Final Choices

Seeking the Good Death Michael Vitez

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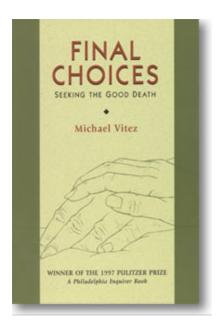
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From the Introduction

What should we do about dying?

The question may seem odd, silly, even naive. We all know that each and every one of us will die, and so wondering what to do about it seems on a par with wondering what we should do about gravity, or the fact that triangles have three sides. Dying is inevitable, a reality of our world. We do not "do" anything about it. We can choose what attitude we want to adopt toward death—stoic, frightened or even hopeful, but we cannot do anything about it.



When the question is raised what you or I should do about death, what is really being asked is, can anything be done to take the mystery out of dying? There are plenty of books and a considerable number of television programs and movies devoted to the demystification of death.

This demystification can take the mainstream form, exploring the metaphysical significance of our mortality or biological theories about why living things die. Or efforts to take the mystery out of death can push the envelope all the way out to the fringe, where one finds books that purport to explore the nature of death through understanding near-death experiences or television programs that feature channelers and psychics claiming to be in contact with those who are dead.

None of this works, either. Despite humanity's best and most noble efforts, as well as its goofiest and downright screwy theorists and theories, the mystery still clings to death. We cannot know on the basis of our reason what, if anything, awaits us after we die. We can wish, have faith, even feel convinced about what will happen when we die, but wishes, faith and feelings are clear proof that death remains firmly wrapped in mystery.

Even if you eat fiber every morning, swallow an aspirin every evening, sleep under a pyramid every night and jog three miles a day, you still cannot do anything about your mortality. True, you can buy yourself some time but the Grim Reaper will still visit no matter how many sit-ups you do.

To concede ultimate victory to death is not to concede the legitimacy of the question of what we should do about dying. The fascinating cases presented in this book show that the practical issue facing modern medicine and politicians in this and other nations is not death but dying. While we have no power over whether we will die, we can have some control over how, when and where we will die. We can die alone or among those who know us. We can die in pain or demand that vigorous efforts be made to minimize our suffering. We can die in a hospital, a nursing home, a hospice or a home. We can die full of tubes or die without any medical assistance whatsoever.

The problem with dying is that the way we now manage it, in our hospitals and our long-term care facilities, it is all too often a nightmare. Too many people die with pain. Too many die with treatment being administered that they do not want. Too many people die in a hospital because the support their families would need to take them home to die is not there. Too many people go broke dying.

In fact, the situation surrounding dying in America is so bad that there are many who believe that suicide or assisted suicide is far preferable to the fate that currently may await them.

Can dying be made more humane? Certainly. More conversation and more care will go a long way toward this end. So will settings that are more familiar and spiritual and emotional support that is aimed at the person rather than the person's disease. Aggressive pain and palliative control are also obvious steps that must be taken to get us down the road to a better death.

Those who want to make dying better could not do better than to carefully listen to the voices of patients and families who have experienced dying as it now is in the American hospital. By meeting the people Mike Vitez writes about in the pages that follow, little will happen to make death less of a mystery but much can be learned about how to solve the mystery of making dying more humane and dignified.

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