VoicesinBioethicsPodcast-2022-LydiaDugdaleDiscussesEthicalIssuesOfDeathAndDying

00:00:00.000 --> 00:00:04.040
[MUSIC]

00:00:04.040 --> 00:00:06.100
Welcome to Voices in Bioethics.

00:00:06.100 --> 00:00:07.300
I'm Jennifer Cohen,

00:00:07.300 --> 00:00:09.400
and it's my great pleasure to welcome

00:00:09.400 --> 00:00:11.220
physician, bioethicist,

00:00:11.220 --> 00:00:14.600
author and professor Dr. Lydia Dugdale to the podcast.

00:00:14.600 --> 00:00:18.760
Dr. Lydia Dugdale is an internal medicine primary care doctor.

00:00:18.760 --> 00:00:21.960
She is the Dorothy L. and Daniel H. Silberberg

00:00:21.960 --> 00:00:23.740
associate professor of medicine at

00:00:23.740 --> 00:00:26.900
Columbia's Vagelos College of Physicians and Surgeons.

00:00:26.900 --> 00:00:29.960
She also serves as associate director of clinical ethics,

00:00:29.960 --> 00:00:31.640

at New York Presbyterian Hospital,

00:00:31.640 --> 00:00:34.120
Columbia University Irving Medical Center.

00:00:34.120 --> 00:00:36.880
Prior to 2019, she was Associate Director

00:00:36.880 --> 00:00:40.080
of the Program for Biomedical Ethics at Yale University.

00:00:40.080 --> 00:00:43.240
Her scholarship focuses on end-of-life issues,

00:00:43.240 --> 00:00:46.200
medical ethics, and the doctor-patient relationship.

00:00:46.200 --> 00:00:49.000
She's the editor of "Dying in the 21st Century,"

00:00:49.000 --> 00:00:51.560
published by MIT Press in 2015,

00:00:51.560 --> 00:00:54.080
and is the author of "The Lost Art of Dying,

00:00:54.080 --> 00:00:55.760
Reviving Forgotten Wisdom,"

00:00:55.760 --> 00:00:58.080
published by Harper One in 2020.

00:00:58.080 --> 00:01:00.840
Lydia, thank you so much for joining us today.

00:01:00.840 --> 00:01:02.600
The pleasure. Thanks for having me.

00:01:02.600 --> 00:01:05.440
Lydia, your book, The Lost Art of Dying,

00:01:05.440 --> 00:01:11.320
makes the argument that modern culture has lost some wisdom and some practical skills

00:01:11.320 --> 00:01:16.280
that are crucial to the human experience and this loss of knowledge is causing

00:01:16.280 --> 00:01:19.280
an enormous amount of emotional and physical distress.

00:01:19.280 --> 00:01:22.920
You begin the book with a graphic,

00:01:22.920 --> 00:01:30.200
rather heartbreaking description of what multiple full codes or code blues look like on an 84-year-old

00:01:30.200 --> 00:01:35.960
man dying of metastatic prostate cancer in the hospital. First, can you describe for our listeners

00:01:35.960 --> 00:01:41.560
who may not be familiar with that medical term what a full code is and why you decided to begin

00:01:41.560 --> 00:01:46.280
your book that way? Why that served as an example of what we have forgotten?

00:01:46.840 --> 00:01:53.560
Sure. So a full code refers to full resuscitative measures that are possible both within and

00:01:53.560 --> 00:01:58.480
outside of the hospital. But what we can do inside of the hospital is a little bit more

00:01:58.480 --> 00:02:05.160
intensive than, for example, what an EMT could do out on

the field. But it involves typically

00:02:05.160 --> 00:02:10.200
reviving the heart. So the heart in such individuals would have stopped, which means the person

00:02:10.200 --> 00:02:16.520
was dead and the team comes and starts chest compressions, also known as CPR, and at the

00:02:16.520 --> 00:02:24.480
same time, secures an airway because clearly oxygenation is important to try to resuscitate

00:02:24.480 --> 00:02:26.340
a body, a dead body.

00:02:26.340 --> 00:02:32.280
And so in securing that airway, that involves placing a breathing tube, also known as an

00:02:32.280 --> 00:02:40.180
endotracheal tube, into the person's airway and then hooking that patient up to a ventilator

00:02:40.180 --> 00:02:43.860
machine if the heartbeat is successfully restarted.

00:02:43.860 --> 00:02:47.820
So there's sort of this, it takes a team of people because it's many things going on at

00:02:47.820 --> 00:02:48.820
once.

00:02:48.820 --> 00:02:50.620
We're working on the heart, we're working on the breathing.

00:02:50.620 --> 00:02:58.060
We are injecting medications into the veins to try to get the

heart stimulated, there

00:02:58.060 --> 00:03:00.940
are medications we can use to stimulate the heart.

00:03:00.940 --> 00:03:06.900
And in addition to that, the team is trying to secure usually a large IV access, which

00:03:06.900 --> 00:03:09.900
which is more than you typically get when you go to the doctor.

00:03:09.900 --> 00:03:15.460
This would be a much more invasive, we call it a central IV or a central venous catheter

00:03:15.460 --> 00:03:18.300
that can be used for stronger medication.

00:03:18.300 --> 00:03:21.020
So there's all these things going on at once.

00:03:21.020 --> 00:03:26.140
All of this is being administered to a dead body, keeping that in mind with the hopes

00:03:26.140 --> 00:03:28.660
of bringing that person back to life.

00:03:28.660 --> 00:03:34.460
It is most of the time not successful and it is more successful in the hospital than

00:03:34.460 --> 00:03:36.140
outside of the hospital.

00:03:36.140 --> 00:03:43.680
But even if it is successful in the hospital, it is still highly probable that that patient

00:03:43.680 --> 00:03:48.140
who has been resuscitated won't survive to hospital discharge.

00:03:48.140 --> 00:03:51.380
And so that's the story that I use to open the book.

00:03:51.380 --> 00:03:58.820
And I use this story because although we doctors and those in healthcare do resuscitate a lot

00:03:58.820 --> 00:04:03.820
of bodies, we do attempt to bring many people who are dead back to life.

00:04:03.820 --> 00:04:05.180
That's part of what we do.

00:04:05.180 --> 00:04:10.380
It is rare for us to do that three times in the same night.

00:04:10.380 --> 00:04:14.920
And this was a patient that I met, and of course in the book I say I met him as a dead

00:04:14.920 --> 00:04:17.560
body before I met him as a man, right?

00:04:17.560 --> 00:04:19.440
I was a part of the Code Blue team.

00:04:19.440 --> 00:04:24.140
I was a part of that team that was called to resuscitate patients whose hearts had stopped.

00:04:24.140 --> 00:04:26.200
And it was in the middle of the night.

00:04:26.200 --> 00:04:31.620

And so I was called to his body before he was alive, you know, after he had died.

00:04:31.620 --> 00:04:37.340
And when we resuscitated him, we knew full well, even from just hearing his story and

00:04:37.340 --> 00:04:41.580
seeing him very elderly, very wasted.

00:04:41.580 --> 00:04:43.340
Bones were riddled with cancer.

00:04:43.340 --> 00:04:45.580
We knew this wasn't going to go well.

00:04:45.580 --> 00:04:50.700
And yet it was very much the wishes of the patient and his family that we, you know,

00:04:50.700 --> 00:04:53.660
the languages do everything possible.

00:04:53.660 --> 00:04:58.700
And yes, we successfully restarted his heart twice, only to have it stop again that same

00:04:58.700 --> 00:05:04.620
night and our third attempt at resuscitation failed as we knew it would have been unlikely for

00:05:04.620 --> 00:05:11.980
him to survive the night. So this phenomenon is labor intensive. It is emotionally intense.

00:05:11.980 --> 00:05:19.980
It's physically, it's not physically taxing in terms of the labor intensity, although there is

00:05:19.980 --> 00:05:26.060

that, but it's also, it's a bit gruesome to be perfectly frank. And for those of us in healthcare,

00:05:26.060 --> 00:05:34.780
it often feels wrong to be obligated to attempt resuscitation on a body that we know won't

00:05:34.780 --> 00:05:43.340
survive the night or the hospital stay. Unfortunately, it's not uncommon for clinicians to be required

00:05:43.340 --> 00:05:50.060
to attempt resuscitation, even against their own judgment that this is perhaps a bit foolhardy or

00:05:50.060 --> 00:05:55.340
this is really a shot in the dark or sometimes clinicians will use the language of this is a

00:05:55.340 --> 00:06:00.240
a Hail Mary, you know, this is we're just trying anything we can. But that often feels

00:06:00.240 --> 00:06:06.280
wrong to us because we know it's not it's not going to have a good outcome for the patient.

00:06:06.280 --> 00:06:11.720
And in the meantime, we've sort of inflicted this kind of violence on a dead body to try

00:06:11.720 --> 00:06:18.560
to resuscitate it. So, you know, it's hard. And I guess I would say that when we are called

00:06:18.560 --> 00:06:23.880
to the bedside of a 40 or 50 year old man whose heart has stopped, that feels like a

00:06:23.880 --> 00:06:27.100
a much more hopeful outcome.

00:06:27.100 --> 00:06:29.900
But when it is someone who's chock full of cancer,

00:06:29.900 --> 00:06:32.340
cancer that's been refractory to treatment

00:06:32.340 --> 00:06:35.000
and is otherwise rather wasted away,

00:06:35.000 --> 00:06:36.500
that doesn't feel right.

00:06:36.500 --> 00:06:39.840
And so it was early experiences like this

00:06:39.840 --> 00:06:44.300
that really shaped me and got me thinking about how we die

00:06:44.300 --> 00:06:47.720
and wondering if there weren't a better way

00:06:47.720 --> 00:06:50.580
both to prepare my patients to die well,

00:06:50.580 --> 00:06:54.400
but also to care for the dying in the hospital

00:06:54.400 --> 00:06:56.340
and outside of the hospital.

00:06:56.340 --> 00:06:58.860
- So the book is how I read it,

00:06:58.860 --> 00:07:03.300
it is offered as a modern version of a medieval text

00:07:03.300 --> 00:07:06.100
known by its Latin title as the Ars Moriandai,

00:07:06.100 --> 00:07:07.700
the Art of Dying.

00:07:07.700 --> 00:07:10.780
Can you give us a sense of the content and function

00:07:10.780 --> 00:07:14.260
of the Ars Moriandai in the Middle Ages?

00:07:14.260 --> 00:07:17.660
- Sure, so yeah, so I was struggling with this question

00:07:17.660 --> 00:07:22.180
of how we die, how I kind of teach my patients

00:07:22.180 --> 00:07:25.580
about dying well, keeping in mind that the word doctor

00:07:25.580 --> 00:07:27.140
means teacher, right?

00:07:27.140 --> 00:07:30.340
And I do think that a part of good doctoring

00:07:30.340 --> 00:07:32.860
is also making sure our patients are well informed,

00:07:32.860 --> 00:07:35.460
which comes through good communication and good teaching.

00:07:35.460 --> 00:07:37.460
So I was puzzling over this for years and years,

00:07:37.460 --> 00:07:38.500
to be honest with you.

00:07:38.500 --> 00:07:40.860
There has to be a better way, there has to be a better way.

00:07:40.860 --> 00:07:45.180
And I was sort of always had my antenna up for a model

00:07:45.180 --> 00:07:49.260
or an approach that would be more effective.

00:07:49.260 --> 00:07:52.380
And one day I was reading through a bunch of

00:07:52.380 --> 00:07:54.980
end of life bioethics materials

00:07:54.980 --> 00:07:57.740
and there was a sort of throw away comment

00:07:57.740 --> 00:08:01.180
to the arse more endy in one of the journal articles

00:08:01.180 --> 00:08:03.680
I was reading and I thought, what is this?

00:08:03.680 --> 00:08:06.220
I don't even know what this is.

00:08:06.220 --> 00:08:08.820
So I started doing a little bit of research

00:08:08.820 --> 00:08:11.860
and found out that during the aftermath

00:08:11.860 --> 00:08:15.240
of the bubonic plague that swept through Western Europe

00:08:15.240 --> 00:08:17.300
in the mid-1300s.

00:08:17.300 --> 00:08:19.620
This particular outbreak of bubonic plague

00:08:19.620 --> 00:08:23.700
is considered more devastating than any other in possibly

00:08:23.700 --> 00:08:25.260
in recorded history.

00:08:25.260 --> 00:08:28.940
Historians have estimated that perhaps as many as 2/3

00:08:28.940 --> 00:08:30.580
of the population of Western Europe

00:08:30.580 --> 00:08:33.340
succumbed to this particular outbreak of plague,

00:08:33.340 --> 00:08:37.980
although now it is felt that that's probably an overestimate.

00:08:37.980 --> 00:08:40.580
But a more conservative number is still 30%,

00:08:40.580 --> 00:08:43.940
which if you think of one out of three people dying from COVID,

00:08:43.940 --> 00:08:47.620
for example, it's hard to imagine that loss of life.

00:08:47.620 --> 00:08:49.460
We don't know anything like that.

00:08:49.460 --> 00:08:54.380
So society is completely devastated and disrupted.

00:08:54.380 --> 00:08:56.860
All social structures are shaken.

00:08:56.860 --> 00:08:59.860
There was no one who was exempt from the plague.

00:08:59.860 --> 00:09:01.820
For example, in contrast to COVID,

00:09:01.820 --> 00:09:06.460
where primarily older folks and sicker folks died from COVID,

00:09:06.460 --> 00:09:07.460
primarily.

00:09:07.460 --> 00:09:09.140
That wasn't the case with bubonic plague.

00:09:09.140 --> 00:09:14.140
everyone was sort of equal opportunity to die, quite frankly.

00:09:14.140 --> 00:09:18.160
It spared no one, and especially it didn't spare

00:09:18.160 --> 00:09:21.780
the social authorities, although it is true that the wealthy

00:09:21.780 --> 00:09:24.240
who had villas in the countryside

00:09:24.240 --> 00:09:27.020
where there weren't the infected rats

00:09:27.020 --> 00:09:31.040
had a higher chance of surviving than those in the city.

00:09:31.040 --> 00:09:32.960
It's also true that the social authorities

00:09:32.960 --> 00:09:36.300
often stayed in the cities and in the urban areas

00:09:36.300 --> 00:09:37.980
and succumbed.

00:09:37.980 --> 00:09:40.700
What this means for Western Europe in the late Middle Ages

00:09:40.700 --> 00:09:44.820
is that the leading social authority at the time

00:09:44.820 --> 00:09:47.320
were the clergy of the Catholic Church.

00:09:47.320 --> 00:09:49.540
Now, actually, it wasn't even the Catholic Church,

00:09:49.540 --> 00:09:51.620
it was sort of the Western Church,

00:09:51.620 --> 00:09:55.140
because this is before there's the Catholic Protestant split.

00:09:55.140 --> 00:09:56.460
So this is the social authority.

00:09:56.460 --> 00:09:58.820
Were there other religions in Western Europe at the time?

00:09:58.820 --> 00:10:02.740
Absolutely, but this was the dominant social authority,

00:10:02.740 --> 00:10:04.300
was the clergy of the church.

00:10:04.300 --> 00:10:07.540
And so after the plague sweeps through

00:10:07.540 --> 00:10:12.700
and everyone who survives is trying to kind of collect themselves and rebuild society.

00:10:12.700 --> 00:10:19.300
One of the first petitions from the people, keeping in mind probably 80, 85% of the people

00:10:19.300 --> 00:10:25.100
were illiterate or semi-literate, one of the first requests was that they had some guidance

00:10:25.100 --> 00:10:28.760

on what to do if Plague came back.

00:10:28.760 --> 00:10:33.400
And if it wasn't Plague, it would be something else, but there was this sense that we just

00:10:33.400 --> 00:10:37.840
faced massive loss of life and we weren't prepared. And the people who typically prepared

00:10:37.840 --> 00:10:48.280
us also died or they left town. So there was this urgency for empowerment of the individual

00:10:48.280 --> 00:10:54.320
and individual communities, families, communities, parishes, neighborhoods, to be able to anticipate

00:10:54.320 --> 00:11:01.200
their mortality and prepare for death. So the church was in a real mess after the plague,

00:11:01.200 --> 00:11:08.040
But eventually, the first publication that the church issues post-plague is a handbook

00:11:08.040 --> 00:11:10.120
on the preparation for death.

00:11:10.120 --> 00:11:14.360
Referred to generally as the Ars Moriendi, but there was a longer title.

00:11:14.360 --> 00:11:19.640
Felt to be drafted, it's an anonymous text, but it was felt to be drafted perhaps by someone

00:11:19.640 --> 00:11:22.440
who was affiliated with the church.

00:11:22.440 --> 00:11:27.920
So there's this early kind of medieval Christian underpinning to this first version.

00:11:27.920 --> 00:11:35.280
But what caught my eye about the Ars Moriendi is that it was a handbook that quickly attracted

00:11:35.280 --> 00:11:38.040
the attention of a broad audience.

00:11:38.040 --> 00:11:42.000
The handbook was translated into all different languages.

00:11:42.000 --> 00:11:44.180
It spread all over Western Europe.

00:11:44.180 --> 00:11:46.980
There were versions picked up by Protestants.

00:11:46.980 --> 00:11:52.720
So in true sort of Protestant form after the Protestant Reformation, they created their

00:11:52.720 --> 00:11:53.720
own versions.

00:11:53.720 --> 00:11:57.320
By the 1800s, there are known Jewish versions

00:11:57.320 --> 00:12:00.280
and ultimately straight up secular versions,

00:12:00.280 --> 00:12:02.600
just non-religious whatsoever.

00:12:02.600 --> 00:12:05.920
The former president of Harvard University, Drew Faust,

00:12:05.920 --> 00:12:09.960

has a lovely book on the Civil War in the United States

00:12:09.960 --> 00:12:11.840
dying during the Civil War.

00:12:11.840 --> 00:12:13.840
It's called This Republic of Suffering.

00:12:13.840 --> 00:12:16.480
And Drew Faust talks about how by the time of the Civil War,

00:12:16.480 --> 00:12:18.640
the 1860s in the United States,

00:12:18.640 --> 00:12:20.680
whether you were from the North or the South,

00:12:20.680 --> 00:12:22.920
whether you were religious or not,

00:12:22.920 --> 00:12:24.440
part of being brought up well,

00:12:24.440 --> 00:12:26.800
meant that you anticipated your mortality

00:12:26.800 --> 00:12:27.920
and prepared for it.

00:12:27.920 --> 00:12:30.960
So now we might have estate planning

00:12:30.960 --> 00:12:33.720
or people talk to a financial advisor

00:12:33.720 --> 00:12:36.640
or my baby boomer patients are thinking

00:12:36.640 --> 00:12:38.640
about long-term care options, right?

00:12:38.640 --> 00:12:41.440
All of this is kind of part of getting your stuff

00:12:41.440 --> 00:12:43.120
in order as you age,

00:12:43.120 --> 00:12:46.420
but there was a broader understanding

00:12:46.420 --> 00:12:48.120
that was kind of really grounded

00:12:48.120 --> 00:12:49.920
in this medieval, ours more Andy,

00:12:49.920 --> 00:12:52.320
that you die the way you live.

00:12:52.320 --> 00:12:55.080
So for example, for soldiers during the Civil War,

00:12:55.080 --> 00:12:59.880
if they wanted to be known in their dying on the battlefield

00:12:59.880 --> 00:13:04.640
as a person of courage or a person loyal to his country

00:13:04.640 --> 00:13:07.560
and his family, those sorts of sentiments,

00:13:07.560 --> 00:13:10.240
they thought about how they wanted to live

00:13:10.240 --> 00:13:13.320
such that their lives set them up,

00:13:13.320 --> 00:13:15.880
their living set them up for dying

00:13:15.880 --> 00:13:17.480
in a way that they would be remembered.

00:13:17.480 --> 00:13:20.980
So it's almost like legacy work in advance,

00:13:20.980 --> 00:13:23.320
but not the kind of legacy work I give this money

00:13:23.320 --> 00:13:25.300
to these charities or that sort of thing,

00:13:25.300 --> 00:13:27.520
but it was the legacy of character,

00:13:27.520 --> 00:13:29.200
the legacy of virtue, right?

00:13:29.200 --> 00:13:33.840
I want to be known as a generous and gentle

00:13:33.840 --> 00:13:34.960
and helpful person.

00:13:34.960 --> 00:13:38.240
Okay, well then I need to cultivate those sorts

00:13:38.240 --> 00:13:41.360
of attributes in anticipation of my mortality.

00:13:41.360 --> 00:13:44.180
But there was also other aspects to it.

00:13:44.180 --> 00:13:47.500
For the religious, it meant very specific obligations

00:13:47.500 --> 00:13:50.440
or duties or prayers, protocols that needed

00:13:50.440 --> 00:13:58.600
be followed. It also meant that the fear of death was mitigated because there was this sort of lifelong

00:13:58.600 --> 00:14:08.440
anticipation of mortality, of one's finitude. And if you're walking through life, not hung up on the

00:14:08.440 --> 00:14:15.560
morbid and the, you know, the mortal, but you're, you have an eye to the end. You make decisions

00:14:15.560 --> 00:14:21.000
that are different in light of knowing that you will one day succumb to your finitude.

00:14:21.000 --> 00:14:26.760
I suppose it's a little bit like the college student who knows she's going to graduate

00:14:26.760 --> 00:14:32.360
and has to do certain requirements to be able to graduate. It's a little bit like that. We know

00:14:32.360 --> 00:14:37.320
that it's all going to end at some point. And so what do we want to have accomplished? Not just

00:14:37.320 --> 00:14:42.920
the material things, but also the character, the relational, the religious, the spiritual,

00:14:42.920 --> 00:14:46.280
all those different aspects of what it means to be human.

00:14:46.280 --> 00:14:49.520
How do we want to get that stuff in order so that we die well?

00:14:49.520 --> 00:14:52.480
So when I came across this, ours, Moriendi,

00:14:52.480 --> 00:14:55.480
seeing it as something that, yes, had its origins

00:14:55.480 --> 00:14:58.200
in the Western church, but didn't stay there,

00:14:58.200 --> 00:15:02.860
was adapted and adopted, met the needs of a plurality

00:15:02.860 --> 00:15:07.520
of people, and helped equip them to face their mortality.

00:15:07.520 --> 00:15:10.080
I thought, wow, this is really interesting.

00:15:10.080 --> 00:15:12.000
This is what we need today.

00:15:12.000 --> 00:15:19.680
And the other piece that I love about it is that this was a handbook that recognized that the priests might not be there.

00:15:19.680 --> 00:15:24.160
The social authority might not be there just like the doctor might not be there.

00:15:24.160 --> 00:15:29.520
And so we need to put the handbook in the hands of the people who need it, right?

00:15:29.520 --> 00:15:35.280
We need to get that information out to the community, to the non-professionals,

00:15:35.280 --> 00:15:42.280
so that they can do the work of preparing themselves in the event that the doctor or

00:15:42.280 --> 00:15:45.720
you know other authority fails them on this front.

00:15:45.720 --> 00:15:51.240
Fascinating. Let me pick up on that last point because I read your book as not only

00:15:51.240 --> 00:15:55.680
a guide for the dying and their loved ones and the communities around them, but your

00:15:55.680 --> 00:16:01.680
message also seemed to be addressed to your colleagues in medicine. You write quote, "In

00:16:01.680 --> 00:16:06.280
When failing to guide patients to die wisely, doctors fail at the professional commitment

00:16:06.280 --> 00:16:08.060
to do no harm.

00:16:08.060 --> 00:16:10.220
Can you expand a little on that?

00:16:10.220 --> 00:16:15.080
You've mentioned it already that one of their roles should be instructing patients, but

00:16:15.080 --> 00:16:20.160
do doctors bear ethical responsibility to help their patients die well?

00:16:20.160 --> 00:16:21.400
100%.

00:16:21.400 --> 00:16:29.800
I often find myself railing about this in ethics committee meetings when physicians take great

00:16:29.800 --> 00:16:33.560
lengths to avoid telling their patients that they're dying.

00:16:33.560 --> 00:16:35.200
I'm not going to point any fingers

00:16:35.200 --> 00:16:36.580
to particular specialties,

00:16:36.580 --> 00:16:39.600
but there are some specialties that are known

00:16:39.600 --> 00:16:43.540
to be so keen to keep people alive

00:16:43.540 --> 00:16:48.540
that they themselves advocate for heroic measures.

00:16:48.540 --> 00:16:50.320
This isn't even coming at the patients

00:16:50.320 --> 00:16:51.400
or their family's insistence.

00:16:51.400 --> 00:16:53.880
The doctors are advocating for heroic measures

00:16:53.880 --> 00:16:57.880
without any transparency really that the patient is dying.

00:16:57.880 --> 00:17:00.860
So, oh goodness, there are so many examples.

00:17:00.860 --> 00:17:04.680
I'll just say that one time I had a colleague say to me,

00:17:04.680 --> 00:17:07.800
"Liddy, I don't know why you write about death.

00:17:07.800 --> 00:17:09.520
I don't know why you're so interested in that."

00:17:09.520 --> 00:17:12.640
She said, "I myself am so afraid to die.

00:17:12.640 --> 00:17:16.800
I do whatever I can to avoid that conversation with patients."

00:17:16.800 --> 00:17:20.120
- I was so glad you brought up that point in the book

00:17:20.120 --> 00:17:23.760
because I agree that does not get enough attention.

00:17:23.760 --> 00:17:27.440
You quote the late physician and bioethicist, Sherwin Newland,

00:17:27.440 --> 00:17:32.540
who wrote, "Of all the professions, medicine is the one most likely to attract people with

00:17:32.540 --> 00:17:35.140
high personal anxieties about dying.

00:17:35.140 --> 00:17:40.240
We become doctors because our ability to cure gives us power over the death of which we

00:17:40.240 --> 00:17:42.300
are so afraid."

00:17:42.300 --> 00:17:44.160
It's so fascinating.

00:17:44.160 --> 00:17:48.760
And I think if patients understood maybe a little bit of that psychological insight and

00:17:48.760 --> 00:17:55.880
how it plays out possibly in decision making with patients, it helps patients to know that.

00:17:55.880 --> 00:17:59.560

So I was so interested to see you bring that point up in the book and grateful.

00:17:59.560 --> 00:18:01.120
Yeah, no, that's right, Jennifer.

00:18:01.120 --> 00:18:04.360
I'll just say that I'm a primary care doctor.

00:18:04.360 --> 00:18:09.680
And when I was at Yale, I had a huge practice with thousands of patients.

00:18:09.680 --> 00:18:13.960
And one of the things I would do every year for the annual, I was required actually by

00:18:13.960 --> 00:18:18.560
Medicare to ask if patients wanted to talk about their end of life wishes.

00:18:18.560 --> 00:18:22.200
And while the patients were in the waiting room, they would have sort of a checklist

00:18:22.200 --> 00:18:24.600
where they could go through the information

00:18:24.600 --> 00:18:27.360
and update their medications and things like that.

00:18:27.360 --> 00:18:28.360
And there was a question,

00:18:28.360 --> 00:18:29.640
do you want to speak with your doctor

00:18:29.640 --> 00:18:30.800
about end of life wishes?

00:18:30.800 --> 00:18:34.720
And invariably they would almost always check no.

00:18:34.720 --> 00:18:36.240
And then they'd come in to see me

00:18:36.240 --> 00:18:38.160
and of course I knew them and I'd say,

00:18:38.160 --> 00:18:40.440
Mrs. Smith, you checked no here.

00:18:40.440 --> 00:18:41.840
We don't have to talk about death,

00:18:41.840 --> 00:18:43.680
but let me just ask you one question.

00:18:43.680 --> 00:18:47.320
If you got so sick that I couldn't talk to you

00:18:47.320 --> 00:18:50.100
about how to handle your illness,

00:18:50.100 --> 00:18:51.600
with whom should I speak?

00:18:51.600 --> 00:18:53.080
who would you appoint?

00:18:53.080 --> 00:18:55.240
And Mrs. Smith might say, well, so and so.

00:18:55.240 --> 00:18:58.920
And I would say, well, so and so, know what your wishes are.

00:18:58.920 --> 00:19:02.880
And so I would kind of try to take this backdoor approach.

00:19:02.880 --> 00:19:04.200
I'm not talking to you about death,

00:19:04.200 --> 00:19:06.840
but I do want to know with whom I should speak

00:19:06.840 --> 00:19:08.720
if you were too ill to speak for yourself

00:19:08.720 --> 00:19:11.540
because I want to make sure that I respect your wishes

00:19:11.540 --> 00:19:13.680
and then, oh, you don't know what it means

00:19:13.680 --> 00:19:15.020
to die in an institution.

00:19:15.020 --> 00:19:16.840
Well, let's talk about that.

00:19:16.840 --> 00:19:19.360
And let's talk about the conversation you need to have

00:19:19.360 --> 00:19:23.920
with your surrogate decision maker or healthcare proxy.

00:19:23.920 --> 00:19:26.520
So I would try to do that, but again,

00:19:26.520 --> 00:19:31.040
it's my same colleagues, also primary care doctors,

00:19:31.040 --> 00:19:34.520
who would say they checked no on the checklist, we're done.

00:19:34.520 --> 00:19:36.080
We don't need to go there.

00:19:36.080 --> 00:19:39.240
- Okay, so you identify six principles

00:19:39.240 --> 00:19:41.680
to your modern ours, Moriendi,

00:19:41.680 --> 00:19:44.120
and I'd like to go through as many of them as we can.

00:19:44.120 --> 00:19:46.160
You brought up the first one already, finitude.

00:19:46.160 --> 00:19:48.280
You write by focusing on fixes,

00:19:48.280 --> 00:19:50.360
we ignore finitude.

00:19:50.360 --> 00:19:53.160
Can you expand a little bit about what you mean by finitude

00:19:53.160 --> 00:19:56.640
and how it differs if you feel it does from death?

00:19:56.640 --> 00:20:01.640
- Yeah, so I suppose finitude is a way of talking about

00:20:01.640 --> 00:20:07.320
that which leads up to death, right?

00:20:07.320 --> 00:20:11.040
So death is the kind of the ultimate line,

00:20:11.040 --> 00:20:15.480
either you're dead and done in a strictly biological sense

00:20:15.480 --> 00:20:19.940
or death is the philosopher Soren Kierkegaard

00:20:19.940 --> 00:20:23.800
says the threshold between life and uppercase life.

00:20:23.800 --> 00:20:25.480
So if you take a view of the afterlife,

00:20:25.480 --> 00:20:27.160
then death might just be a threshold.

00:20:27.160 --> 00:20:30.200
But regardless, it's this big line of demarcation.

00:20:30.200 --> 00:20:35.200
However, finitude is this idea that we are finite creatures,

00:20:35.200 --> 00:20:42.480
that we are living against the backdrop of an hourglass

00:20:42.640 --> 00:20:46.980
where the sand is slowly running out every day.

00:20:46.980 --> 00:20:50.940
And it's the recognition that eventually the sand

00:20:50.940 --> 00:20:52.140
is going to run out.

00:20:52.140 --> 00:20:57.140
But we're living against the backdrop of a ticking clock.

00:20:57.140 --> 00:20:59.780
And there's a way in which a lot of people say,

00:20:59.780 --> 00:21:01.260
"Well, of course one day I'm gonna die,

00:21:01.260 --> 00:21:03.100
but we don't need to talk about that."

00:21:03.100 --> 00:21:04.940
Now, I get that all the time.

00:21:04.940 --> 00:21:06.100
We don't need to talk about that.

00:21:06.100 --> 00:21:06.940

Of course I'm gonna die.

00:21:06.940 --> 00:21:07.860
I get it, I get it.

00:21:07.860 --> 00:21:09.020
We don't need to talk about it.

00:21:09.020 --> 00:21:10.660
Well, actually no, we do,

00:21:10.660 --> 00:21:14.020
but it's not so much to fixate on death itself,

00:21:14.020 --> 00:21:16.380
your lack of being itself,

00:21:16.380 --> 00:21:20.580
but how does that change the way we think about our living?

00:21:20.580 --> 00:21:24.300
Right, so it's really about invigorating our living,

00:21:24.300 --> 00:21:28.680
living with intention, living a life of reflection, right?

00:21:28.680 --> 00:21:31.780
What does it mean to live an examined life

00:21:31.780 --> 00:21:34.180
is the language sometimes people use.

00:21:34.180 --> 00:21:38.420
That we examine things when we are up against the clock,

00:21:38.420 --> 00:21:41.720
When there's no sense of finiteness,

00:21:41.720 --> 00:21:45.100
our value of life is very different.

00:21:45.100 --> 00:21:47.020
It's just that you hear these stories all the time.

00:21:47.020 --> 00:21:48.580
Someone had a near-death experience

00:21:48.580 --> 00:21:51.580
and suddenly it transforms the way they think about X, Y,

00:21:51.580 --> 00:21:52.340
and Z, right?

00:21:52.340 --> 00:21:55.860
Or the middle-aged exec has a heart attack

00:21:55.860 --> 00:21:58.700
and he decides to quit his job and spend more time

00:21:58.700 --> 00:22:00.060
with his family, et cetera.

00:22:00.060 --> 00:22:01.540
We hear these things all the time.

00:22:01.540 --> 00:22:04.780
Well, a sense of our finitude does

00:22:04.780 --> 00:22:07.780
help us to examine our lives and reevaluate

00:22:07.780 --> 00:22:10.340
what's important, it helps bring into relief

00:22:10.340 --> 00:22:11.940
that which we value.

00:22:11.940 --> 00:22:15.100
- Okay, second principle, community.

00:22:15.100 --> 00:22:19.660
I think dying alone is one of the saddest prospects

00:22:19.660 --> 00:22:20.820
of human experience.

00:22:20.820 --> 00:22:23.980
What does it mean to die in community?

00:22:23.980 --> 00:22:27.100
- Yeah, and I'll say that was probably the,

00:22:27.100 --> 00:22:28.020
I think that's gonna go down

00:22:28.020 --> 00:22:31.140
as one of the greatest tragedies of the COVID pandemic.

00:22:31.140 --> 00:22:32.900
You know, for 20 months,

00:22:32.900 --> 00:22:35.780
our nursing homes were in lockdown, 20 months.

00:22:35.780 --> 00:22:38.720
It's extraordinary what that did to folks.

00:22:38.720 --> 00:22:41.900
So, community is critical,

00:22:41.900 --> 00:22:44.260
and it's something that takes work.

00:22:44.260 --> 00:22:48.460
When in earlier ages, such as the Middle Ages,

00:22:48.460 --> 00:22:51.960
when people lived in villages and didn't travel very far,

00:22:51.960 --> 00:22:54.520
community was imposed upon you,

00:22:54.520 --> 00:22:57.420

but now we have to cultivate community.

00:22:57.420 --> 00:22:59.000
The average American moves, I think,

00:22:59.000 --> 00:23:01.460
every five years, the statistic is.

00:23:01.460 --> 00:23:05.900
So if you want a community, you've got to work at it.

00:23:05.900 --> 00:23:08.700
And one exercise I often ask people to do

00:23:08.700 --> 00:23:11.900
is to think about themselves at their deathbed.

00:23:11.900 --> 00:23:14.100
This is probably one of the more and more meta-activities.

00:23:14.100 --> 00:23:16.580
But who do you want with you when you're dying?

00:23:16.580 --> 00:23:19.320
Women who give birth often think about who they want

00:23:19.320 --> 00:23:21.380
in the hospital with them when they're giving birth.

00:23:21.380 --> 00:23:23.420
Who do you want with you when you're dying?

00:23:23.420 --> 00:23:24.260
And then ask yourself,

00:23:24.260 --> 00:23:26.500
what is the state of those relationships now?

00:23:26.500 --> 00:23:30.380
And do those people even know that I love them so much

00:23:30.380 --> 00:23:32.780
that they are the ones I would want with me.

00:23:32.780 --> 00:23:34.460
How am I investing in their lives?

00:23:34.460 --> 00:23:35.540
How am I letting them know?

00:23:35.540 --> 00:23:37.740
How am I working to build those relationships?

00:23:37.740 --> 00:23:41.900
And it's not just that intimate family or friends,

00:23:41.900 --> 00:23:43.420
the people at the deathbed,

00:23:43.420 --> 00:23:45.980
but there's also a way that we can think of community

00:23:45.980 --> 00:23:47.660
a little bit more broadly.

00:23:47.660 --> 00:23:49.500
I live in New York City.

00:23:49.500 --> 00:23:52.340
I have a community in my apartment building.

00:23:52.340 --> 00:23:56.940
There's a community of food delivery people

00:23:56.940 --> 00:23:58.100
and meals on wheels.

00:23:58.100 --> 00:23:59.980
There's support groups and buddy systems

00:23:59.980 --> 00:24:01.240
for the aging.

00:24:01.240 --> 00:24:04.740
But then there's also this level of biomedical community,

00:24:04.740 --> 00:24:07.500
particularly patients who suffer from cancer

00:24:07.500 --> 00:24:09.740
or other chronic diseases that are progressive,

00:24:09.740 --> 00:24:11.180
such as heart failure,

00:24:11.180 --> 00:24:14.300
get to know their medical teams very, very well.

00:24:14.300 --> 00:24:17.100
And that can be a sort of extension

00:24:17.100 --> 00:24:18.780
of their intimate community,

00:24:18.780 --> 00:24:20.660
can be this biomedical community.

00:24:20.660 --> 00:24:22.820
But whatever the level of community

00:24:22.820 --> 00:24:24.780
from the most intimate to the sort of, you know,

00:24:24.780 --> 00:24:28.580
the outer layer of the onion ring, it takes work.

00:24:28.580 --> 00:24:30.260
and we need to be intentional about it.

00:24:30.260 --> 00:24:32.900
It's amazing, you know, I published this book two years ago,

00:24:32.900 --> 00:24:34.500

how many people have written to me

00:24:34.500 --> 00:24:36.460
about this notion of community,

00:24:36.460 --> 00:24:38.300
especially people in suburban areas

00:24:38.300 --> 00:24:41.540
where they don't really live close to that many people.

00:24:41.540 --> 00:24:43.220
They're starting to rethink,

00:24:43.220 --> 00:24:46.060
what does it mean to intentionally be in one another's lives

00:24:46.060 --> 00:24:49.620
when we're not even physically in proximity with one another?

00:24:49.620 --> 00:24:51.660
So it definitely takes work.

00:24:51.660 --> 00:24:54.340
- Third principle, context,

00:24:54.340 --> 00:24:56.620
sort of the dying in a hospital

00:24:56.620 --> 00:25:01.580
dying out of a hospital is the way I understood that chapter. And you write, "The hospital

00:25:01.580 --> 00:25:07.740
is no place for the sick and dying. The hospital exists for the acutely ill. Why is the hospital

00:25:07.740 --> 00:25:09.380
no place for the dying?"

00:25:09.380 --> 00:25:15.100
Well, so, you know, as you know, I kind of hitch on that. So the acutely dying, you know,

00:25:15.100 --> 00:25:21.660
ideally would be at home or in a hospice where the family would have more support than what

00:25:21.660 --> 00:25:25.060
is available in an acute care setting.

00:25:25.060 --> 00:25:33.820
At the same time, I hedge on it because sometimes it is practically impossible to realize that.

00:25:33.820 --> 00:25:37.780
So I think of a friend of mine whose family gave me permission to write about her, and

00:25:37.780 --> 00:25:40.380
I write about her in the book, change her name.

00:25:40.380 --> 00:25:46.620
But she actually had wanted to be at home, but it just the logistics of that, she was

00:25:46.620 --> 00:25:48.580
dying so quickly from cancer.

00:25:48.580 --> 00:25:53.740
mom, the logistics of that would have been impossible. And then she would have, it would

00:25:53.740 --> 00:25:57.460
have been hard for her to get any rest with the little children around. So then there

00:25:57.460 --> 00:26:01.260
was this question of getting her to hospice. You know,

honestly, they weren't even sure

00:26:01.260 --> 00:26:06.140
they'd be able to get her there because partly because she was a young mom and they, the

00:26:06.140 --> 00:26:10.900
doctors were so eager to try to do everything they could to stave off death that by the

00:26:10.900 --> 00:26:17.740
time hospice was on the table, which is often typical with patients, she was really, really

00:26:17.740 --> 00:26:19.860
at death store.

00:26:19.860 --> 00:26:23.500
So sometimes it just makes sense to be in the hospital.

00:26:23.500 --> 00:26:25.220
I had another patient that I write about

00:26:25.220 --> 00:26:27.020
who also gave me permission to write about her

00:26:27.020 --> 00:26:28.600
and use her name, Diana.

00:26:28.600 --> 00:26:31.740
And Diana had a terrible lung disease.

00:26:31.740 --> 00:26:34.880
It was idiopathic and progressive idiopathic,

00:26:34.880 --> 00:26:36.420
meaning we don't know what caused it.

00:26:36.420 --> 00:26:37.500
It was progressive.

00:26:37.500 --> 00:26:40.020
And she knew at some point

00:26:40.020 --> 00:26:43.060
she was basically going to suffocate to death.

00:26:43.060 --> 00:26:45.580
I mean, that would have been the sensation.

00:26:45.580 --> 00:26:47.460
And she really wanted to die at home

00:26:47.460 --> 00:26:49.600
and she had everything set up to die at home,

00:26:49.600 --> 00:26:52.720
but ultimately the breathing difficulty was so bad,

00:26:52.720 --> 00:26:57.240
she could not imagine not having a nurse literally

00:26:57.240 --> 00:26:58.680
outside her door.

00:26:58.680 --> 00:27:01.120
And in the end, she died in the hospital

00:27:01.120 --> 00:27:03.380
and felt that that really made sense for her.

00:27:03.380 --> 00:27:06.000
She tried going home, but the breathing was just too bad.

00:27:06.000 --> 00:27:08.400
So you see, sometimes it does make sense.

00:27:08.400 --> 00:27:12.360
And partly it makes sense because what we can do

00:27:12.360 --> 00:27:16.520

for patients really staves off death for so long

00:27:16.520 --> 00:27:18.980
that in the end they're quite impaired

00:27:18.980 --> 00:27:22.820
and do need that higher level of acute care

00:27:22.820 --> 00:27:25.520
to help them be comfortable as with my patient Diana.

00:27:25.520 --> 00:27:29.100
But overall, if we can get people to places

00:27:29.100 --> 00:27:32.200
where they and their families feel more comfortable

00:27:32.200 --> 00:27:36.440
and more supported, that's a wonderful, wonderful goal.

00:27:36.440 --> 00:27:38.280
- And is this ability that you just mentioned

00:27:38.280 --> 00:27:41.520
to stave off death, is that related to what you call

00:27:41.520 --> 00:27:44.240
the rescue fantasy that goes on a lot of times

00:27:44.240 --> 00:27:46.440
with dying patients in hospitals?

00:27:46.440 --> 00:27:47.600
- Yes, certainly.

00:27:47.600 --> 00:27:49.120
I mean, there's the rescue fantasy

00:27:49.120 --> 00:27:51.000
and sometimes it's a fantasy

00:27:51.000 --> 00:27:53.960
and sometimes it's the reality, right?

00:27:53.960 --> 00:27:56.760
I mean, I think the fantasy is that we can always,

00:27:56.760 --> 00:27:59.320
we can always bring somebody back.

00:27:59.320 --> 00:28:00.400
That's the fantasy.

00:28:00.400 --> 00:28:03.360
And the truth is we can't always do that.

00:28:03.360 --> 00:28:05.480
You know, we Harvard, no rescue fantasy.

00:28:05.480 --> 00:28:08.400
The third time we were resuscitating my patient

00:28:08.400 --> 00:28:10.200
that I write about at the beginning of the book,

00:28:10.200 --> 00:28:12.120
we had zero fantasy about that.

00:28:12.120 --> 00:28:14.480
But there are other times we, you know,

00:28:14.480 --> 00:28:15.760
let's do another surgery.

00:28:15.760 --> 00:28:17.320
Let's transplant another organ.

00:28:17.320 --> 00:28:19.000
Let's try another round of chemo,

00:28:19.000 --> 00:28:22.200
even though the last four rounds did not work, right?

00:28:22.200 --> 00:28:24.600
That's where the fantasy can come in,

00:28:24.600 --> 00:28:27.480
when it's yet another, yet another, yet another.

00:28:27.480 --> 00:28:28.960
But what this really does,

00:28:28.960 --> 00:28:31.240
I mean, the body is an extraordinary thing.

00:28:31.240 --> 00:28:34.920
We can maintain the vital functions of the body

00:28:34.920 --> 00:28:38.840
long after any sort of natural ability

00:28:38.840 --> 00:28:40.600
for the body to stay alive.

00:28:40.600 --> 00:28:44.200
It is not uncommon in any academic,

00:28:44.200 --> 00:28:50.840
sort of sophisticated academic health center to have actively, actively dying people being

00:28:50.840 --> 00:28:55.520
their vital functions being maintained with life support. That is not uncommon. That's

00:28:55.520 --> 00:28:57.280
kind of this rescue fantasy.

00:28:57.280 --> 00:29:04.960
Yeah. Next principle is confronting fear. And you describe how the arse, more Andy in the

00:29:04.960 --> 00:29:11.600

Middle Ages, assisted readers and understanding that the dying would face certain, you know, in

00:29:11.600 --> 00:29:17.880
language of the time, temptations, sinful temptations such as despair, impatience,

00:29:17.880 --> 00:29:23.680
pride, and the hours, Marie-Andy helped people prepare for those types of emotional states

00:29:23.680 --> 00:29:24.680
in the dying.

00:29:24.680 --> 00:29:28.960
But you make a point of noting that one temptation not mentioned is fear, which seems to be

00:29:28.960 --> 00:29:31.840
the dominant emotion around death in the modern world.

00:29:31.840 --> 00:29:33.720
How do you account for that difference?

00:29:33.720 --> 00:29:34.720
Sure.

00:29:34.720 --> 00:29:41.880
I think if you grow up knowing that several of your siblings died before age five and

00:29:41.880 --> 00:29:49.680
not many of your relatives lived past 50 and last year the village, you know, a little

00:29:49.680 --> 00:29:56.280
ways away people died of whatever cholera, you know, whatever the disease was.

00:29:56.280 --> 00:30:00.680

Life felt very precarious in the pre-modern era.

00:30:00.680 --> 00:30:07.060
And the precarity of life meant that death was always there.

00:30:07.060 --> 00:30:15.500
In the book I write about these traditional German mountain houses where they were crafted

00:30:15.500 --> 00:30:20.500
with both a cradle for the baby and a coffin.

00:30:20.500 --> 00:30:26.980
Those were ever present objects in these traditional German houses.

00:30:26.980 --> 00:30:34.300
And the idea was that life and death, birth and death are part of regular existence.

00:30:34.300 --> 00:30:38.540
So if that's the case, why do you fear death?

00:30:38.540 --> 00:30:43.340
You know, I mean, sure, there's some apprehension, but everybody's going to die and we've seen

00:30:43.340 --> 00:30:44.580
it so many times, right?

00:30:44.580 --> 00:30:48.820
I mean, not in the modern era, but now I'm putting us into the pre-modern era.

00:30:48.820 --> 00:30:52.620
The pre-modern families had seen death so many times.

00:30:52.620 --> 00:30:54.740
Death occurred in the home.

00:30:54.740 --> 00:30:57.220
They took care of the dying in the home.

00:30:57.220 --> 00:30:58.460
The burials happened.

00:30:58.460 --> 00:31:00.020
They dug the graves, right?

00:31:00.020 --> 00:31:04.740
I mean, people were very, very connected with the dying.

00:31:04.740 --> 00:31:06.460
And that's what we've lost, right?

00:31:06.460 --> 00:31:09.160
That's what the medicalization of death

00:31:09.160 --> 00:31:12.900
has effectively hidden death from view.

00:31:12.900 --> 00:31:14.420
And we don't see it.

00:31:14.420 --> 00:31:18.580
So not only is it something that we haven't experienced,

00:31:18.580 --> 00:31:20.180
we aren't seeing it.

00:31:20.180 --> 00:31:22.840
We're not taking care of the dying and the dead.

00:31:22.840 --> 00:31:26.480
it creates great consternation and fear.

00:31:26.480 --> 00:31:30.080
- Are people afraid in your experience of pain and suffering

00:31:30.080 --> 00:31:33.840
or the loss of control or the loss of dignity?

00:31:33.840 --> 00:31:36.320
- Yeah, I mean, people, it's interesting.

00:31:36.320 --> 00:31:39.240
So if you look at the data on why folks

00:31:39.240 --> 00:31:41.080
in Washington state and Oregon,

00:31:41.080 --> 00:31:44.340
the two states that legalized physician-assisted suicide

00:31:44.340 --> 00:31:47.160
or death with dignity as it's often called,

00:31:47.160 --> 00:31:50.120
legalized at the earliest in the United States,

00:31:50.120 --> 00:31:57.280
In those states, people often say that they fear loss of autonomy and dignity, that they're

00:31:57.280 --> 00:32:02.480
no longer able to do the activities that give their lives meaning.

00:32:02.480 --> 00:32:06.320
Around 85 to 92% of people say that.

00:32:06.320 --> 00:32:12.700
When asked if they want these lethal drugs because of pain, only about 25 to 27% of people

00:32:12.700 --> 00:32:13.700
say that.

00:32:13.700 --> 00:32:17.560
So while we often think, you know, you hear about a painful death, you think, "Ooh, who

00:32:17.560 --> 00:32:18.560
wants to die that way?"

00:32:18.560 --> 00:32:20.840
Actually, that's not what really gets people.

00:32:20.840 --> 00:32:24.960
And truth be told, there's almost no pain we cannot treat.

00:32:24.960 --> 00:32:28.200
We've gotten so good at pain relief.

00:32:28.200 --> 00:32:31.260
Now, it may be that for some intractable pain,

00:32:31.260 --> 00:32:34.880
relieving that pain involves making the person unconscious.

00:32:34.880 --> 00:32:36.600
That may very well be the case.

00:32:36.600 --> 00:32:38.340
However, we can relieve pain.

00:32:38.340 --> 00:32:41.240
But people are worried about, frankly,

00:32:41.240 --> 00:32:44.360
having someone else have to clean up after them,

00:32:44.360 --> 00:32:46.020
wipe their behinds, right?

00:32:46.020 --> 00:32:48.200
They can't get out and do what they like to do.

00:32:48.200 --> 00:32:49.980
They're dependent on everyone.

00:32:49.980 --> 00:32:54.440

Americans in particular hate the idea of dependence, right?

00:32:54.440 --> 00:32:59.100
That's just antithetical to our strongly independent culture.

00:32:59.100 --> 00:33:05.060
So those factors, I think, combine to make people more afraid.

00:33:05.060 --> 00:33:07.740
I'll say for doctors.

00:33:07.740 --> 00:33:11.300
Doctors are often just afraid of dying in the hospital.

00:33:11.300 --> 00:33:13.940
I think we've spent too much time in it

00:33:13.940 --> 00:33:16.660
and really don't want to end up in one

00:33:16.660 --> 00:33:22.340
of these highly medicalized everything going down the drains situations.

00:33:22.340 --> 00:33:25.740
And I would say for myself that is definitely true.

00:33:25.740 --> 00:33:29.220
And I know there's a literature out there that talks about how doctors don't want to

00:33:29.220 --> 00:33:30.780
die in hospitals.

00:33:30.780 --> 00:33:31.780
Interesting.

00:33:31.780 --> 00:33:38.060
I hope I don't misunderstand you, but I think you hint in the

book that you don't think

00:33:38.060 --> 00:33:40.760
it's possible to die without fear.

00:33:40.760 --> 00:33:46.380
So is the goal then to acknowledge the fear or to try and manage it?

00:33:46.380 --> 00:33:59.540
Yeah, so I think what I don't want to do is to turn whether there's fear or not or some kind of fear barometer or measure into translate that into whether you're dying well or not.

00:34:00.060 --> 00:34:09.460
So there was in the 1700s, I think now the Methodists were really hung up on getting people's last words right.

00:34:09.460 --> 00:34:16.860
So that would show that they were dying full of faith in God, that he had their souls.

00:34:16.860 --> 00:34:19.760
This really stressed people out, some people.

00:34:19.760 --> 00:34:25.060
Because if they were afraid of death, that didn't mean that they hadn't worked out their stuff with God.

00:34:25.060 --> 00:34:31.540
maybe it just meant that they had apprehension about something they'd never experienced before.

00:34:31.540 --> 00:34:39.540
That's normal. That's normal. It's normal to have some degree of healthy anxiety about something

00:34:39.540 --> 00:34:44.660

we've never experienced before. So I don't want to say, oh, if there's fear, if there's, you know,

00:34:44.660 --> 00:34:49.060
on a scale of one to 10, if you have fear between five and 10 while you're screwed, right? That's

00:34:49.060 --> 00:34:56.020
not where we're going with this. Recognizing that fear is okay, but that we don't want that fear

00:34:56.020 --> 00:35:03.860
to be crippling, to be paralyzing. And that's where I use some of the work of the poet Christian

00:35:03.860 --> 00:35:11.620
Wyman to talk about how we need to walk into the fear, that we need to sort of lean into it, press

00:35:11.620 --> 00:35:18.420
into it with courage, with those we love, and that that helps to mitigate the anxiety,

00:35:18.420 --> 00:35:24.260
the consternation. It helps to lessen it. But it's again, it's the work of the community

00:35:24.260 --> 00:35:28.180
together with the one who is facing death, talking about it.

00:35:28.180 --> 00:35:35.060
Beautifully said. The next principle is the body and confronting the frailty of the body.

00:35:35.060 --> 00:35:40.500
And this is the whole book I found fascinating. But this was a really interesting chapter on

00:35:40.500 --> 00:35:50.800

what it means to meditate on the capacity, the inevitability of the frail, suffering body most of us will inhabit.

00:35:50.800 --> 00:35:58.340
Or if that doesn't happen, we will at least be aware that other, our loved ones, our friends are also becoming frail,

00:35:58.340 --> 00:36:01.900
their bodies are decompensating in the medical language.

00:36:01.900 --> 00:36:08.780
And the way humans have tried to confront that, again, as you were describing in the Middle Ages,

00:36:08.780 --> 00:36:16.300
to ignore that was not possible, but in the modern age, it has become a bit easier to turn away from

00:36:16.300 --> 00:36:22.940
frail bodies. You discussed this way that you encountered that type of meditation in the middle

00:36:22.940 --> 00:36:29.580
ages with the 16th century Eisenheim altarpiece. Can you just talk a little bit about that experience,

00:36:29.580 --> 00:36:33.260
why you felt compelled to make this pilgrimage to this piece of art?

00:36:33.820 --> 00:36:41.180
Yeah, so I had learned about this masterpiece that it had been commissioned and dedicated

00:36:41.180 --> 00:36:47.100
to those who suffered from plague. And I thought, oh, I'm writing this book that kind of riffs off

00:36:47.100 --> 00:36:51.500

the bubonic plague and the need to end this model for preparing for death. I should go see this

00:36:51.500 --> 00:36:57.500
masterpiece. Turns out that it was dedicated to victims of two different diseases, one that was

00:36:57.500 --> 00:37:03.260
known as St. Anthony's Fire, one known as the Bubonic Plague. And it's a multi-layered

00:37:03.260 --> 00:37:07.180
piece because it's actually an altar piece. So there are all these doors that would open

00:37:07.180 --> 00:37:14.700
and close depending on the feast day. Most commonly it was a sort of classic crucifixion

00:37:14.700 --> 00:37:21.420
piece. What was really fascinating though is that the body of the crucified Christ was riddled with

00:37:21.420 --> 00:37:24.900
the boils and lesions of disease, you know,

00:37:24.900 --> 00:37:27.780
whether it was St. Anthony's fire or bubonic plague,

00:37:27.780 --> 00:37:31.320
the commentators are a little bit back and forth on that.

00:37:31.320 --> 00:37:33.980
But so you have this kind of plague infested Christ

00:37:33.980 --> 00:37:36.320
on the cross, that's the main image.

00:37:36.320 --> 00:37:38.980
But what struck me when I went to see this,

00:37:38.980 --> 00:37:41.980
and it really is a gorgeous, gorgeous piece,

00:37:41.980 --> 00:37:44.780
it's housed in this former convent in France,

00:37:44.780 --> 00:37:46.660
that's now a world-class museum.

00:37:46.660 --> 00:37:50.540
And so many people have gone and seen this piece

00:37:50.540 --> 00:37:52.340
and have been transformed by it.

00:37:52.340 --> 00:37:57.020
Including to me, you know, Martin Buber wrote an essay

00:37:57.020 --> 00:37:58.860
titled The Alterpiece, you know,

00:37:58.860 --> 00:38:03.060
Buber being a great Jewish scholar and philosopher.

00:38:03.060 --> 00:38:06.780
He was so moved by this image of the crucified Christ

00:38:06.780 --> 00:38:10.020
with a plague infested body that he wrote an essay

00:38:10.020 --> 00:38:12.340
kind of commemorating his viewing of it.

00:38:12.340 --> 00:38:15.140
So it was fascinating to me that people would be so moved.

00:38:15.140 --> 00:38:19.100
But what I found really interesting was not,

00:38:19.100 --> 00:38:20.460

I mean, it's gorgeous.

00:38:20.460 --> 00:38:23.660
The whole thing is gorgeous, but not the first kind of image

00:38:23.660 --> 00:38:24.940
of the crucified Christ.

00:38:24.940 --> 00:38:29.300
But there was this other image of St. Anthony.

00:38:29.300 --> 00:38:31.780
Again, the altarpiece was dedicated partly

00:38:31.780 --> 00:38:33.820
to this St. Anthony's fire disease.

00:38:33.820 --> 00:38:36.780
So they had an image of this St. Anthony who,

00:38:36.780 --> 00:38:39.460
fighting all of these devils in the wilderness,

00:38:39.460 --> 00:38:40.940
another story, which I won't tell.

00:38:40.940 --> 00:38:44.180
But in the corner of this painting of Anthony

00:38:44.180 --> 00:38:48.580
getting ravaged by demons, was this kind of horrible little

00:38:48.580 --> 00:38:56.100
subhuman decaying creature sitting there, painted into the corner of this image.

00:38:56.100 --> 00:39:06.020
And there's a small note tacked to a stump that is essentially the cry of this horrible little creature

00:39:06.020 --> 00:39:09.860

asking, "Why is no one coming to heal my wounds?"

00:39:09.860 --> 00:39:17.380
And what really struck me about that image is that that's the cry that I've heard so many of my patients say.

00:39:17.380 --> 00:39:24.380
I've taken care of patients with these horrible, horrible disfigurement and horrible wounds,

00:39:24.380 --> 00:39:27.300
horrible pain and sadness.

00:39:27.300 --> 00:39:33.120
Our decay of the body isn't always only physical.

00:39:33.120 --> 00:39:35.820
It takes a toll on us.

00:39:35.820 --> 00:39:38.700
And how often do we look away?

00:39:38.700 --> 00:39:43.140
We see someone on the street with something badly disfigured and we look away.

00:39:43.140 --> 00:39:44.140
Even doctors.

00:39:44.140 --> 00:39:50.980
We don't want to stay in the room of the patient with a horrible wound that stinks.

00:39:50.980 --> 00:39:53.500
We do our job and we leave the room.

00:39:53.500 --> 00:40:00.340
And there's a way in which all of us can be tempted to look away from our own physical

00:40:00.340 --> 00:40:08.420
finitude or we can pay attention to it and we can allow it to transform our sense of

00:40:08.420 --> 00:40:10.180
our living and our dying.

00:40:10.180 --> 00:40:13.680
if our physical finitude then becomes a little,

00:40:13.680 --> 00:40:15.720
you know, like a little flag waving

00:40:15.720 --> 00:40:17.200
or a little light going off, saying,

00:40:17.200 --> 00:40:20.200
"Pay attention to me, pay attention to me, you are mortal."

00:40:20.200 --> 00:40:21.440
Be aware of that.

00:40:21.440 --> 00:40:24.960
And how do you need to live differently in light of that?

00:40:24.960 --> 00:40:28.940
That's what I think our physical decline should do.

00:40:28.940 --> 00:40:32.440
So your typical middle-aged person

00:40:32.440 --> 00:40:34.540
might not have a whole lot.

00:40:34.540 --> 00:40:36.680
Might just need reading glasses

00:40:36.680 --> 00:40:38.680
and have some joint issues.

00:40:38.680 --> 00:40:40.900

but it's coming, more is coming, right?

00:40:40.900 --> 00:40:45.020
Or maybe you're even kids, they have cavities.

00:40:45.020 --> 00:40:48.620
Well, those cavities are emblematic of decay,

00:40:48.620 --> 00:40:50.260
or kids need glasses.

00:40:50.260 --> 00:40:52.500
There's all these things that we can ignore

00:40:52.500 --> 00:40:55.840
or sort of quickly try to normalize.

00:40:55.840 --> 00:40:59.580
And that's fine, it's not that normalizing wearing glasses

00:40:59.580 --> 00:41:02.060
for a kid is the wrong thing to do, that's absolutely fine.

00:41:02.060 --> 00:41:06.820
But it does nod in the direction of our finiteness.

00:41:06.820 --> 00:41:09.220
And I think just being aware of that,

00:41:09.220 --> 00:41:12.380
this is just about being aware and then asking ourselves,

00:41:12.380 --> 00:41:14.340
what do we need to do differently?

00:41:14.340 --> 00:41:18.140
- Last concept is spirituality and ritual.

00:41:18.140 --> 00:41:19.740
And you make the case throughout the book

00:41:19.740 --> 00:41:22.440
that although the Aris Moriendi came out

00:41:22.440 --> 00:41:24.140
of this religious tradition,

00:41:24.140 --> 00:41:27.580
dying well is not just the domain of the devout.

00:41:27.580 --> 00:41:30.540
You also point out very interesting studies

00:41:30.540 --> 00:41:33.620
that show actually the more religious people are,

00:41:33.620 --> 00:41:36.180
the more they're prone to choose aggressive life support,

00:41:36.180 --> 00:41:38.500
which is its own incredibly interesting topic.

00:41:38.500 --> 00:41:41.500
But having said that, what do you feel we can learn

00:41:41.500 --> 00:41:44.620
from religious traditions around death in this secular world?

00:41:44.620 --> 00:41:46.900
You've got some wonderful examples in the book.

00:41:46.900 --> 00:41:50.100
- Yeah, well, I interview a rabbi who says, you know,

00:41:50.100 --> 00:41:54.180
of all the things Jews do, well, we do death the best.

00:41:54.180 --> 00:41:56.680
And I love that because I grew up

00:41:56.680 --> 00:41:58.580
in the Judeo-Christian tradition.

00:41:58.580 --> 00:42:02.900
And, you know, I don't know that I have seen death done

00:42:02.900 --> 00:42:04.140
very well.

00:42:04.140 --> 00:42:05.820
I was just talking to my mom yesterday

00:42:05.820 --> 00:42:09.460
and she said something about so and so couldn't have an open casket.

00:42:09.460 --> 00:42:12.140
And in the book, and my mom's read my book a couple of times,

00:42:12.140 --> 00:42:16.580
but in the book I also have a sort of side note on embalming,

00:42:16.580 --> 00:42:21.500
which I just am not a fan of, not to cast, you know,

00:42:21.500 --> 00:42:25.100
not to cast judgment on it, but I personally am not a fan of it.

00:42:25.100 --> 00:42:28.500
And I thought, Mom, how could you read my book a couple of times

00:42:28.500 --> 00:42:32.140
and, you know, have a throwaway comment about bemoaning the fact

00:42:32.140 --> 00:42:34.900
that so and so couldn't have an open casket?

00:42:34.900 --> 00:42:37.740
although you can't have open caskets and not be involved,

00:42:37.740 --> 00:42:39.540
but that's very, very rare.

00:42:39.540 --> 00:42:43.060
Yeah, so the role for spirituality and ritual,

00:42:43.060 --> 00:42:45.480
I think that there's so much that the religious traditions

00:42:45.480 --> 00:42:49.060
have developed over thousands of years of practice,

00:42:49.060 --> 00:42:53.900
written down, thoughtful, ways to think about the body

00:42:53.900 --> 00:42:56.740
and the value of the body

00:42:56.740 --> 00:43:00.580
and what the body represents in community

00:43:00.580 --> 00:43:02.620
that we can learn from.

00:43:02.620 --> 00:43:07.620
The Jewish tradition has so much wonderful teaching on grieving.

00:43:07.620 --> 00:43:11.780
And it's so interesting to me that the time periods

00:43:11.780 --> 00:43:16.780
sort of recommended or prescribed for grieving occurs.

00:43:16.780 --> 00:43:21.460
There's 24 hours after death, you wanna have the body buried.

00:43:21.460 --> 00:43:24.260
And then there's the first seven days for Shiva,

00:43:24.260 --> 00:43:27.300
for really sitting low and mourning and grieving.

00:43:27.300 --> 00:43:29.220
And then you mark the first month

00:43:29.220 --> 00:43:30.380
and then you mark the first year.

00:43:30.380 --> 00:43:33.860
And in psychology, if you talk to psychologists or psychiatrists,

00:43:33.860 --> 00:43:35.780
they'll talk about normal grief within a year.

00:43:35.780 --> 00:43:39.540
You know, normal grieving kind of is about a year.

00:43:39.540 --> 00:43:41.940
So there's probably psychologists.

00:43:41.940 --> 00:43:43.540
Got that from Judaism, is my guess.

00:43:43.540 --> 00:43:45.100
But even within the Christian tradition,

00:43:45.100 --> 00:43:49.340
there's this idea of having the casket traditionally.

00:43:49.340 --> 00:43:50.740
You almost never see this anymore.

00:43:50.740 --> 00:43:54.540
But the casket traditionally was brought to the front

00:43:54.540 --> 00:43:59.900
of the church between the pews, still stayed between the pews.

00:43:59.900 --> 00:44:04.180
Why not put it up front where it's kind of a casket on display?

00:44:04.180 --> 00:44:07.340
They kept it in the center aisle between the pews

00:44:07.340 --> 00:44:09.580
because it was the location.

00:44:09.580 --> 00:44:12.740
It was the last time that the deceased person

00:44:12.740 --> 00:44:16.820
was going to worship in the context of his or her community.

00:44:16.820 --> 00:44:21.460
So the casket was kind of placed among the people.

00:44:21.460 --> 00:44:23.940
And these things, I didn't know any of this

00:44:23.940 --> 00:44:27.980
until I took a class on the liturgy of death,

00:44:27.980 --> 00:44:29.620
which was also fascinating.

00:44:29.620 --> 00:44:32.260
And I learned that there were just so many different ways

00:44:32.260 --> 00:44:35.660
that people have thought very deliberately

00:44:35.660 --> 00:44:39.100
about everything from how to handle bodies,

00:44:39.100 --> 00:44:43.660
what to say, how to pray, how to bury, how to grieve.

00:44:43.660 --> 00:44:47.360

And there's just a lot of wisdom that we can glean and learn.

00:44:47.360 --> 00:44:51.620
We live in an era where it's kind of you do you.

00:44:51.620 --> 00:44:52.960
And that's fine.

00:44:52.960 --> 00:44:54.020
I mean, that's fine.

00:44:54.020 --> 00:44:56.780
But there is a wealth of wisdom

00:44:56.780 --> 00:44:59.700
that comes from thousands of years of deliberation.

00:44:59.700 --> 00:45:01.460
And we shouldn't ignore it.

00:45:01.460 --> 00:45:02.880
We should try to learn from it.

00:45:02.880 --> 00:45:05.300
I think it would help us die better for sure.

00:45:05.300 --> 00:45:07.300
It would also help us live better.

00:45:07.300 --> 00:45:09.220
- And my last question, Lydia,

00:45:09.220 --> 00:45:12.060
as we've discussed, the Aris Moriendi was compiled

00:45:12.060 --> 00:45:14.360
following the Black Death of the bubonic plague

00:45:14.360 --> 00:45:16.180
in Europe in the 14th century.

00:45:16.180 --> 00:45:20.260
Do you think COVID has had any change,

00:45:20.260 --> 00:45:23.540
any impact on our collective thinking about dying?

00:45:23.540 --> 00:45:25.020
Can you tell yet?

00:45:25.020 --> 00:45:27.220
I wish it had had more.

00:45:27.220 --> 00:45:30.100
You know, I published this book a few months

00:45:30.100 --> 00:45:35.100
after the first wave and probably gave 150 book talks

00:45:35.100 --> 00:45:40.420
at this point and have spoken with so many different people

00:45:40.420 --> 00:45:41.620
about this.

00:45:41.620 --> 00:45:45.820
There's still a lot of wanting to just get on with life.

00:45:45.820 --> 00:45:50.620
I don't know that the numbers have been so significant

00:45:50.620 --> 00:45:53.340
that it's completely changed the way we think

00:45:53.340 --> 00:45:54.820
about our living and dying.

00:45:54.820 --> 00:45:56.200
I wish I could say it were different.

00:45:56.200 --> 00:45:59.340
I know I have some colleagues who work on end of life stuff

00:45:59.340 --> 00:46:02.260
who think that younger people are more open

00:46:02.260 --> 00:46:03.600
to talking about it now.

00:46:03.600 --> 00:46:04.900
And there have been a couple of articles,

00:46:04.900 --> 00:46:06.660
there was an article in the Wall Street Journal,

00:46:06.660 --> 00:46:08.180
you know, "Generation," whatever it is,

00:46:08.180 --> 00:46:11.220
"Z," now thinking about their mortality.

00:46:11.220 --> 00:46:14.280
I think there are a couple of pop-up this and that,

00:46:14.280 --> 00:46:18.780
but we have not seen sort of a societal awakening

00:46:18.780 --> 00:46:20.700
to the need to prepare for death.

00:46:20.700 --> 00:46:22.140
I'm surgeon of that.

00:46:22.140 --> 00:46:25.060
I wish it were different, but sadly not.

00:46:25.060 --> 00:46:28.820
- Lydia Dugdale, thank you for writing such a thoughtful,

00:46:28.820 --> 00:46:31.780
thought-provoking, timely book and for your work

00:46:31.780 --> 00:46:34.900

helping countless patients best of luck in the future.

00:46:34.900 --> 00:46:36.780
- Thank you, so nice to talk with you.

00:46:36.780 --> 00:46:39.360
(gentle music)

00:46:39.360 --> 00:46:49.360
[MUSIC]