

## Mortally Morbid Musings

In this final article, **Lee Poh Wah** comes to terms with the idea of dying well.

It's not just during a disaster that there is a massive death toll. Yes, Japan's 13,000 deaths in the wake of its 11 March 2011 tsunami is, in and of itself, a fearsome calamity that the world commiserates with, but even this number pales in comparison with the unreported deaths of 150,000 people each day<sup>1</sup> throughout the world.

This fact is considered so uneventful that we are hardly aware of the reality that death is all around us. As anthropologist Geoffrey Gorer rightfully points out, it is "the pornography of death."<sup>2</sup> In his essay,<sup>2</sup> he argues that death has replaced sex as the unmentionable topic in polite society today. A century ago, sex was not discussed or even acknowledged, whereas death was treated openly. Today, sex is everywhere but death is denied.

Yet, as the truism goes, while talking about death won't kill you, not talking about it won't make it go away either. By airing a social taboo, I hope to put death in its present day context and provoke some thinking that ultimately will help us be better prepared to face it.

### Dying Today Sucks

No one is born knowing how to die. And, of course, each of us will approach that certain event in our own way.

We generally accept that progress is an inexorable straight line forward, and it is equally true that the human race has advanced *citius, altius, fortius*, as the Olympics motto has it. Swifter: High speed

trains have reached a speed of 581km/h on a Japanese Maglev line. Higher: Dubai's Burj al Khalifa holds the record as the tallest building in the world by adding 320 m to Taipei 101's 508 m. Stronger: This is best seen in man's iron hand in shaping nature in projects such as China's Three Gorges Dam.

In medicine, so many killer diseases of the past—from bubonic plague to malaria and tuberculosis—have been curbed, whilst life-threatening incidents such as premature births have been transformed into innocuous events.

Strangely, progress in the medical field has not stopped us from regressing in *Moriendi*, the art of dying. Whereas dying used to be a shared social event by the sick and their family and friends, and death was celebrated with an elaborate ritual, increasingly, people die alone, in an alien and sterile environment such as a hospital. Meanwhile, funerals are tolerated as an inconvenient truth.

Today, the dying process is seldom seen or heard. As a result, many no longer know what to expect or how to behave. When confronted by death, we either feel awkward or avert our gaze.

The change in social mores has been compounded by modern medical technologies which allow us to delay death, but often at the expense of quality of life. We can think, for example, of the terminally

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ill who may live extra weeks by suffering cure-at-all-cost chemotherapy and its torturous side effects. Or of heart patients who now have a good chance of surviving a heart attack, but endure chronic ailments or end up as dementia cases.

By making dying a lingering process rather than a relatively short event, we have introduced, in many cases, the spectre of depression. The body becomes incapacitated, but life

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goes on. Physical pain exacerbates psychological pain, and vice versa, so that the dying process turns into a downward spiral of deepening distress and despair.

For society, turning dying into a long drawn-out affair has created a web of complexity involving policy, law, ethics and economics. Family and caregivers have to juggle their respect for the wishes of the person with their own judgment of what the right thing to do is. Policy makers and doctors have to parcel out limited resources among the chronic sick and come out with arbitrary guidelines. Who, for instance, should have priority to a life-extending treatment?

#### **Befriending Death**

The way we die has changed over time, but the fear and fascination death exercises over the human mind remains a constant. To be, or not to be: that is the question, as Hamlet so famously proclaimed.

The passage from life as we know it to the unknown beyond death is an enigma that man will never be able to solve. Not surprisingly, this known unknown arouses a universal dread.

All life fears its end, aka death. Ernest Becker, of Denial of Death fame, goes so far as to argue that the terror of death lies at the very root of human behaviour; what drives us is not—as Sigmund Freud would have it—unconscious sexual desire, but a desperate effort to deny our mortality, to control the overwhelming anxiety provoked by the knowledge of our biological destiny.

To this could be added the present day trend of giving in to our hedonistic tendencies. Anything that does not give pleasure is bad, and if it cannot be eliminated, at least it should be hidden away. Perhaps it was this way of thinking, coupled with the perennial, innate fear of death that provided the stimulus to swing the pendulum of social mores from celebrating death to burying it.

But it is not possible to run away from death. It is, after all, the only certain event in our lives. (Apart from taxes, that is.) A much better strategy is to befriend this soulless stranger.

Like any phobia, the fear of death and dying can be alleviated when we are familiar with what it is, when we can talk openly about it, when we are prepared, and when we have the power to make it a better experience for ourselves and loved ones.

The way forward is to talk about death in a climate of honesty, in order to “normalise” it. In the same way that we prepare for puberty, marriage, parenthood and ageing, we need to ask awkward questions about death and dying. And we need to be given frank answers. Talking about death could change

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the way we live simply because it will help us sort out our emotions and relationships.

## **Nobel Peace of Body and Mind**

In addition, we should facilitate the ideal physical circumstances for a good death. For the sick, there is a world of difference between dying in pain and in comfort—alone, or in the company of loved ones. For the living, there is also a world of difference between seeing a dying person look inhuman in a hospital with various tubes sticking out of him, and finding him dignified and peaceful in his own bed.

In spite of all the goodwill in the world, the families of the dying are often at a loss. They have no idea of how to help, or what to do. They feel powerless and frightened in the face of death.

They need the help of palliative care, a holistic approach which supports not only the dying but their families by focusing on their quality of life, prioritising the treatment of the pain without neglecting the psychosocial and spiritual aspects.

The palliative care team of doctors, nurses and social workers takes the sting out of death by providing the family and caregiver with viable alternatives regarding medical treatment, nursing care and emotional support. They can

prompt and facilitate the right decisions at the right time, taking into account the wishes of the dying, and of the family. Through their expertise and understanding, they help to minimise the physical suffering, while providing a spiritual balm.

There is such a humane and compassionate approach, I happily extol it as one of Britain's best exports. I would go so far as to advocate palliative care as a human right, given that it relieves man from the torture of untreated pain. It is a social innovation that deserves a Nobel Peace Prize for giving peace of mind and body at the moment when we need it most.

## **Brilliance in the Shadows of Death**

Properly handled, life in the shadow of death can be richer than life in the sun. While our bodies become weaker, the spirit can grow stronger. I have seen terminally ill patients who are genuinely happy and capable of making their demise a joy-filled inspiration to those around them. This is not a paradox at all.

One of such examples that I know of is Ng Kok Song and his wife, Patricia, a loving couple who had known each other for 39 years and, yet, were the happiest from the time Patricia was diagnosed with a terminal illness till her death. Their children also felt enriched because Patricia allowed them to mother her in her illness. It was her gift, as a mother, to her children, a gift that enabled them to grow and to manage their grief when the final parting took place.<sup>3</sup>

True wisdom comes from knowing that while death may be inevitable, dying is not the problem. The real problems are our refusal to die which often leads to a conspiracy to do anything to avoid it; our fear of death and our ignorance of the dying process complicate matters unnecessarily by creating unnecessary suffering for all parties and generating anxiety and a feeling of helplessness. But all these can be overcome. Palliative care, for one, when delivered well, shows us that a good death is not as impossible as it seems.



1. According to The World Fact Book, Central Intelligence Agency, 2011, the world mortality rate is 8.12 deaths/1,000 population. With the world population at 6.9 billion, the number of deaths per year works out to 56 million.

2. Reprinted in Geoffrey Gorer, *Death, Grief and Mourning* (Garden City, N.Y.: Doubleday, 1965).

3. See "From Panic to Peaceful Exit," *The Straits Times*, 9 April 2009.