

"Can we talk about something more pleasant?"

Encyclopedia of Aging and the Elderly

"Death is a reality of life, a condition of living. Today death is relegated to the closet and avoided as an unwanted intruder. While older people often address the subject openly in order to confront their own finitude, family members usually suppress it as morbid. Today death has been dismissed from the home to the nursing home and hospital, the places where two-thirds of the American population die.

Yet studies carried out by gerontologists reveal that negative and hush-hush attitudes toward death and its surrounding rituals are inappropriate for the elderly. Researchers have shown that older people have less fear of death, approaching it more openly, than their younger fellows. A survey of people aged 45 to 74 posed the question, "How afraid are you of death?" Almost two-thirds of the individuals answering the question said, "not at all," one-third some "somewhat," and only 4 percent said "very."

According to researchers in the field of thanatology (the study of death), older people have a more positive approach to death than other age groups—they are more aware of their own finitude, think about death more often, discuss it more openly, feel more capable of facing death, and accept it more peacefully. Researchers do not consider it morbid when older persons talk about their own passing, their plans for disposing of their property, or their funeral arrangements. Rather, they view openness about death as a psychological preparation, a means of squarely facing the close of life, and a way of taking charge of the surrounding events. Family members and friends may prefer to avoid the open discussion of death initiated by older people, but an accepting attitude would prove more helpful.

Elizabeth Kubler-Ross, probably the most popularly known authority on death, identified five stages that she believed typified the attitudes of people as they approach their own passing. While working as a psychiatrist in the cancer ward of the University of Chicago hospital during the 1960s, Kubler-Ross described these stages as beginning with a denial that death is inevitable, then moving on to anger, bargaining, depression, and finally acceptance.

Authorities today agree that her pioneering analysis helped to bring the subject of death out into the open, but note that later research has failed to consistently support her work. It appears that these stages do not occur invariably, nor that there is any 'typical' way to die. Individuals die much as they have lived, in styles that fit with their own attitudes and personalities. The great value of Kubler-Ross's work is that it emphasized openness about death and acceptance of people who are dying. It also affirmed the importance of caring for dying people when the general tendency of health professionals has been to dismiss them because they seem beyond help.

But the dramatic advance of medical technology that have made it possible to prevent death even for those who are terminally ill and comatose, has also kindled debate over the issue of euthanasia. Specifically at issue have been the right of people to die, living will laws, and ethical issues concerning the termination of life. A number of states have passed living will laws that entitle individuals to direct physicians and family members to discontinue treatment when there is no reason to expect them to recover, and protect professional and family members from prosecution when they do permit death to

takes its course. Opponents, however, argue that people sometimes survive seemingly hopeless illnesses, that new cures will come along, and that euthanasia under the guise of "mercy killing" can become legalized murder of unwanted older family members. In the face of these debates public opinion surveys show growing acceptance of controlled forms of euthanasia, as recorded by the 60 percent "yes" response to a General Social Survey question worded as follows: "When a person has a disease that cannot be cured, do you think that doctors should be allowed by law to end the patient's life by some painless means if the patient and his family request it?" Between 1972 and 1986 young and old differed in answering this question-whereas 70 percent of 18-24 year olds agreed, only 39 percent of those over age 85 did so. In recent years, however, older people have become somewhat more affirmative in their response to this question. As to the experience of death itself, studies show that death usually takes place in a relatively short period of time-from 75 percent to 80 percent of deaths occur within three months of the onset of a terminal illness. Near the turn of the century Sir William Osler, the world famous Canadian physician, reported that most people do not suffer when experiencing death. Sixty percent of the deaths he had observed occurred during sleep, and most others took place when the individual was unconscious. Recent reports of near death experiences appear to confirm Osler's observations about the general absence of any psychological trauma during the process of dying. In these, individuals who have recovered after reaching a state of clinical death commonly report a pleasant psychological state of emotional warmth, being in the presence of loved ones, and sometimes seeing God or a god-like figure.

The crucial issue in regard to attitudes about death is the way that individuals feel about their own mortality, the way family members and health professionals deal with persons for whom death is an oncoming reality, and our social customs and behavior respecting death. While openness about death appears to be on the rise, we might all still benefit from sharing the attitude of the 93-year-old man who declared his own openness and mastery of the last event of his life by saying, "It's mine ... don't belong to nobody else."