

Editor's note: This commentary originally appeared in the Winter 2025 edition of *The Pharos*, the publication of Alpha Omega Alpha, and is reprinted with their permission. Dr. Yager was Professor Emeritus, Department of Psychiatry, University of Colorado School of Medicine, Aurora, Colorado; AOA 1964, Albert Einstein College of Medicine. He passed away in December 2024.

I Should Have Let Him Eat the Herring

JOEL YAGER, MD

Returning to her apartment after burying Philip, her husband of more than 50 years, surrounded by family and friends, my wife's grandma Anna mourned her grievous loss. Sitting and rocking back and forth, over and over again she wailed, "I should have let him eat the herring!", "I should have let him eat the herring!"

Confused by this strange, totally out-of-character self-deprecatory utterance, my mother-in-law Marge asked Anna, "Ma, what's with the herring??"

Anna reminded Marge that for years she acted as Philip's watchdog, hovering over his health. Philip was diabetic and hypertensive. Anna carefully regulated his intake of carbohydrates, fats, salts, and whatever else nutritional fashions of the day dictated as potentially detrimental to his physical condition.

Anna continued, "Two nights ago, just before dinner, my neighbor brought us a jar of pickled herring as a gift. Philip really wanted to have some of it, but I absolutely refused to allow it. It's so full of salt and fat, I would never allow him to eat that sort of stuff. So, he didn't have any. Then we went to bed, and, as God willed it, he died in his sleep. Awful! If I'd known that was going to happen, I would have let him eat the herring. If I only knew that was going to be his last meal. I should have let him eat the herring!"

This story has become a central tenet of our family lore. To us, "I should have let him eat the herring" now stands for giving ourselves and

one another permission to occasionally bend the rules and indulge, so that we can actually enjoy something otherwise "prohibited". We can, temporarily, allow ourselves and our loved ones to set aside our characteristically rigid self-discipline to savor and enjoy some of life's small pleasures and delights – regardless of whether such indulgences might reduce our expected lifespans by a few hours or a few days.

Now, my wife and I, retired physicians in our 80s, have entered what we see as our "herring phase of life". We've already beaten the odds by living longer than the average Caucasian-Americans of our race and genders. We are grateful for our leisure, and we're now at a place where we're better able than before to permit ourselves minor indulgences. "Stop to smell the roses" has become "It's OK to have a piece of herring." The truth is, we rarely eat herring, maybe once or twice a year. Rather, "herring" has become a code word for "reasonable" amounts of chocolate, ice cream, wine with dinner, occasional red meat or fried chicken, Asian and South Asian foods, pizza, and other so-called dietary "transgressions".

The issue here is quality vs. quantity of life. We desire quantity, but we also love quality. At this point, living through what might be considered bonus gifts of "overtime", we feel that we've lived great lives, and that the minor indulgences we permit ourselves are good, not bad. By increasing our pleasure in living, who knows, we

might actually wind up increasing our lifespans.

In our former medical practices, we also affirmed these values with our patients. We rejected practicing "hard-ass" medicine – we never scolded patients for occasional dietary indiscretions or for occasional slacking off other health practices. Confiding that they had occasionally permitted themselves minor transgressions, these patients often complained that adhering to rigid dietary and other health practices deprived them of simple pleasures. In cases where such behaviors were not life-threatening, we responded compassionately. We understood their needs and validated their decisions.

We acknowledge that more strictly disciplinarian clinicians might frown upon condoning or even encouraging patients to engage in these arguably hedonistic even if potentially health-antagonizing behaviors. But if these relatively benign indulgences bring joy, they might also generate unexpected desires to prolong the herring phase of life. These enjoyments might highlight the value of staying alive and possibly nourish other health behaviors.

So, always smell the roses and occasionally eat the herring, and keep up the interpersonal associations, healthy diet, sufficient sleep and exercise. ♦

Acknowledgment: I thank my wife Eileen for permission to relate this story. The other people mentioned in this piece are long gone.