

Living Beside The Shadow of Death

By Grace Lukach

It's hard to say when my Grandpa really began to die. Complications from an elective back surgery in 2001 forced him to spend two hundred non-consecutive days of the next year institutionalized—either in the hospital, nursing home, or in-house rehabilitation center. On three separate occasions he was put on a ventilator and for nearly nineteen of those two hundred days he relied on this machine to live. It seemed as though he were dying, but somehow, after all those months of suffering, he recovered his strength and returned home. He had escaped the clutches of death. And though he never again walked independently and would dream of physical activities as simple as driving, he was able to share monthly meals with old co-workers, attend weekly mass, and watch his children—and their children—grow up for six more years. Because of modern medicine, my Grandpa experienced six more years of being alive.

But then my Grandpa fell and broke his hip. Back in the hospital, he was intubated and extubated and intubated again. A permanent pacemaker was implanted as well as a dialysis port, a tracheotomy, and a feeding tube. He was on and off the ventilator. Death was the enemy and everyone was fighting with every bit of energy they could muster, but nothing could keep him alive this time. After four months in the hospital, my Grandpa finally died.

My Grandma's journey to death is much clearer. She was a fighter who had regained full mobility after suffering a debilitating stroke that paralyzed her right side at the age of fifty-four. Her first two grandchildren were to be born in those coming months and she kept telling herself that she would push their strollers down the sidewalk. She did. But decades later, exhausted from the years of constantly caring for my Grandpa there was less to fight for and she was worn out. Finally, she could rest. This rest led to little physical activity and she soon became weak and easily fatigued. On

the same night she was hospitalized for what seemed to be low nutrition, she watched television, spoke with her kids, and a few hours into the next morning suffered a massive heart attack. She could have been plugged in and hooked up, but my aunt—who had lived with my grandparents and been by their sides through everything—knew that my Grandma did not need to go through that. My Grandma was, in some way, ready.

During the previous month it occurred to my aunt that my Grandma seemed to know her death was near. She had been preparing—telling my aunt she wouldn't be needing so many cans of peaches, putting my aunt's name on her checking account. Death may have been the enemy, but my Grandma had no intentions of evading it. Maybe she had developed a new outlook after watching her husband of sixty years struggle against death. Maybe she had learned because she had suffered in his death, too. My aunt tells me that my Grandma's passing was peaceful. She took her final breaths without struggle. There was no need to fight. It was okay to just let go.

My grandparents' deaths are striking in their disparity. Death was my Grandpa's greatest enemy and neither he nor my family was prepared to concede defeat. Yet the grim reality of the situation became a learning experience for us all, and when death came for my Grandma, she was more poised to surrender. Really, the loss of life is the only prominent similarity between my grandparents' deaths. Eventually, with or without suffering, the process of dying will always end the same way, yet here I am still thinking about their lives and their deaths, their joys and their sufferings. Death, it seems, has a greater impact on the lives of those still living—the families who live on without their loved ones—who struggle to find meaning in life through death in this era of technological medicine.

While our culture has no universally accepted standards concerning the process of dying, we overwhelmingly perceive death as bad. Perhaps, as Robert Kastenbaum, who has written extensively on our society's relationship with death, suggests in his piece "The Good Death," "death is bad to

the extent that it removes the opportunity to enjoy what life still might have offered” (338). Indeed, we are often sad to see a life end. But death is becoming bad in other ways, too. As we evolve and our technological abilities progress, we are not only complicating the process of human life, but also of human death: “Being sustained indefinitely between life and death is the another image of the bad death that has been emerging from modern medical practice” (Kastenbaum 341). We are unable to elude death forever but still, we try, and we fight. If we didn’t, if we just gave up, we might be allowing or even causing a death that could have been delayed. But in seeing death as the enemy, as such a negative force, we only make it harder for ourselves to find positive meaning in life as we anxiously await the unpredictable timing of death’s invasion.

We need to learn to rediscover positive meaning in death, but so much of our attention is focused negatively—on the fight rather than the surrender. Physician Atul Gawande explores the realities of death in the modern era in his chapter “Letting Go.” He speaks of our rejection of death, of terminally ill patients who “did not want to talk about dying” and “never discussed stopping treatment” even when death was very near (11). Because of technological advancement, “rarely is there *nothing* more that doctors can do,” Gawande says, so we look past the realities and focus on prolonging life, euphemizing the bitter fight against death (16). Many fight relentlessly like naturalist Stephen Jay Gould who declares in his essay “The Median Isn’t the Message,” “I prefer the more martial view that death is the ultimate enemy—and I find nothing reproachable in those who rage mightily against the dying of the light” (qtd in Gawande 15). Yet there are some who see the limits of this fight and choose to prepare, as Gawande urges, for the inevitable: “Death is the enemy. But the enemy has superior forces. Eventually, it wins. And, in a war that you cannot win, you don’t want a general who fights to the point of total annihilation” (22). But neither viciously fighting death nor calmly accepting it is necessarily *right*. While subsets of modern society—religious groups or

families—may have distinct guidelines for death, our culture as a vast whole has no universally accepted standards for death. There is no one, right way to die.

Because of this uncertainty concerning how we should die, people cling to medicine for direction. But our doctors are just as uncomfortable with death as patients and their families, so they tend to “provide a reassuring gloss on a dire reality” and patients become willing to try *anything*, despite degradations in the quality of life and often, increased suffering (Gawande 2). Gawande reflects on a former patient of his: a younger woman pregnant with her first child, diagnosed with incurable lung cancer. Four rounds of chemo had produced no apparent benefits but she and her husband were still “ready to try anything” (13). Even Gawande recognized that “her chances were rapidly dwindling. But who was to say they were zero?” (14). Out of the fear of upsetting dying patients and because of their inability to be definitively certain of a patient’s future, doctors contort the bleak truth: “More than forty percent of oncologists report offering treatments that they believe are unlikely to work” (12). Deprived of the full truth and confused, we reject the reality of death even more.

Aggravated by the distortion of truth in our medical system, our rejection of death has obscured an already vague idea of what the dying process will entail. After all, doctors may have a better idea of how an illness wrecks our bodies, but they still cannot know the absolute course of sickness. If they did, in the last months of my Grandpa’s life his doctor probably would not have “continued his eternal optimism that things would get better” when things only got worse (Lukach). Doctors struggle with this emotional, volatile subject, too, so patients and their families must not rely solely on their word. Somehow, we need to reimagine the medical system as one that allows for patients to find a balance between modern medicine’s total annihilation of the body and the stigma of giving up. We need a medical system that, rather than blindly fighting unstoppable deaths, helps patients and their families prepare for death, realizing that “everyone struggles with this

uncertainty—with how, and when, to accept that the battle is lost” (Gawande 6). We just need to remind ourselves: *the battle will be lost*.

Instead of reminding ourselves of our mortality, though, we choose to not give death much thought. And in not thinking about it, we are not preparing, so when death does come it is harder to accept our essentially hopeless fight. Gawande remembers some of his patients with terminal illnesses and their families being “unprepared for the final stage” (Gawande 4). Really, this preparation for the ‘final stage’ should be the first priority, because while cures and responses can only extend a life for so long, death is always eventually assured. If we know something is coming, shouldn’t we prepare? Studies show that when we do prepare, there can be a very positive impact on both the patients and their families. The Coping with Cancer study showed that the one-third of terminally ill cancer patients that spoke with their doctors about their “goals for end-of-life care” not only suffered less in death, but also “six months after the patients died their family members were much less likely to experience persistent major depression” (Gawande 17). Perhaps preparing is as simple as telling your family to buy fewer cans of peaches, but it is clear that as patients begin preparations, their families can start, however subconsciously, getting ready too.

As families begin to accept the coming death of a loved one, it is natural to start thinking about death more generally. While we all die only once, we experience death many times before that when our loved ones, friends, and even mere acquaintances pass away. We live beside the shadow of death, and every death we witness becomes a sort of learning experience, an education on how someday we want to die. Cicely Saunders, the founder of the modern hospice movement, realized the impact that death can have on the living: "It is not what death does to the deceased that their loved ones remember, but rather how the dying challenged those living to look at their thoughts about death and respond to life's challenges" (523). Death has only one result on the dying, but infinite impacts on the families of the dying. Many people feel sorrow, regret, and grief when a

loved-one faces an end full of suffering, feelings that contribute to—and are a reflection of—our culture’s general fear of death. But others may feel some sense of peace when a life ends in restful surrender, and someday, they too can try to find that same acceptance of death. Indeed through death we can learn so much about life, which Saunders realized in her time with the terminally ill: “Discovering new talents, being creative, and celebrating are important elements in life's ending, as well as throughout it” (522). This learning and celebrating are attributes of a good death, a death in which doctors, nurses, families, and loved ones are able “not only to help you die peacefully, but to live until you die” (522). We should be inspired when our loved ones really *live* until the end. We should make choices in our lives that will lead us to meaning and an ability to accept and eventually surrender to death. As I reflect on my grandparents and their different passages from life, I feel both sorrow and peace, and I learn from this. My life will have meaning, I tell myself, and when my day comes I will strive to balance my human obsession with staying alive and my desire to really *live* until I die.

I recently climbed an oak tree and rested quietly as hikers passed below me, unaware of my presence. Looking around, I felt as though I was just another leaf. Some of the leaves were a deep green and others were turning brown. Underneath the thick, old branches was a layer of withered, dead leaves. Nothing had fought to keep them alive. They had aged fairly and their time had come, so they slowly detached from their life-giver and drifted lightly to the ground, almost silently. Rarely do we drift silently when our time comes. Modern technological medicine has granted us the possibility of prolonged life and after all these years it cannot—and should not—be abandoned for the more natural ways of the past. I was so grateful to have my Grandpa for those six extra years. But I do hope that humanity can somehow emulate the peacefulness and grace of a dying leaf—that acceptance of an ending life—and realize that death will always come, so we better make the most of life while we have it.

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