope to chanting Torah or haftarah. During one disastrous haftarah, Stuart wondered whether I was having a stroke.

After a little more than two months, with no improvement yet in migraine prevention and a growing feeling that I was literally losing my mind, I went back to the old medication. Within weeks, food tasted better and I could sing again. Not well enough to make it on Broadway, but well enough to chant a Haftarah. I could think again, do math in my head, and deliver a d’var Torah from notes.

It was a profoundly disturbing experience, one which resonated with our Rosh Hashanah liturgy. The lines “Who will live, who will die” in Unetaneh Tokef spoke to me differently. Slowly, bit by bit, I had felt myself losing my identity. My body was healthy, but my mind felt like it was dying.

I was experiencing something which was, thank God, reversible. But I am very much aware of the tragedy that most people who feel their identity slipping away bit by bit because of age or chronic, serious, illness, don’t have the opportunity to regain themselves simply by ceasing to swallow a pill.

Who by fire, who by water, and in my case, who by by a little pill. Many of you, like me, depend on your mind to help you live much of your life. Writing, teaching, helping someone in

need, or figuring out how to meet the needs of our family - We need to concentrate, connect with people through empathy and words, figure out the best solution for the problem at hand.

In a trivial way last fall, I engaged fully in a process that felt like aging and dying. I struggled to compensate for the things that no longer came easy to me. And I didn't handle it gracefully. Another piece of High Holiday liturgy, "Don't cast me aside in my old age," came to mind. As my ability to be myself slipped away, I grew unreasonably angry and embarrassed at my malfunctioning mind and I cast aside those who tried to help me.

Ashton Applewhite, in a TED talk on agism¹, said, "Aging is not a problem to be fixed or a disease to be cured. It is a natural, powerful, lifelong process that unites us all." We can say the same thing about dying — it is not a problem to be fixed, it is a process that unites us all. When I started sharing my struggle with Marisa and a few trusted friends, my attitude changed. It was no longer a problem I was fighting, but a process that I was experiences along with every other human being on the planet.

Language that implies that illness and death are a battle to be fought is not useful, in the sense that it doesn't lead us to constructively engage with death. Ultimately, if we see our mortality as a war, it is a futile war. We're going to lose. We might postpone the inevitable for a few months, years, or decades, but no creature in the history of planet earth has yet defeated death.

That doesn't mean we don't treat illness, but it means that we think of ourselves as living with the illness or condition, rather than fighting against it. That doesn't mean we give up, roll over, and die at the first sign of cancer, but it does mean that we choose how we want to treat the cancer based on how we want to live the rest of our lives. Medical decisions ought to be values-based decisions, not just decisions based on the bio-chemical functioning of the human body. It was when I begin living with the condition rather than fighting against it that I was better able to decide whether a reduction in migraine frequency was more important to me than mental sharpness. I made the conscious choice to accept an occasional greater level of pain in exchange for regaining my mental capacity.

How would this change the way we live our lives, especially when nearing the end, if we treated aging, illness, and death as a process rather than a battle? It is perfectly acceptable and ethical to treat disease aggressively using the latest experimental therapies. In fact, if no one ever made that choice, we would have less data to use in order to evaluate whether a cutting-edge new treatment is effective or not. But it is also perfectly acceptable and ethical to make different choices. No one ought to be shamed by their doctors or children or other family members if they choose to travel and spend time with family and friends in their final months rather than go through a chemo or radiation-therapy regimen. Or if they choose a less aggressive, life-extending treatment instead of the more aggressive potentially curative treatment. Each choice ought to be made by the individual based on their particular set of values, how they want to live their life. And if we are ever in a position to make that decision for someone who cannot speak for themselves, our obligation is to make a decision based on their values, not our own.

This is where a phenomenal organization called "Making Choices Michigan" can be helpful. Making Choices Michigan is a non-profit, community collaborative that provides free Advance Care Planning to West Michigan residents. Their facilitators meet with you to help identify personal, basic goals for medical care and help you recognize qualities that are important in an effective patient advocate. We have two trained facilitators who are members of Ahavas Israel,

1. https://ted.com/talks/ashton_applewhite_let_s_end_ageism

Sandy Freed and Leah Sauer. If you have not filled out an advance care directive, if you have not selected a patient advocate, if you have not had a recent conversation with a spouse, child, relative or friend in which you've clarified the values that would define your perspective on end-of-life care, I urge you to contact Sandy or Leah or another facilitator from Making Choices Michigan.

In a moment, we will continue with the Musaf service and shortly we will recite the Unetaneh Tokef prayer with Cantor Stuart. I invite you to use those moments to think about the big issues of life and death, and, to the extent that you have control, how you want to die. Let the sound of the shofar rouse you this New Year to peer into a future from which none of us will escape, have responsible conversations, and make values-based decisions; and may your life be long, may your life be strong, and may you live every moment of your life until you experience God's loving embrace.