

“Be nice to your kids. They’ll choose your nursing home.”  
Seen on a bumper sticker.

## **CHAPTER TWENTY-TWO PREPARING FOR THE WORST By Dr. Aubrey Pilgrim and Several Survivors**

How long do I have? The law says that the doctor does not have to tell you. The truth is that in most cases, the doctor doesn’t know. He can only guess, based on statistical data of other cases and we are all different.

### **Should The Patient Be Told?**

Harry Pinchot is a young man with advanced prostate cancer. He is a member of several support groups in the Los Angeles area and is active on the Internet. Here is a note that he recently posted:

“My father died of CaP. He fought the battle alone and uninformed because his doctor conspired with my mother to hide his true diagnosis and information from him until his last six months. NO MAN SHOULD GO DOWN THE PATH TO TREATMENT OR, WORSE HIS DEATH, UNINFORMED OR MISINFORMED.”

I couldn’t agree more. Many men don’t want others to know that they have cancer. When Bob Dole ran for President he never mentioned that he was a prostate cancer survivor. It’s too bad because there are probably thousands of men who would have voted for him had they known. But there are probably others who would not have voted for him because many people still equate the word cancer with sure death.

The word cancer may also make a difference in such things as obtaining employment in certain businesses, getting health insurance and securing a long term bank loan. I am sure there are many other reasons why a person may not want others to know he has cancer.

In some cases, you may want to try to protect the other person so they won’t worry. But in many cases the cancer cannot be hidden. It is usually best to face it openly. If someone can’t handle the fact that you have cancer, then that is their problem. You have enough problems of your own. Don’t worry about theirs.

### **Care for Terminally Ill**

The last time I took my wife to the hospital, they kept her for awhile, then told me that I would have to take her home. The doctors told me that she probably had less than six months to live. She was bedridden, had to have oxygen, drugs, medicines and round the clock care. I was still working and had lots of bills to pay. I just didn’t see how I could take care of her and still work. There were several nursing homes nearby. I contacted a couple of them, but as soon as I told them that she was terminal, they did not want her. Statistics are kept by the

State and some organizations on the number of deaths that occur in hospitals and nursing homes. If a large number of deaths occur in one of these institutions, it may make them look bad.

When I told my wife that I had inquired about placing her in a nursing home, she became very upset. She wanted to stay as close to me as possible. I agreed. I rented a hospital bed, linens, and a wheel chair. I had tanks of oxygen and other equipment brought to my home. My daughter quit her job and abandoned her own family to help me care for her mother 24 hours a day.

She kept us up many nights crying out in pain. Sometimes she would cry and beg God to take her. Of course, I suffered her pain also.

The doctors were right. She died less than six months later on my birthday. I am very glad that I did not put her in a nursing home.

### **How To Make The Nursing Homes Better**

I don't blame my wife for not wanting to go to a nursing home. I have a friend who was in one. Until she died, I went to visit her often. But every time I went I left feeling depressed. I felt so sorry for the patients. Most of them were not able to walk very well. Even those that could walk were in danger of falling and breaking some bones, so they either lay in bed or spent their days strapped in wheel chairs. Many of them who were strapped in wheel chairs sat near the entrance so they could see any one who might be coming to visit them. Even if you were not coming to visit them, they were very happy to see you and to talk with you.

There is usually lots of nice warm sunshine here in southern California. But the patients were not allowed to go outside and sit in the gardens unless a close relative or responsible friend watched over them.

The nursing home was as close to a prison as any that you can imagine. I can understand why the nursing homes had all the rules and precautions. In this day and age of litigation, if one of the patients became injured or suffered from a lack of care, they would very likely be sued. The state regulatory board would also be quick to impose sanctions on the nursing home for any perceived lack of care.

Of course most of the nursing homes try to provide patients with amusements such as television, bingo and card games. But most of the people don't seem to care too much for any of those things. They seem to get more pleasure from someone, even strangers, who will stop and chat with them for a while.

One thing is very noticeable in these homes. There are about 10 women for every man. If anyone doubts the statistics that women outlive men, they should visit a nursing home.

Just because the people are old is no reason for them to forget all about sex. Many of the patients would still like to enjoy sex, or since it is mostly women, just to be held and loved. But many of the nursing homes frown on any kind of such activity. It is hard to understand why they object to the small amount of pleasure the patients may derive. At this stage of their lives, they sure as hell don't have to worry about any unwanted pregnancies.

But the men and women are usually kept in separate wings. They are usually watched closely so that no one sneaks into someone else's bed. Instead of objecting to intimacy among the patients, they should do all that is possible to give them private rooms or let them share rooms together.

It is possible that the nursing homes worry about sexual harassment or unwanted advances made to some of the patients. Another reason is that the children and close relatives of patients might worry that their relative might marry or make an arrangement to leave their money to someone else. Or might somehow be taken advantage of.

One other thing the nursing homes might do is provide a bit of wine or beer for them if their medications do not forbid it. It would be nice if they could have a 5 o'clock happy hour every day. Most of these people are near the end. Why not let them enjoy any pleasure that is possible?

### **Assisted Suicide**

I hope that I will never have to be placed in nursing home. If I ever get to the point where I cannot care for myself, I hope that I have nearby, or can acquire, the means to end it all. This is my body and I should be able to make an intelligent decision as to how and when it should end.

The Department of Health and Human Services estimated in November of 1994 that the nation's annual health care costs were \$884 billion. Dr. Marc Micozzi is the director of the National Museum of Health and Medicine in Washington, D.C. An article in the January 1996 issue of the American Legionnaire quoted Dr. Marc Micozzi as saying that research shows that about half of all health-care money spent in a person's lifetime is spent in the last six months of life. He says that most of it is spent for procedures that make absolutely no difference in survival time.

I am sure that you have heard of extraordinary measures being taken to keep a person alive even though they may be completely brain dead. These measures may consume the entire life savings of the person and use up valuable resources of the hospital and community.

I have signed a notarized copy of a Durable Power of Attorney for Health Care. This is a form with several pages that is provided by most California hospitals. This document allows one to name a person to carry out your wishes if you

should become incapacitated to the extent that you can no longer give informed consent. There is also a provision in this document that allows you to make an anatomical gift of your body and organs. I probably won't have much left worth salvaging, but after I am dead, I think it would be great if someone else could use anything of mine at all. In this respect, part of me would still be alive. Unfortunately, since I have had cancer, they may not want to salvage any parts.

On November 8, 1994, the people of the State of Oregon voted to allow physician assisted suicide. Almost immediately, a judge struck it down. It was again confirmed by the people of Oregon on November 4, 1997. On November 5, 1997, the chief of the Federal Drug Enforcement Agency declared that any doctor who participated in an assisted suicide could be subject to penalties and lose their right to prescribe federally controlled drugs. A few doctors have ignored this warning and have helped some patients.

The Oregon law allows a physician to prescribe a drug that would end it all. It has several provisions and checks so that it cannot be used unless the patient is fully aware of his or her action. The drug is given to the patient and he or she must take it themselves.

Several laws have been introduced in Congress to ban assisted suicide. And of course you probably know that Dr. Kevorkian is in jail because of his assistance to people who committed suicide.

### **Hemlock Society**

Many of you are familiar with Plato's description of the death of Socrates. He was a teacher and a very gentle man. He had been accused of teaching heresy and corrupting the minds of the young Athenian people. He was sentenced to death by drinking a cup of hemlock. I cry every time I read Plato's account of Socrates death. This took place about 400 years before Christ. There are several parallels between the life and death of Socrates and of Christ.

Here is some information about the Hemlock Society:

Whether you are looking for background and current interests in the right to die movement, written information on planning for a peaceful death, or general information about the Hemlock Society you should be able to find it here. Our interest is in maximizing the options for a peaceful death, including legal physician aid in dying for terminally ill, mentally competent adults who request it, under careful safeguards.

Hemlock discourages suicide for emotional reasons; we hope you will seek a suicide prevention organization or mental health professional if that is your concern. We do not dispense poisons or pills. Our members do receive numerous excellent benefits; you will meet many proud members on these pages.

## **Patient's Rights: End-of-Life Options**

A competent patient has the right to:

Be fully involved in decisions about end-of-life care

Refuse any unwanted medical treatment, for any reason, even if the refusal should lead to death

Withdraw any unwanted medical treatment

Refuse any form of nutrition and hydration

Refuse cardiopulmonary resuscitation (CPR)

Have a Living Will or Advance Directive followed

Designate a Health Care Proxy to make medical decisions for her/him if incompetent

Have his/her pain and suffering relieved, even if death is the unintended result

End his or her own life, without assistance, and to have someone present

To be fully informed about all options of treatment and end-of-life care including the risks and benefits and probabilities of treatment success

Ask for a referral to hospice care

Ask a doctor to assist in ending his/her life knowing that, except in Oregon, it is against the law

Request terminal sedation

Change doctors

## **Physician's Obligations: End-of-Life Options**

A physician who cares for patients at the end of life should:

Involve a competent patient or his/her designated health care agent in all end-of-life decisions

Explain all options for treatment and symptom alleviation and their side effects, risks, costs and probabilities of success

Be knowledgeable about end-of-life options and palliative care

Be proactive in initiating end-of-life discussion

Comply with a patient's wishes to refuse or withdraw unwanted medical treatment

Comply with the wishes of the patient's designated health care agent, if the patient is not competent

Comply with the patient's wishes for relief of pain and suffering, even if death is the unintended consequence

Order that the patient not be resuscitated if that is the patient's or agent's wish

Provide palliative care and pain control. Or refer a patient to another physician if he/she cannot or will not provide the services requested.

The statements outlined above are the goals of the Hemlock Society. Unfortunately these goals have not yet been attained. If you would like to help or you need help, contact them.

The Hemlock Society <http://www.hemlock.org/>

Denver Colorado, 101810

Tel. 800-247-7421, Fax 303-639-1224

### **Legal Concerns**

Dr. Mark Sheldon is the author of a book titled **Prostate and Cancer**. His last chapter is titled **When All Treatments Fail**. Here is one of the items in that chapter:

“The American Cancer Society has an excellent pamphlet on what should be addressed by you regarding legal questions, business, taxes, and loans. A brief list of things to organize includes: Life Insurance, Retirement plan, Title to any assets that you have, Property, Bank Accounts, Collections, Safe deposit boxes, Vehicle deeds, and a Will. For each of these items you should record account numbers, addresses, phone numbers, contact people and the locations of important keys and papers.”

### **Up to Date Will**

None of us likes to think of it, but we could go at any time. Our PCa might not kill us, but we could get struck by lightning at any time. Like the Boy Scout motto says, “Always be prepared”.

I am sure that you know the necessity of having an up to date will. For a will to be legal, you must be mentally competent. Some of us may reach a point where we may become comatose, or be unable to make our wishes known. So it should be done now. If necessary, it is usually fairly simple to update it.

Many people don't have a will because it may be a lot of trouble and expense going to an attorney to have a will drawn up. But depending on what you have, it may not be necessary to go to an attorney. For a simple will, you can write it out by hand. This is called a biographic will. Though not absolutely necessary, it is

much better if the will is witnessed and dated. The witness doesn't necessarily have to read the will or know what is in it.

You should make sure that your wishes are made clear. I heard of one man who had a mistress. He wanted to provide her with something for all the pleasure she had given him, but he had very little cash. He had a new Cadillac, but his lady friend did not drive. So he decreed in his handwritten will that his wife should sell the car and give the proceeds to his mistress. So his widow put an ad in the paper and advertised the Cadillac. The advertised selling price was one dollar.

If you don't have a lot of property and assets, you can go to most stationery stores and get pre-printed forms for a will. But if you have a computer, even better would be to order the WillMaker from Nolo Press at 1-800-955-4775 or go to [www.nolo.com](http://www.nolo.com) .

WillMaker comes with an instruction guide that has about 400 pages. WillMaker can help you create a will, create a health care directive, (a living will or durable power of attorney), and create a directive for the final arrangements.

The WillMaker computer software and the large book that comes with it can help you create a will that covers just about everything that a high priced lawyer would cover. Even if you don't have a computer, the instruction book that comes with WillMaker tells you about all you need to know to create your will. For those without a computer, Nolo Press also has several other books for creating a simple will. Nolo Press publishes several other books that covers all sorts of legal problems. Call them for a catalog.

Of course if you have a fairly large estate, then you probably should have an attorney draw up a will. You might also consider a living trust which may be drawn up in such a way that it would avoid probate. If there is no will, a large estate may have to be probated. The lawyer fees and court costs for probate may eat up a large part of the estate.

### **Depression**

It is natural that you will become depressed. But you shouldn't let depression rob you of what time you have left. Your depression can rub off on your loved ones. Let your doctor know how you feel. There are medications that can help. Use every minute that you can to enjoy your family and friends.

### **Hospice Care**

Below are a couple of e-mail posts to the Circle. The Circle is an Internet list that you can subscribe to. It is free. The Circle offers support for wives, families, friends, and significant others of men with prostate cancer -- and, of course, the men themselves.

Here is a note from Mary:

From: Mary  
Subject: [Circle] our daughter responds to Samantha

Dear circlers:

A few days ago a young woman named Samantha introduced herself to the circle and asked some very pointed questions re: what to expect as her father dies from PCa that has metastasized and gone out of control. She specifically wanted to know about hospice and about exactly what to expect at the time of death.

I sent a copy of her letter to our youngest daughter, Mija, who has been a hospice nurse for several years and has cared for many end-stage PCa patients.

I asked Mija to respond to Samantha's questions. With Mija's permission, I'd like to share an edited version of what she has written to Samantha:

Hello, Samantha. My name is Mija and my mother passed your letter on to me re: your dad and what is happening to him. My parents are on the "circle" as my dad also has PCa and has had surgery. My mother thought I might be able to help you as I am a hospice nurse.

I also had the unfortunate experience of losing a parent- my biological mom died when I was young. So, I hope I can be of some help to you not only from a hospice standpoint, but also from a personal one as well.

It sounds as though your dad is pretty ill-the understatement of the decade, right? I will start by explaining a little about hospice-forgive me if you already know this:

Hospice care is for those people with a terminal illness who have less than 6 months to live, are no longer pursuing aggressive, life-sustaining/prolonging treatments. This is the formal "definition".

Hospice care focuses on caring for the person who is dying and their family in a holistic way - caring for the whole person - mind, body and soul - hospice care focuses on quality of life - not quantity - helping the dying to have as much quality in their lives in the time they have left. . .focusing on living what is left, not waiting to die.

Hospice care can be provided in the person's home - your dad can stay at home if that is what he wants and you and your stepmom feel you can care for him until his death. Home hospice does NOT provide 24 hr nursing care, so you have to be prepared to do a lot. Hospice includes nurses, home health aides (will bathe him, etc), and may provide volunteers to sit with him if you need to get out (you need to take care of yourself also:-) ). Pastoral/spiritual

care providers may offer support. If needed social workers, doctors and bereavement support may be provided. They will all work together in an “interdisciplinary team” to keep your dad out of pain, as lucid as possible, manage any physical symptoms of the disease or the medicines he is taking, and provide your family with all the emotional, spiritual and psychological support you may need.

None of this is forced on you but it is so very helpful to those grieving. Hospice also provides bereavement support - (we look after the family for at least 13 months) after the person has died. We try to help you grieve the loss and give support (there’s that word again-I use it a lot) to you as you need it.

That is the brief version - it sounds like your dad is totally appropriate for hospice care and you could use the support. The doctor can make the referral to your local hospice or you can call them and they will call the doctor to verify. I would question the M.D. as to why blood work even needs to be done at this time. We do not routinely do bloodwork when people are very sick and hospice seems appropriate. The reason is because the results are going to be off and out of the normal because that is part of the dying process. As the body begins to fail, trying to fix things will only be temporary and probably not add any quality to your dad's life. So why look for things in the blood tests when we know they will be off? It just adds more stress to family and sick person.

Also, why does he need to go the doctor’s office anymore? Sounds like it would be quite an effort if he cannot walk now. With hospice, the nurses can communicate with the doc and tell him what is going on with your dad and prevent a hard trip out. Does he like the outdoors? Go to the park instead!! Now, as to some of what you are seeing happening to your dad-the confusion makes me wonder:

- 1) has his cancer spread to his brain? A scary thought but would explain some of crazy talk maybe;
- 2) Did crazy talk start after morphine? How much morphine is he on and what type? Is it short acting or long acting (MSIR, MS Contin)? What is the name on the bottle?
- 3) What do you mean by crazy talk? Is he just confused about days/nights/dates/etc? Is he “seeing” people, what is he doing? ---there is also the possibility that his electrolytes are out of whack, which occasionally can impact a persons mental status---but that is unlikely and makes little sense (as I said above) to check into.

As people get closer to dying they do sleep more. They sleep a lot because as the body fails it takes a lot of energy to stay awake and do things. He will probably conserve his awake times for important people like you and stepmom and not business friends, for example. Just “being” with you is going to be more important than words.

They eat less and less- it is like the cancer tells them they are not hungry - they aren't starving themselves, just not feeling hunger.

Sometimes you can find threads of things that make sense in the crazy talk too-just listen- he needs to know you guys are going to be okay after he's gone. He'll worry and that can be relieved by a simple sentence. It is okay to cry and tell him you'll miss him terribly, but that you'll survive.

He will lose control of his bladder/bowels, he may get a little congested in the lungs (which can be made easier with certain medications), and his confusion may worsen. If you get hospice in to help you they will guide you through all of this and hold your hand on the way.

I am going to stop for now as this is probably already too much for you. You are right, Samantha, this IS too hard. None of us should ever have to feel such pain. You will survive it, though, even if sometimes you wonder about that. Please, write back to me with more questions- or just to talk- I have been there on the personal and professional level (which IS personal for me)- let me know how things go.

Take care of you.

Mija (pronounced like Mia in Mia Farrow)

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\*\*I know many of you out there have similar concerns. I hope you can learn from our child. She teaches us stuff all the time!

Fondly,

Mary >>

Below is another Internet post from Mary about Hospice. Someone wrote and asked these questions:

<< How much does Hospice care cost?  
How often do Hospice workers come to the home?  
Who pays for Hospice care?  
Can one have home health services and Hospice?  
What does Hospice do? Physically? Emotionally?  
Does Medicaid cover Hospice and Home health?

I have a friend who was told that she could either get Medicaid to pay for home health workers or Hospice but not both and when the pain gets really bad then she can get Hospice for her husband who has terminal cancer.>>

Mary answered:

Before I'd even attempt to answer the questions you pose, I would wonder to whom was your friend speaking? I'd suggest she contact all hospices in her area and ask for an assessment interview by the hospice coordinator or whoever it is who determines if hospice care is appropriate for the patient at this time. These assessment visits are free of charge. If there is more than one agency, I'd investigate all.

Hospice programs vary so I would suggest she get down to business and find out what is offered in her area, then go from there. Many hospices are connected to home health agencies or are branches of a home health agency and the personnel work closely together.

The hospice workers are specially trained and in most, the nurses must be certified nationally as hospice nurses and must become re-certified every 4 years (means taking an exam to make sure the nurse stays current in the field).

There are nurses, home health aides and personal care attendants who give bedside care and family support. In addition, the team consists of social worker, chaplain, doc, pharmacist and volunteers, some have Physical Therapists and Occupational Therapists, all specializing in hospice work and philosophy. The patient and significant others are also considered members of the hospice team. Team meetings are usually held at least weekly. The services are available in private homes, nursing homes and in various types of assisted living facilities.

Financial arrangements vary according to the clients' insurance benefits or Medicaid/Medicare status (one reason why your friend should be talking to the local hospice persons). A real advantage of using hospice over regular home health in end stage care is that most hospice programs pick up the cost of durable medical equipment (beds, w/chairs, etc.) dressings, many medications and other items that, at times, the patient must pay for out of pocket with other programs. Visits are based on the assessed need of patient and family.

I think it takes a very special kind of person to deal with patients who are nearing the end of their lives as well as being able to support their families. Many nurses who are not in hospice will often say, "How can you do that kind of work?" Most hospice nurses will respond, "How can I NOT?"

As far as I'm concerned, hospice nurses (and other hospice caregivers) are part angel, part magician, joyous, resourceful, strong folks who can help to turn a tragedy into a celebration of life and the dying into one's "final stage of growth" (as Elisabeth Kubler-Ross termed it).

Mary>>

## **ADVANCE CARE PLANNING**

Here is some information from several web sites about Advance Care Planning and Hospice:

With advance care planning, “clinical care is shaped by a patient’s preferences when the patient is unable to participate in decision making”(Teno 1994). A written and legal document called an advance directive (either a living will or durable power of attorney) is one outcome of good advance care planning. Advance care planning is based on the ethical principle of autonomy (i.e., a competent person has the right to determine what happens to his own body). Good advance care planning ought to result in patients understanding their prognoses and likely outcomes of care, and being provided with the opportunities to reflect and formulate on important goals and plans. Key outcomes potentially include the following:

The patient was informed and understood the option to undertake advance care planning; physician and patient communicated about the patient’s prognosis and goals of care in a timely fashion; these discussions were documented; and appropriate contingency plans were formulated that ensured that the patient’s informed preferences were honored.

### **For the medical record:**

Documentation of advance directive in terms of timing from hospital admission and whether a note was written by a health care profession about the patient’s intent in completing the advance directive.

Documentation of the patient’s values/wishes and plan of care to ensure that those wishes are followed.

If you need to find a Home Care or Hospice Agency, check out the [HomeCare & Hospice Agency Locator](http://www.nahc.org/). <http://www.nahc.org/>

This is a service of the National Association for Home Care 228 Seventh Street, SE, Washington, DC 20003, (202) 547-7424 : (202) 547-3540 - Fax

## **HOSPICE FOUNDATION OF AMERICA**

<http://www.hospicefoundation.org/whatis.htm>

Hospice is a special concept of care designed to provide comfort and support to patients and their families when a life-limiting illness no longer responds to cure-oriented treatments.

The word "hospice" stems from the Latin word "hospitium" meaning guesthouse. Today there are more than 3,100 hospice programs in the United States including Puerto Rico and Guam. Hospice programs cared for nearly 540,000 people in the United States in 1998.

Hospice is not a place. Eighty percent of hospice care is provided in the home and in nursing homes. Inpatient units are sometimes available to assist with caregiving.

Hospice care is a covered benefit under Medicare for patients with a prognosis of 6 months or less. This benefit covers all services, medications and equipment related to the illness. These include:

Physician services

Nursing services

Home health aides

Medical appliances and supplies

Spiritual, dietary, and other counseling

Continuous care during crisis periods

Trained volunteers

Bereavement services

Approximately 43 states and the District of Columbia offer hospice coverage under Medicaid.

Many private health insurance policies and HMO's offer hospice coverage and benefits.

### **Other Hospice Resources**

If you use a search engine such as [www.altavista.com](http://www.altavista.com), or [www.yahoo.com](http://www.yahoo.com), [www.excite.com](http://www.excite.com) or any of the other search engines, you will find many hospice sites. Here are just few:

<http://forwardmovement.org/stdh.html>

<http://www.choices.org/newsf98.htm>

[http://www.hvmc.org/Services/Hospice/body\\_hospice.html](http://www.hvmc.org/Services/Hospice/body_hospice.html)

<http://www.hospicenet.org/html/concept.html>

<http://www.hospiceworld.org/organization.htm>

<http://www.odyssey-healthcare.net/hospice.htm>

### **Hospice Fraud**

There is a whole lot of Medicare and government money spent on hospice. Unfortunately, there are some who take advantage of these programs. The Hospice Patients Alliance at <http://www.hospicepatients.org/> tries to help prevent some of the fraud and incompetence. Here is a statement from their web site:

We reveal what no hospice will tell you! Make sure your wishes are followed; Get the best pain control available; Avoid Hospice Horrors; Stop Hospice exploitation; Know what your rights are; Recognize and report hospice fraud; know what services you are entitled to and which the hospice must provide!

HPA is a nonprofit private charitable organization serving the general public.

We do not take a position on any individual hospice, but serve by giving out information about hospice and share information which is in the public domain.

### **David**

David, a friend and member of one of our prostate cancer support groups, died in 1997. When David was diagnosed in 1987, the PSA test was still fairly new and few doctors knew about it. David, like most men at that time, didn't know that he had cancer until it had already metastasized or spread from the prostate throughout his body. Once this happens, there is no cure.

Since prostate cancer thrives on testosterone, David underwent an orchiectomy, a nice way of saying that he was castrated. This slowed the cancer down for a while, but inevitably it continued to grow and spread.

On top of all of his other problems, David was hit with leukemia. The doctors fought back with drugs and chemotherapy, but it was a losing battle.

In spite of all of his problems, David never lost his sense of humor. He always had a story or joke to tell to anyone who would listen. When death was near, he more or less planned his own service. He didn't want a lot of tears, he wanted his friends to laugh and be happy.

The choir sang several of his favorite happy songs, not the solemn church hymns. Some of his friends took the podium and repeated some of his stories. Here is one of his stories:

After Adam was created, he was lonely. He said to God, "I need someone to talk with, someone to hold and love and be one with. I need a woman."

God said, "Okay, but it will cost you an arm and a leg."

Adam said, "But I need my arms and legs. How about if I give you one of my ribs?"

God said, "Well, okay."

A few days later, Adam spoke with God again. "I've got several more ribs. Do you have any more women".

All of his 300 or more friends at the service laughed. I am sure David was happy.