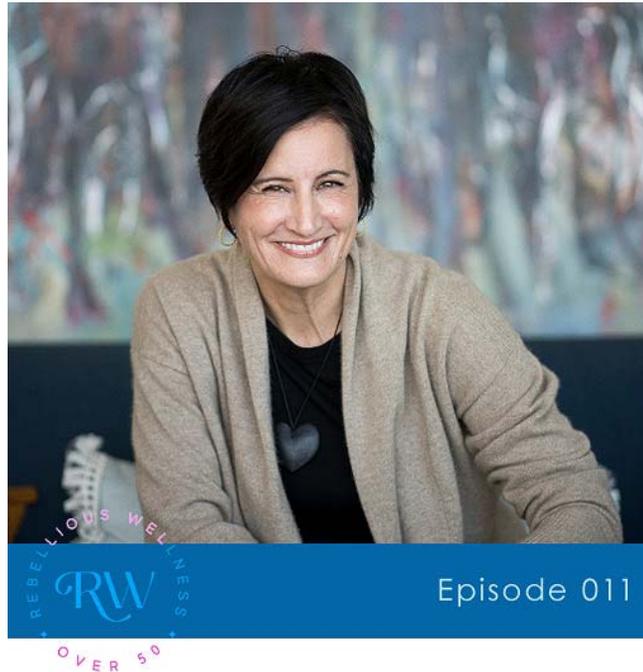


Rebellious Wellness^{over 50}

There Are No Do-Overs In End Of Life



Ep 11: There Are No Do-Overs In End Of Life with Jennifer O'Brien

Gregory Anne

This is the Rebellious Wellness Over 50 podcast for women over 50 who aren't done yet. You may have seen the worst of aging and are hoping there's a better way, there is And I'm going to show you how in interviews, book reviews, rants and stories.

Each week, I'm going to bring you the latest science based info on how to age better. I'm Gregory Anne Cox and I believe it's time to bust the myth that aging equals decline in every area of life. It pisses me off and it's B.S.

Look, aging happens, but it doesn't have to ruin your life. You just need to get a little rebellious in your approach.

Gregory Anne

Welcome back, everybody. I'm always so grateful that you join me for these conversations. Today, we have a conversation of a different kind.

My guest is Jennifer O'Brien. And we're going to talk about caregiving and the end of life, because as we know, we can try to age better, we can do our best. And at some point, aging will end, and death will be present for us. And those, as Jennifer pointed out just now, people we love will die and we will either be a caregiver, maybe we'll be given care. And this conversation, I feel, is really important because it's one that I don't hear very often.

Gregory Anne

And I think you'll get a lot out of her experience because it was her experience that brought her to be this person who is an advocate for caregivers and caregiving. I'm going to tell you a little bit first. Let me welcome you, Jennifer. Thank you so much for being with me.

Jennifer O'Brien

Thank you so much for having me. I'm thrilled to be a part of this.

Gregory Anne

Yeah, it's going to be great. So a little background about Jennifer. She has been a practice management consultant and educator to physicians for 30 plus years and an executive interim CEO, executive admin for large medical practices. And she was the wife of, and is now the widow of, a physician. So, she has a unique and thorough understanding of health care. And even with all of that, caring for her own dying husband was both the greatest honor and a challenge for her life.

Gregory Anne

And we're going to also talk about a little bit later her book, which came from her experience of caring for her husband, which is called *The Hospice Doctor's Widow*, a journal. I want you to start, if you wouldn't mind, with your story of origin. How did you end up being the wife of a physician? And he was not a hospice physician to begin with, was he?

Jennifer O'Brien

Yeah, I as you mentioned, I have been in practice management my entire career and came down from Chicago to Little Rock, Arkansas, to do an interim CEO position for a very large orthopedic surgery practice.

Jennifer O'Brien

I have my master's degree in organizational change. I am big on get in there, we fix some stuff. We right the ship. I hire my replacement and I move along. And it works really well for both me and the organization because it gives me a perspective, I'm typically

not afraid of being fired. Right. Because I'm going to go anyway, so. Right. And that's important when you're trying to make big, big changes to organizations that are both led and owned by physicians who are also providing the service line.

Jennifer O'Brien

So, it was doing one such project down here in Little Rock and it was going to last for two or three years. I was actually still commuting from Chicago. I had a little place down here. And one night on a rare Saturday night that I stayed in Little Rock for the weekend, I went to an art gallery opening and I knew no one. And somehow, I ended up talking to this guy, Bob Lemberg, and he told me about he had been a plastic and reconstructive surgeon for 30 plus years.

Jennifer O'Brien

And then a neck injury caused him to no longer be able to sort of hold the microsurgery position and so without excruciating pain. So, he retrained in hospice and palliative care. And so, this was fascinating to me. I mean, this was a head turner for me because I had worked with surgeons my entire career and whatever, they're, fine. But I wasn't necessarily looking to, like, hang out on a personal level with one, but someone who had the surgical skill and career, successful career then faced with retirement, which is what he would have done, I mean, but chooses to retrain in hospice and palliative care.

Jennifer O'Brien

That is special. There's no question that's special and of course, I had also already lost my brother, my only sibling and my mother. So, I knew how important hospice and palliative care is in people's lives. I mean, so is reconstructive surgery, don't get me wrong. But, but right? That's the full range and. Yeah, so he, and he was cute and funny. And so, we fell madly in love and we got married and we had this, you know, this beautiful life in Little Rock.

Jennifer O'Brien

I did finish up at some point, the orthopedic surgery CEO position and went back to more consulting work with physician organizations. Bob was on faculty at our med center. We have University Med Center here in Little Rock. And we just had this love, lovely life, and he found a couple of lumps on the left side of his neck one day, and as we started to look into what those might be, he was diagnosed with a Stage four metastatic cancer that had already metastasized several places, including his thoracic spine by the time it was found.

Jennifer O'Brien

And so, what was so extraordinary, of course, about that, besides just the devastation of it, was here he had treated all these families and patients and had an incredible way about him with patients and their families. And of course, I understood it from more of a personal level when he would come home at night and talk about his patients and their families. And so now we basically, the way I saw it is, we needed to turn all that on ourselves and we needed to sort through this.

Jennifer O'Brien

And that's hard to do. He lived for twenty-two months after the diagnosis. I started an art journal as a form of self-care, a way to sort of document a lot of those things that he had done for patients and how I was struggling now with how do we do that for ourselves. And that's what happened.

Jennifer O'Brien

And I and I took care of him and we had very open conversations about end of life, what he wanted, what he didn't want. And I was very determined to give him everything he wanted, even to the point that I'm not a clinical person. I don't have kids. I'm like, my only pet is a plush toy. I mean, I don't deal in bodily, barely deal in bodily fluids that are my own, much less someone else's.

Jennifer O'Brien

But it was very important for Bob that it sort of, to the degree that it was at all possible, that we not have his colleagues involved in his care. And he didn't want a lot of folks in and out of the house at the end. And so we did it. I took care of him. And I he felt I have no doubt that he felt loved and cared for in exactly the way that he wanted to be. So, which is a wonderful thing for me to be able to go on with.

Jennifer O'Brien

Absolutely. Yeah. To know that that I did that. So.

Gregory Anne

Oh, yeah. What a gift for him and for you. Yes, exactly. And the next round of bodily fluids will probably not be as horrifying if you have to deal again.

Jennifer O'Brien

It's always different when you love the person, that's for sure.

Gregory Anne

Absolutely. Let me ask you one thing that I've known a few people that cared for a parent, or my mother died of pancreatic cancer when I was young. I didn't know the first thing. I was not quite 20, didn't know the first thing really about caring for her, we did

the best we could. But she ended up in a hospice place that was lovely. And I saw the care.

Gregory Anne

It was run by Catholic nuns. But I never got to see in that situation what it was like for the day to day of the nuns, that was their service, that was their calling, right? It was different than being at home with somebody. But I would see my grandmother with my mother, who would come in the morning to see her go to work all day, come back in the evening and keep a brave face on. But you talked about, I listen to another podcast you were on and you talked about...

Gregory Anne

Well, there are a couple of things. He's dying and I'm surviving, the guilt maybe of that and then trying to be yourself, be a normal person, have emotions. You talked about having a fight with your husband, and I'm sure that maybe I shouldn't say I'm sure. Did you feel like "that was wrong of me? I should have been more patient" or how do you be normal?

Jennifer O'Brien

It's funny that you bring those two up together. So, the book is an art journal and there is a page in the art journal that that says we're going through two different processes.

Jennifer O'Brien

He is dying. I am surviving. And that indeed came after a huge argument that we had. It was just about two weeks after his diagnosis. So, we were still in the early kind of stages of getting used to what was happening. And it was, ah, it was a Saturday morning, Bob wanted to work. That was, Bob's work was more important to him than anything else in this world. And so, it was important to me that it was, that he was able to do that.

Jennifer O'Brien

So, and he worked very hard. And it was a Saturday morning and we had talked about going driving up to northwest Arkansas has a huge and beautiful art museum. And we had not yet been there to see it. And so, it's Saturday morning and I am ready, and ready to go make some memories, and let's get this show on the road. And he's tired and he's like, "No, I'm going to get you some literature on cancer fatigue." To which I responded, "Bob, I am not one of your bleeping palliative care fellows."

Jennifer O'Brien

And of course, that launched us, needless to say, into quite the little spat. And it was in the sort of aftermath of that that I had exactly what you describe. I went kind of back to

my corner kind of after that argument and said, "OK, no, this has to be the last foolish argument that we have because I am not going to look back on this time and have preventable regrets." And that to me was what that that represented, that getting into silly arguments.

Jennifer O'Brien

Then I would spend time looking back and thinking, why did I engage? Why did I waste our time with that? And so it's interesting, the he is dying. I am surviving with not so much about guilt, survivor's guilt. It was more about sort of that proactive management of my survivorship that that I would be creating only memories that I could be proud of and that I could look back on and say I became a much nicer person. I am whatever it takes.

Gregory Anne

Right, right.

Jennifer O'Brien

Right. And so, and so now, I just know, I know I did it. I know he felt loved. And it as you, as we all know from relationships, right? You have those silly little arguments and they chip away at how loved you feel and how, and the love that you feel you're giving. And I just didn't want that to happen anymore. So, I was really lucky that I had that realization and that realization that no, no, no, they're very close processes.

Jennifer O'Brien

They're intertwined in a lot of ways, but they come out at different ends. Right? He dies. And I go on and I have to live with that going on, and so, yeah, that's kind of what that's about. And I think that's a lot of what caregiving is about, that you're self-aware, hopefully, but you're also managing your future survivorship.

Gregory Anne

And that sounds all very analytical and like a person who's managed medical practices and doctors because they can be an irascible lot, I worked for a heart surgeon for a while. But on the other side, on the emotional side, you also talk about anticipating grief.

Jennifer O'Brien

Yes.

Gregory Anne

How does that I mean, I imagine it just comes in and out when it does. And do you give it a chance to sit with it or do you say, "not now? I can't do this right now. I have to be here present?"

Jennifer O'Brien

What they say, the clever little term they give it is, name it and claim it. Right. You say I mean, I knew how bad it was going to hurt to lose him because I'd already lost my brother and my mother.

Jennifer O'Brien

And so, there was no question, especially in the early parts, I was getting ahead of things and starting to grieve, grieve the loss before it was a loss. And just sort of acknowledging that that's what was going on. I looked it up, of course, and it's a real thing, anticipatory grief is a very real thing. And I think there was a study in Sweden where 40 percent of widows described it as worse than grief after the death. So that gave me a real sense of validation.

Jennifer O'Brien

But also, once you've sort of honored it and said, OK, this is what it is, then you do have to say it has a place. But that's what it is. And I need to focus on the here and now because if I spend all my time worrying about anticipatory grief, right then I'm not enjoying what we have and sort of layering that on top of it.

Jennifer O'Brien

So, yeah, self-awareness, I think is a huge component of caregiving because you don't always have really the time you have to get really, really efficient and fast at self-awareness, identify it, give it its due, and then get back to the moment because it's not going to go on forever.

Gregory Anne

Mm hmm. Now, you said your husband didn't want many people in and out of the house. Were you able to have somebody come in to give you a respite from the caregiving or did you just do it all? You were there every day?

Jennifer O'Brien

No, I do. So first of all, he worked, he worked for almost 18 of the of the 22 months. He was well enough to do that. He, it wasn't always pretty. We had to wrap his legs sometimes for the for the swelling and things like that. But he wasn't, he wanted nothing more than to work. So, it wasn't as though I was over him in a bed for twenty-two months at all. In fact, a big part of what we did, we downsized and sold our big house and moved into a condominium so that I would feel comfortable here.

Jennifer O'Brien

We did, we did lots of preparations. But yes, when the end came and he had to stop working and then was home and I was taking care of him.

Jennifer O'Brien

No, I, I knew I knew what he wanted and what he didn't want. I wouldn't, I didn't let them bring a hospital bed into this place. I knew he didn't want, I knew he didn't want to die at home. He wanted he wanted to die inpatient. He died inpatient hospice. No, I really did my very, very best to to give him what he wanted.

Gregory Anne

So inpatient hospice is something that I knew, too, because my stepmother a couple of years ago, who was eighty seven or so, died but went into, she had pancreatic cancer and she was able to stay in the hospital. They just moved her into a hospice situation. They were sort of biding their time, looking at the different symptoms and how she was changing. And it was lovely because she was used to it. She could see her apartment out the window.

Gregory Anne

It was just like a nice setting, but I wasn't familiar with that. And is it common for hospitals to have this? Is it becoming more common?

Jennifer O'Brien

I guess hospice is a status and you can do it at home or in a facility. And hospice is a status of the patient. That typically means, these are not hard fast rules, but typically means they're going to live for about six months or less. Unfortunately, we have a problem with just dialog about the realities of end of life. So, people end up, lots of doctors don't recommend hospice until it's very, very late in the process, which is really unfortunate because hospice is a lot of support for the family.

Jennifer O'Brien

You know, it's a much more sort of whole person approach, whole situation approach. And it's comfortable, for the focus is on comfort for the rest of your of your life. Hospice can actually extend life. When the because the patient sort of doesn't have all those chemotherapies or treatments that are causing side effects. So, yeah, there are inpatient hospice. Interestingly, again, sadly, we end up losing, having patients die, not so much in an inpatient hospice as an inpatient in the hospital.

Jennifer O'Brien

And that really comes from our just unwillingness to recognize the, you know, at the end of life comes death. And it's an unwillingness on the part of physicians. And I mean, it doesn't really know any boundaries at this point in our society. Sadly.

Gregory Anne

Oh, my husband had knee replacement surgery not too long ago, and they insisted that if he didn't have a proxy, a health proxy, living will, whatever it was called, that they would provide one. So of course, we hadn't had one, but because he's fifty-seven, we don't think you're going to die when you're fifty-seven.

Gregory Anne

But the as soon as I saw theirs I said, we're going to do our own because theirs was you know, it was a boilerplate form. Do you want them this. You want that. But then when we had to do the work for him sitting next to me, me asking him the questions, he got very choked up to make these decisions for himself.

Gregory Anne

No, I don't want food, supplemental food or water. And I think maybe that's one of the hesitations for many people to sit down with their parents or a sibling or each of us do it individually. It's, we don't again, the conversation, death comes, right. We don't want to face the idea. And then if we are in the hospital, he was imagining being in terrible agony because he couldn't have water or food. I said, I think you'll be way beyond that point.

Gregory Anne

If we're starting to withhold things, you won't know that this is happening, as far as I could tell. Do you have any insight on that you could share?

Jennifer O'Brien

I do. I do have a lot of insight on that. I would strongly recommend kind of what you did, but even more so, especially at our age, that we have some of these conversations before anybody gets sick, before knee replacement, even. There's a game called the Death Deck, which is a really, it's one hundred and twelve cards. And fun and serious questions about end of life just meant as a conversation starter among either family or friends. And kind of keeping it light so that you have that point of reference.

Jennifer O'Brien

I mean, the story, the funniest story or the best story? We're all adults here. The first night that Bob and I ever slept together, it was fabulous. And he sort of breathlessly

popped over onto the other side of the bed and said, well, if I have a heart attack in my sleep, don't call the EMTs until I'm cold and blue.

Jennifer O'Brien

Which I totally took as A) that sex was great, and B), our first advance directives conversation and what was great about it too, the same thing with whether you're going to play the game or whether you're going to, there's another place called the Conversation Project that has a set of questions that you can download and just have a conversation with people you love. Again, ideally, when people are healthy, because when somebody gets sick, and 80 percent of people get sick before they die.

Jennifer O'Brien

Right. Things change, things get serious. And how wonderful it is to have that point of reference. You can change your mind, right? You can say, you know what, I know I kind of felt like that in the abstract, but I want to try this treatment, or I want to do this thing. I want, you know, N.G. Tube for a period of time, whatever it is. So having that point of reference, and the other thing I will tell you is when your husband got choked up.

Jennifer O'Brien

It's intimacy. Right. That didn't happen with anybody else, that was the two of you, and that is as intimate as it gets as far as I'm concerned, to be the one who talks to somebody about what they want and don't want at the end of their life and then be have that great honor of helping to carry that out.

I mean, that's as good as it gets when it comes to intimacy. I mean,

Gregory Anne

I know that it's a whole different side in on the conversation. You're right. And I would say that in our day to day, there's not a lot of intimacy. Even with covid, we're seeing each other more. You know how it is. We're busy. We're doing this and we're like, give a kiss on the cheek and then the next thing.

Gregory Anne

So that is actually a nice reframe for me.

Jennifer O'Brien

Yeah.

Gregory Anne

So I want to I want to hear about your book. You did mention it in the beginning and how it came to be, but there's a story there that how it became a book versus just something for you. Yeah.

Jennifer O'Brien

So I did it, as I said in the beginning, as a self-care thing and sort of keep alive some of the things that we did and didn't do and the thoughts and the feelings that I had in the process. And there's some real honesty in it because caregiving is hard and going through the end of life is very, very difficult. And there were some moments, I think there's a page in it that says, "if I don't get out of this house soon, he's not going to live to die of cancer and I'm going to do life without parole."

Gregory Anne

Now I'm starting to laugh but that's hilarious.

Jennifer O'Brien

No, I mean, yes, I'm glad that you're laughing,

Gregory Anne

but I wanted to hear one of those because you sound so measured about it all in the telling so many years later. But, yeah, OK, so you're one of us.

Jennifer O'Brien

So, it's very it's very honest and it's very raw. And then there's some really practical stuff in it that we knew to do because of who we were and who Bob was. So, and after he died, of course, I had a lot more time and I was able to put some of the art together more thoroughly and then document, about a third of the book is about after his death and the thoughts and the feelings and realities that I went through then.

Jennifer O'Brien

And so, I printed it out. It was a stack of of pages. I think I sent my home printer into hospice by printing out this very colorful document on it. It's a it's about 80 pages long. It's a it's eight by ten. It's a hardback. Anyway, it's not a long book. So I put this, I printed these pages out and I got some really bad news. A very good friend of mine was diagnosed with a rare and aggressive bladder cancer.

Jennifer O'Brien

So, I flew down to be with him and his wife in New Orleans. And I stuck this stack of pages in my suitcase. And I handed it to him at one point and said, "you know, I kept this while Bob was sick" and he took it, and next morning he came back and said "that was really helpful and you need to show it to my wife", which I did. And by this time, I'm doing another one of those interim CEO positions for a really large multi specialty practice, and I'm having a conversation with one of the neurologists.

Jennifer O'Brien

He's lamenting that he is in the process of diagnosing three patients with ALS and how just how hard it is to to tell to tell somebody and their spouse that that's what's happening.

Jennifer O'Brien

And so, by this time, I have put it into, I used a vacation. You know how you can put your photos into this software and get a book in the mail? It was a vacation book software. I have now put these pages in so that I have a physical book. So, I wanted to see what it felt like to sort of hold it and so forth, so that's what I have now instead of a stack of pages. So, after having this conversation the next day, I bring my book in to him, to Dr. Selzer. And I was like, you know, take a look at this. And he took it home. And the next day he said, "Jennifer, you're not getting your book back. I will be loaning it to these three patients and their spouses because it's really helpful. And it closes the gap between what as a physician I can do for this patient and what he and his wife, or I don't know that they were all men, but what the family caregiver and the patient really need.

Jennifer O'Brien

And so, you need to figure out how to make this available to more people."

Jennifer O'Brien

And yeah. So, I, that was really shocking and it motivated me. You know, there's no greater feeling than thinking that something difficult you went through might actually have produced help for someone else. I contacted a small press here in Little Rock and found a wonderful woman there who agreed that it had a role in the world and that she wanted to get it out to the world.

Jennifer O'Brien

So, it's small press printed here in the US. It's all ah, it's not a big deal, but it is help because it's helping people. So exactly.

Gregory Anne

Because it's your art too, your art came out of this experience versus some other experience you might have had would have been totally different.

Jennifer O'Brien

Yes. No, it's yeah. The art is pretty specific to the topic.

Gregory Anne

Now, do you still do art? I do. Yeah, I do. Absolutely. Yeah. I just posted online and on my social media, a piece that I was, that actually got 50 shares, which like for this little

gal is viral and it was because it was February twenty eighth is rare disease day. It's a day to sort of highlight rare disease. And the symbol of rare disease is the zebra, because when you're in med school, you're taught when you hear hooves look for horses, not zebras, meaning those symptoms are in all likelihood something common, not something rare. And that's what a physician, young physician is taught. And so those rare diseases are represented by zebras. So I in honor of Rare Disease Day, I did this piece that just involved a zebra and lots of zebra and oh my gosh, people went nuts over it.

Gregory Anne

So I have to go find you. Is that on Instagram?

Jennifer O'Brien

It is on Instagram. I am the hospice doctor's widow on Instagram, but also my website, which is hospice doctors widow dot com has a link now to a gallery where you can view all my art. The art that's in the book and my other art and even purchase prints. So it's exciting. I know it's a really cool thing called visual.co , and it's really neat.

Gregory Anne

When I saw your website, I do remember that you were still doing some art, but I don't think I got as far as the gallery if it was there.

Jennifer O'Brien

I do both the digital collage, which is what what's in the book, and I do lots of tactile stuff. It just depends on and then some combos. Lately I've been doing some stuff where I run it through the printer and then add some flatback crystals or rubber stamping. It's it's man,

Gregory Anne

It sounds like so much fun

Jennifer O'Brien

Art saved my life.

Gregory Anne

That sounds like it sounds like it. So, the book is also called The Hospice Doctor's Widow, but it's the journal Hospice. If they wanted to go to Amazon, a journal. OK, and we'll have a picture of it on the podcast page. So to close, because we could go on, I've heard so many great stories, but I want to be respectful of people's earbuds and ear

balls, how would you leave this conversation for a caregiver person who's in the midst of caring for somebody right now? They have heard lots of great information, but they may still be feeling like, is there a place they reach out to?

Gregory Anne

Is there, the book might be a great first place actually for them to get that. But how can you help relieve some of this anxiety that people feel they're not doing it right? Are they doing enough? Doing too much?

Jennifer O'Brien

Right. So, I do think the book is a great resource because it's just very authentic and it's practical. You will not feel alone after looking at this book. Some people struggle with the title of the book because. Well, spoiler alert he died. But I would caution people to sort of, you know, this is one person's story and get what from it what you can. There are, so I say that because I find a lot of people buy the book and to give to a caregiver.

Jennifer O'Brien

Right? Because that's the other thing that we're called upon to do if you're not currently caregiving. You have a friend who is, everybody does. I mean, there are fifty-three million caregivers in the United States, family unpaid caregivers, and that's a number that is pre-Coivd19 and that number is only going up. And so just wrap the book. You know, if you're worried about the title, wrap the book, say I'm not. I've done it myself.

Jennifer O'Brien

I, I wrote the book and I have had this feeling. So wrap it and say open this. When you have a when you have a chance, it's someone's story that I thought might help you. The other really practical thing, I think that I kind of wish I had had the ability to do. Is, if you're on social media, maybe following the hashtag family, caregiver will allow it. I'm on Instagram mainly because I'm an artist and Instagram is all about right pictures.

Jennifer O'Brien

Yeah. So, I think I follow hashtag caregiver just to sort of and maybe palliative care, just to see what's what's out there in the world and the support. It really makes you feel a lot less alone when you start following one of those hashtags. There's a group on Facebook called Slow Medicine that I really like a lot. And it's really all about just being deliberate about decisions for care, which I think is so important because our medical world sort of pushes the next chemotherapy or the next whatever treatment on us.

Jennifer O'Brien

And sometimes, especially as laypeople, I mean, Bob went through a very deliberate process in deciding, which I include in the book. I sort of translated that to our language, nonmedical kind of language about making a decision about the next treatment and how you go through doing that. Slow medicine sort of recognizes that at the end of life comes death. Even when we after we cure cancer at the end of life, death will come still.

Right. So this is the bottom line. And the fact that, getting back again to your original question, and that is an important thing that a caregiver needs to keep in mind, and that one of the things that happens, is care recipients start to feel kind of bad because their caregiver is doing so much work. And I would say an opportunity for a loving reciprocity is to go ahead and have some of these conversations. Because it is extraordinarily difficult to be a caregiver and then to have that added responsibility of trying to figure out what your loved one wants when he or she can't make the decisions.

Gregory Anne

That's a really great point, a really, really great point, especially in the swirl of the hospital. And they're throwing terms at you and they sit with you for a couple of minutes and then they're gone. I mean, obviously not all doctors, but that's a really great idea. Well, this has been wonderful. I knew it would be, you are so engaging, great stories, and I as I told you earlier, I'm waiting for my book. I don't currently, thankfully, have anybody to give it to.

Gregory Anne

But I wanted to experience it myself because I've heard so many great things about it. Thank you very, very much for your time and your stories. And I can't wait to see that art gallery because now I can see the little art back there for people that are on the podcast listening, not seeing. If you go to YouTube channel, you'll be able to see some of the art in the background of Jennifer's room. So thank you again. Really appreciate it.

Jennifer O'Brien

Absolutely. My pleasure, listeners.

Gregory Anne

Thank you all again for being here each week. And e will til next time.

Gregory Anne

That's the end of another episode of the rebellious Wellness over 50 podcast. I hope you've enjoyed it. If there's anything that you heard or hear when you tune in that you think would benefit a friend, a sister, a mother. Hey, even some guys send it my way,

would you? And if you've not ever been to the website, **Rebellious Wellness over 50 dotcom** head on over there, there are resources, things that I don't always get to on the podcast that might help you.

Gregory Anne

Age better be well till next time and stay that way.