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We don't have accurate role models on what it is to die. All we have is television, movies and any deathbed experience in which we have been involved.

If we have been at the bedside when someone was dying, we brought our own preconceived ideas, our fears, our culture, all of our life experiences with us. These beliefs influenced and distorted our perception of what was actually occurring. Now we will bring the memory of this distortion (only for us it will appear as actual) to any deathbed experience in the future, whether it be our own death or the death of someone we care about. If our aunt Bertha died a painful death from cancer of the bone, we will expect to die a painful death even though we have cancer of the pancreas and it is fifteen years later. In fifteen years, pain management has drastically changed. There is no reason for someone to die in pain today.

And people don't die like they do on television or in the movies. There are two stereotypes that we associate with dying that we get from movies. Visualize a young Clint Eastwood; mom is dying, her sons, including Clint, are gathered around the bed. She is telling them something very profound; they are hanging on her every word. She comes to the end of her message, the end of her sentence, then—only then—she takes a deep breath, closes her mouth and eyes, drops her head to the side, and she is dead.

People don't die like that. They may be talking, but if they are, you probably can't hear them because they don't have enough energy to project their voice. If you can hear them, they probably aren't making any sense. They are so otherworldly that they are talking about the other world, not this one.

The other thing we expect to see at the bedside is this scenario, which comes from the movie