"SAFE DEATH" IN THE POSTMODERN WORLD

Robert Kastenbaum
Arizona State University
Tempe, Arizona, USA

SOME DEATHS ARE BETTER THAN OTHERS

Let us begin with the proposition that some deaths are better than others. A student of logic would make mince pie of this statement in no time. "You are indulging in a lazy, gross, and elementary error! Dying is not death. People may die in a thousand ways. This does not mean that there are a thousand kinds of death. "Dying" is our word for the particular way a person lives as life approaches cessation. "Death" is the word for our ignorance regarding what happens - or does not happen - when people stop living and dying. We may have our preferences for modalities of dying, but all reach the same destination."

These points are well taken. But logic does not often stand in the way of our fondest or most fearful endeavours. Perhaps it is because we are so ignorant of death; perhaps it is because our minds cannot fasten securely on a state - or non-state - that seems so radically different from the usual categories and contents of our mental life. Or perhaps it is because the experiences and circumstances that precede death arouse so great a concern that we are absorbed by what we can observe and interpret on life's stage, rather than by what we can only wonder might be concealed from our view in the wings.

Generally, when we encounter such concepts as the "good death" or the "appropriate death", it is actually the last phase of life that is at issue. And it is this issue that is at the core of hospice. "Prince and Princess of Wales Hospice: Purveyor of Fine Deaths" is an emblem I have not seen, but it is likely to be an expectation nevertheless. Expectation! This is a concept whose importance is difficult to overestimate. How hospice is judged and how hospice judges itself depends not only on what happens but on the relationship between what happens and what we expect, hope, fear, and fantasize.

It becomes important, then, to examine the criteria that are applied to evaluate "better" and "worse" deaths - or, if we don't mind sounding awkward, "better or worse dyings". The observations I will be sharing with you come from a variety of clinical experiences and research projects, with an emphasis on those in which I have been directly involved myself. But first I must tell you of a conversation that occurred at an international conference not so many years ago. All the participants in this
discussion group were active as service providers and researchers: you would recognise most of the names. Suddenly, one of the participants stunned the group with an outburst of fury – not disagreement, not anger – fury. We were fools at a conference of fools. The new enlightenment about death, even the hospice movement itself, this was all the cruelest imaginable nonsense. And then, he started to weep. Why the fury, why the tears? This man, a physician, had our admiration and respect for the humane care he provided to children who suffered from life threatening diseases. He was capable, mature, courageous, a model of strength in this difficult field.

He could and did explain after the fury and with the tears still in his eyes. One of his young patients had died recently – and died a "bad death". Despite everything that he and his staff could do, the youngster bled out. The scene was horrifying to the family and to the professional care-givers as well. They had worked so hard and so resourcefully to help this child feel comfortable and enjoy what was left of life. But the final scene had come at the wrong time and the wrong place and in the wrong way. As we listened to his account we realised that in his own way he probably felt the pain of the "bad death" as acutely and deeply as the child’s own parents. This pain had turned into fury because crucial expectations had been dashed. Here they had been, health care professionals with state of the art knowledge, with compassion, and with the full involvement of family members – and the death had been traumatic to them all. "I couldn’t sit here another minute and hear all this talk about hospice goals, about spirituality, about serenity – damn it! We couldn’t even stop the damn bleeding!"

A few years after this poignant and revealing incident took place, I could not help but notice that expectations for the "good death" were continuing to rise. In the United States there was a spate of articles, books, workshops, and television programmes that portrayed the last phase of life as a glorious experience. Dying was pretty wonderful – or it should be pretty wonderful. It was not enough to be relatively free of pain, nausea, and other distressing symptoms. It was not enough to remain in close contact with one’s most cherished and supportive intimates. One had the right to expect more. The death bed scene was to be a peak experience, a fulfillment, a transcendental passage. Precisely how and why this expectation captured so many minds is a fascinating topic that must be left aside for the moment. The alarming point was that society was now generating expectations and fantasies that could be met, only on rare occasions, if at all. Dedicated professionals and devoted family members might provide superb care – and yet the death might be judged as "not good enough" when compared with the unchecked fantasies. At this point in time there was the danger that hospice could never keep up with the fantasies. And how much more devastating it would be in those unfortunate circumstances when the best available care could not even guarantee a death bed scene free of distress. "We couldn’t even stop the damn bleeding!"

It seemed to me about a decade ago that we had two levels of fantasy with which to contend. The foundation level was built upon the expectation that one could pass from life to death with little distress, fuss, and inconvenience. I classified this type of expectation as "healthy dying" (Kastenbaum, 1979). We the people of the United States were now willing to acknowledge the fact of mortality – but only "on condition". This condition was that we should die in good health. The second level was even more ambitious. Dying should be somehow better than living – more meaningful, more spiritual, more ennobling, and perhaps, more enjoyable as well. Popular books and movies such as Love Story presented this fantasy in a form that appealed to a great many people.

Here are some of the specific hopes and expectations for the "good death", as drawn from clinical and research observations. I must caution