

Can There be a Good Death?

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1. Managing the good death

Dying, like most other human acts, can be done well or badly. But unlike many other things we do, we only die once; so it is important to get it right first time. According to the Stoic philosopher Seneca [1: p.6], 'learning how to live takes a whole life, and, which may surprise you more, it takes a whole life to learn how to die'. Seneca was voicing the conviction, common amongst ancient philosophers, that, while death is inevitable, how we die is highly dependent on the virtues, skills, planning and attention we bring to it, and that the best deaths are well-prepared ones. A superficially similar view has been taken in our own times by medical and other professionals concerned with the care of the dying. Doctors and nurses treating terminal illnesses, palliative care staff and those involved in the hospice movement have increasingly recognised that dying is an existential predicament as well as a physiological condition, and that dying people need consolation for the mind along with physical relief for the body. Sometimes, however, these twin objectives can be hard to combine. Although technology can prolong life and reduce the distress of the physical frame, it often does so at the high cost of the subject's independence and autonomy, those vital bulwarks of her humanity.

According to the Debate of the Age Health and Care Study Group, 'good deaths' are those in which the subject is not only kept free of pain but retains a high measure of control, autonomy and independence over her fate (reported by Smith [2: pp.129-30]). He or she retains the ultimate say over what treatments should be administered, and when those treatments should stop. Instead of being seen merely as a failing piece of physiological machinery, the dying subject is accorded full personal rights, including a continuing right to self-determination. More important than keeping a patient alive at all costs is facilitating the kind of death which forms a fitting parting from life. A dying person should be enabled, wherever possible, to make her final dispositions as she wishes, and attain a state of bodily and mental peace. In place of 'a soulless death in intensive care' [2: p.129], in which the doctor is the master of ceremonies, the 'postmodern death' (as Tony Walter calls it) is one in which '[t]he feelings and preferences of the dying person ... take precedence over standardised nursing regimes' Walter [3: p.194]. This

is the kind of death that the hospice movement aims to provide, in which the dying subject retains as far as possible the authorship of the final chapter of her life, rather than ceding it to others

Needless to say, not everyone is able to have such a death. A person who dies suddenly in an accident, or succumbs slowly to Alzheimer's, or contracts a virulent form of cancer requiring heavy sedation to check the pain may have little opportunity for leave-taking, existential reflection, or more practical issues concerning the transmission of her goods. Even under more 'ideal' conditions, fear, confusion, delusions of hope and the sheer unfamiliarity of the situation can also make it hard for the dying subject to summon the cool collectedness to appraise and take charge of her predicament. Small wonder, then, that generations of philosophers and religious teachers have advised long-term planning for death, so that it should not take us too much by surprise. The idea that a *kalos thanatos* (exemplary dying) is typically one that has been well prepared-for has lately been reiterated by Allan Kellehear, who construes such a death as one that 'conforms to the wider community expectation of making death as positive and meaningful to as many people as possible' [4: p.90]. Postmodern death must not be a selfish death; while one seeks appropriate closure of one's own life, one also has to take appropriate thought for others.

Although contemporary care of the dying is informed by a far more humane understanding of the existential situation of the dying than was once the case, there is a serious risk that the undoubted advances that have been made can lead to a sanitised view of death, and an over-complacent estimate of our ability to blunt its sting. In part, this worry concerns the very feature of current care for the dying which might be accounted its chief excellence: the transmutation of dying into a *managed process*, with its constituent rules and routines, its principles of good practice, and (as inevitable as death itself) its professionalization. As long ago as 1998, Bethne Hart *et al* commented that hospice care is 'becoming increasingly institutionalized and bureaucratized, with the risk of a significant compromise in the movement's guiding ideology' [5: pp.69-70]. The twelve principles of a good death enunciated by the Debate of the Age Health and Care Study Group present a blueprint for the care of the dying which stresses, among other things, giving the subject control over what happens, where it happens and who is present at the end; ensuring not just pain relief but 'dignity and privacy'; and providing access to

information and spiritual support (for the full list of principles, see [2: p.129]). Yet for all its good intentions, this rather gives the impression that looking after the dying is akin to organising a conference, assembling flat-pack furniture or baking a cake: something that ought to turn out all right so long as the rules are followed.

It would be naïve to think that existential peace at dying could be a product of good practice. Perhaps very few people do in fact think this; those who work with the dying, both in hospices and in more traditional medical environments, are sufficiently experienced to realise that, at most, following principles can assist in easing people out of life, not ensure that their passing will constitute a perfect ending. Yet even this more limited programme may be a hangover from the days when the medical model of terminal care prevailed, and the emotional and spiritual requirements of the dying subject received scant attention from health-care professionals. Once the latter needs were recognised, efforts began to be made to satisfy them; but the welcome advent of a more holistic approach to maximising the dying patient's welfare continues to display its growth from a medical root. Since the practice of medicine has the primary aim of healing the body, care of the dying has naturally gone on to embrace the healing of the soul. The aim is that the dying person should leave this world in a state of maximum physical and mental comfort, with her needs of all kinds accommodated.

Still, the intention to allow dying persons themselves more control over how their life-story is completed is hard to fault, at least as an ideal. In a recent essay, David Schenck and Lori Roscoe reasonably observe that '[w]hile a "good death" is unlikely to be realized without access to pain management and good medical care, the tools that allow us to find meaning and purpose in old age and death are unlikely to be medical or scientific' [6: p.62]. They suggest that dying people would be well advised to consider their current state as the final chapter in the 'narrative' of their life, rather than as an isolated, tragic or traumatic episode. To know how to die means knowing how to complete one's life-narrative in a fitting way, with suitable closure of the main plot-lines. On Schenck and Roscoe's view, '[c]reating a "last chapter" to one's life narrative may allow us to die with our human dignity intact, regardless of the circumstances'. This way death is 'an action and decision rather than something that happens to us' [6: p.73], and if we cannot fully control the circumstances of our death we can at least substantially influence its meaning.

Unfortunately, the expectation that lives can be brought to a suitable and dignified end ‘regardless of the circumstances’ is frequently disappointed in practice. Some life-narratives are so badly constructed that no ending, however creative, will provide them with the coherence they have previously lacked; others go awry because of external factors beyond the subject’s control. Many dying people no longer possess the mental or physical capacities to exercise authorial control over their final days or hours. The assurance that all will be well with us provided only that we apply sufficient creative effort to the task of dying is often highly unrealistic. To suppose that the fat can always be pulled from the fire is another manifestation of the undue confidence commonly placed in our ability to *manage* the process of dying. Seneca’s claim that it takes a whole life to learn how to die is a reminder that we need to get the plot-line right *throughout* our life if we are to be able to end it well.

There is also a deeper problem with the assumption of many health professionals that, with the right management, people can be encouraged or assisted to have a good death. This is that *there is no such thing* as a good death, and that those who have the care of the dying are therefore aiming at the impossible. To the defence of this bold claim I now turn.

2. *Why there are no good deaths*

To say that there is no such thing as a good death is not to deny that some dyings are better than others. Nor is it to denigrate the fine work done by doctors, nurses, palliative care workers and hospice staff in helping patients to die as well as possible. Rather, the claim is the philosophical one that since the ending of a human life is always the loss of a valuable, irreplaceable thing, the expression ‘good death’ is necessarily an oxymoron.

One possible misunderstanding of this claim is worth averting straightaway. To say that death involves the loss of something valuable and irreplaceable does not imply that it is always wrong to bring death about, or to permit it to occur sooner than it otherwise would have done. It may sometimes be better for a person’s life to end than to continue in pain and hopelessness, and in these cases there may be grounds to consider euthanasia. But to claim that death is better for some person than life in his present condition is not to hold that death is better for him *tout court*; better still would have been his restoration to health and fitness. To lose his life may be

preferable, as things stand, than to continuing it, but it would be much better still to live a longer, pain-free life.

The strategy for showing that there can be no good deaths consists in identifying internal tensions in the notion of a 'good death'. My contention is that the plausible desiderata of the good death form an inconsistent set. The nub of the argument can be stated simply: since death is of the greatest existential consequence to us, a 'good' death must be a self-aware death in which the subject realises the import of what is happening to her; however, since such realisation involves recognising the awful finality of death, it is incompatible with her achieving the tranquil acceptance of her state, the disposition to say 'Let it happen', that is another desideratum of the 'good' death. It looks as though we die tranquilly only by pulling the wool over our own eyes.

Maybe, as we cannot avoid dying, we would be wise to secure a peaceful death by doing just this! But such a dying would be an inauthentic one, involving an act of deliberate self-deception which undermines our dignity, where preserving that dignity is a further plausible necessary condition of dying a 'good' death. David Velleman remarks that he may have been oblivious at his birth, 'but I don't want to be caught napping at my death'; death is just too momentous a life-event to sleep through [7: p.1]. To miss one's own death would be like paying close attention to the earlier acts of a play and then dozing off for the dénouement.

If dying without distressful sensations of any kind were sufficient for a good death, then such deaths could readily be procured by administering sedatives or mood-lifting drugs to dying people. Yet neither stupor nor hilarious jollity are optimal states in which to pass our final days or moments. To enjoy one's own dying would no more be dying well than existing as a brain in a vat being fed constant pleasurable sensations down the wires would be living well. 1 To be sure, dying tranquilly is a very different thing from dying in a state of stupor or inattention; tranquillity is an attitude of mind, not an absence of mind. Being tranquil in the face of death has traditionally been thought virtuous, even noble. Yet mustering a tranquil spirit in the face of death is not only psychologically difficult but questionably rational. Tranquillity involves more than not weeping and wailing at the approach of death; it crucially comprises a willingness to accept what is happening to us, and it is this which makes its appropriateness at the death-bed dubious. Contemporary writers who encourage a 'spiritual' attitude in the dying need to be cautious about begging existential questions and painting death and dying in warmer colours

than they merit. Douglas Davies describes a ‘spirituality of death as a means of focusing and giving voice to experience, emotion and self-reflection in the face of death and to do it with a positive valuation’ [8: p.85]. But what if being positive in the face of death is unwarranted? Maybe, like Dylan Thomas, we should ‘Rage, rage against the dying of the light’ – an attitude that certainly excludes any thought that death can be ‘good’. 2 Only where death alone can save one from intolerable physical or mental anguish can it be an object of rational preference; but then it is willed as a means, not an end.

The claim that the existential significance of death should, ideally, be recognised by the dying subject has been challenged by Lars Sandman, who argues that if something harmful is going to befall us anyway, then we are actually better off if we do not know about it [9: pp.80-2]. Where prior knowledge of a potential evil enables us to avert it or mitigate its worst effects, then it is plainly good to have it. But where an evil is beyond prevention or alleviation, we gain nothing but pointless pain by being aware of it. Sandman criticises writers who claim that ‘reality contact’ is an objective human good and that painful knowledge of the truth is always superior to blissful ignorance. Treating with scepticism currently fashionable claims that the ‘unexamined life’ is a defective life – even a life not worth living, – Sandman notes that we quite often prefer to remain in ignorance of things we can’t mend. For example, if we desire not to be slandered, then it would be bad for us to be slandered even if we never get to hear about it; and so we might quite rationally prefer *not* to hear about it, since that would only make us unhappy to no purpose. Similarly, if death is bad, then it is bad whether or not we are aware of its badness, and to make things worse by confronting death in a state of existential anguish seems merely perverse. Far better to slip away thinking distracting thoughts, or no thoughts at all.

The trouble with Sandman’s argument is that it fails to acknowledge that different events in life have very different degrees of existential significance. Being slandered is a genuine evil, and in some instances a very serious one with far-reaching effects; but it is not one of the universal pivotal events or experiences in human life, and a person who is slandered without finding about it is not thereby deprived of essential knowledge of what it means to be human. ‘Reality contact’ seems more important in regard to the central aspects of human existence – growing up, forming relationships, finding one’s place in the social world, pursuing life-defining goals and ambitions, enduring bereavement of loved ones, facing up to sickness or old age, dying – to miss or

misunderstand which would render a life incomplete or inauthentic. (To be sure, we cannot reflectively experience our birth in the way we can our death, but the fact that we cannot make anything of the first of the crucial poles of our existence only strengthens the case for making the most of the other.) To avoid thinking about the meaning of something as important as our own death, or to seek to meet it in a state of drug-induced un- or semi-consciousness, is not rational avoidance of something we cannot mend and do not need to know about, but an unworthy attempt to avoid knowing what we *ought* to know, unpalatable thought that knowledge may be.

And that knowledge *is* distinctly unpalatable. Even people who believe in a life after death are liable to be appalled at what the dying Gerontius, in Cardinal Newman's famous poem, describes as:

This emptying out of each constituent
And natural force, by which I come to be [10].

In one of the best essays ever written about death, the Duke de la Rochefoucauld noted the difference between facing death courageously and affecting to despise it in the manner of the ancient sages, who pretended that death was an unimportant occurrence or even a blessing. To imagine that death is no evil, La Rochefoucauld thought, requires refusing to look at it squarely: 'for every one that views it in its proper light will find it sufficiently terrible'. We have to 'avoid considering death in all its circumstances, if we would not think it the greatest of evils' [11: p.29]. Traditional 'philosophical fortitude' consisted in doing with a good grace what could not be avoided; but La Rochefoucauld questioned whether those who claimed to be indifferent to death were being honest with themselves. Modern proponents of the idea of the 'good death' do not, of course, normally claim that death – in the sense of *being* dead – is a good, or even an indifferent, thing. But if they avoid La Rochefoucauld's strictures on that front, they are vulnerable to a charge of inconsistency in supposing that this terminal disaster can be faced with a rational tranquillity. In any case, what looks like tranquillity in some dying people may be no more than what La Rochefoucauld described as 'a want of sensibility, which prevents their being aware of the greatness of the evil' [11: p.32].

La Rochefoucauld saw that the dying person who properly recognises the prospect of her own imminent non-existence naturally feels the most intense existential anxiety. For what could be

worse than succumbing to a condition of complete oblivion? No amount of control over the conditions in which one dies can compensate for the fact that one is advancing towards a condition in which one will have no control whatsoever. The paramount virtue at this time is the courage which sustains the self in the face of its own dissolution. But true courage before death is a clear-minded courage which eschews any pretence that death is other than an awful thing, the loss not just of future opportunities but the extinction of one's very self. This is consequently not, in existential terms, a peaceful death, since there can be no peace at the moment of maximum existential anxiety. (There can be, in some cases, a stillness or steadiness produced by courage, but that is quite another thing.) For a peaceful death, one has to be ready to deceive oneself, or think distracting thoughts. If one succeeds in this, one may be able to do without courage, thereby dying a 'happier' death but a less virtuous and authentic one.

This account may seem vulnerable to the following dilemma. A life may go well or badly in respect to its constituent goods, goals, achievements and narrative coherence. If it goes badly, then its final extinction is no great loss, since it was heading nowhere much worth going anyway. But for it to go well implies a certain structure of completed goals and attained successes; and a life which has this feature *does not need* to go on any longer, having already proved its worth. Therefore there is nothing really to regret (first-personally or third-personally) about the termination of either good or not-so-good lives, and existential angst at the end is out of place.

This dilemma is spurious. If a life has gone badly, then its ending unredeemed merely accentuates its unsatisfactory nature. But if a life has gone well, its finishing is still tragic because, had it been longer, it might have acquired more worth still. To this it might be countered that where the narrative lines of a life have been brought to a fitting conclusion, in the creative manner envisaged by Schenk and Roscoe, more of the same is needless; the book of life is already long enough. Yet while narrative closure is undoubtedly preferable to narrative truncation, to suppose it to be enough to make a life (and, by implication, the death which ends it) a good one is unwarranted. I have argued elsewhere that while it would probably not be a good thing for human lives to go on for ever (mainly because, as Bernard Williams [13] has argued, infinite lives could preserve no structure consonant with retention of a sense of self-identity), actual lives are much too short for us to fulfil our full potential (see too Scarre [14: ch.3]). There is always much more that we could have done, if only we had had more time.

Life-stories proceed and end in many different ways; but the fact that they all end means, as Velleman puts it, that '[n]one of these is a good story' [7: p.2].

In any case, there are significant *disanalogies* between lives and narratives. For one thing, no one is ever the sole author of her own life-story, which is only one strand in a highly complex, multi-authored social narrative, in which many life-stories are enmeshed. Notoriously, too, we are frequently surprised by the way the plot-line develops; unlike the writers of books, we cannot make everything go just according to plan. Most relevantly to the present discussion, no life ever ends with the words 'and they lived happily ever after'. When a life finishes, there is no prospect of a sequel; the leading character disappears for ever on the last page. The narrative of a life is neither replaced nor replaceable by another narrative. The mild sadness that an author or a reader may feel at reaching the end of a story is readily assuaged by turning to write, or read, another story. But the author of a life (the owner of the narrative) has no existence outside it. Spectators of that life can appraise it and move on but the subject of the life is uniquely coterminous with her own story. (Novelists would be very reluctant to complete their works if they knew they would themselves vanish as soon as they had typed the final full stop.) When the life finishes, the narrative self-destructs, leaving nothing behind beyond its memory in other minds. Death does not merely *complete* the story but *eliminates* it. This is essentially Wittgenstein's point in the *Tractatus Logico-Philosophicus* ([14: section 6.431]): 'at death the world does not alter, but comes to an end'. It is no exaggeration to call this prospect, as La Rochefoucauld does, 'sufficiently terrible'.

Some deaths are plainly worse than other deaths. To die in a state of extreme pain, despair, remorse, isolation, shattered hopes or disillusion is an unsatisfactory way to close one's final chapter. But if the arguments of this paper are right, then the very idea of a good death, *however* framed, is open to serious objection. To recap, even the best deaths fail to make the grade as *good* deaths because two highly plausible conditions for a 'good' death – that we should be aware of the existential significance of what is happening to us and simultaneously retain a degree of tranquillity (an absence of mental anguish) – are rationally and psychologically mutually exclusive: rationally, because, as La Rochefoucauld observes, a proper awareness of what is happening to us shows it to be sufficiently terrible to render an attitude of calm

acceptance inapt; psychologically, because such awareness is naturally associated with emotions of distress and sorrow, not quiet and calm.

3. *Dying and the virtues*

To close this paper, I should like to say something briefly about one significant lacuna in contemporary conceptions of the ‘good death’. To remove this lacuna is not, unfortunately, to vindicate the idea that good deaths are, after all, possible; but it is to show something important about how we can die well – or as well as possible, given that nothing can remove the sting of death, ‘nature’s pang in the final separation’. The complaint is that the prevailing views of the good death are almost entirely silent on the *virtues* required by the dying subject. The probable reason is, once again, their origin in a primarily medical model of palliative care and treatment of the terminally sick. Ignoring the moral qualities that might be fitting for a dying person, the focus is instead on the facilities that should be provided in order to make her dying easier. The impression given is that dying well is mostly about having the right opportunities and services available to draw on – a strikingly consumerist conception and one which imposes no moral demands on the subject. There is insufficient recognition, even amongst those who speak of a ‘spirituality of death’, that the quality of dying depends on the qualities of character that the dying person brings to her last and most testing experience on earth. This failure to mention the virtues needed to die in a manner appropriate for a human being would have greatly surprised proponents of the Stoic or medieval *ars moriendi* traditions. A plausible short-list of such virtues might include patience, fortitude, a readiness to put up with pain, a capacity to evaluate one’s past life without evasion or distortion, a readiness to forgive and ask forgiveness, and a disposition to comfort others who will be grieved by one’s passing; to these secular virtues could be added certain theological ones, such as faith, hope, repentance for sin and submission to God’s will.

It might be said in their defence that the conceptions of the good death that have chiefly engaged the attention of health professionals and including hospice staff are those which are most relevant to their own practice, as the *facilitators* of ‘good’ dying. Yet the impression conveyed that a good death can be procured by certain patterns of practice which make no

demands on the character-strengths of the dying subject remains misleading. Encouraging dying persons to consider their social responsibilities and to conform to the social norms is no substitute for helping them to develop the qualities needed to die. On the older view, the subject's own preparation for death, fortified by the appropriate virtues, was *the* most crucial factor, and even the most optimal external conditions could not compensate for its absence.

Might suitably virtuous self-preparation be not merely necessary for dying well but also *sufficient* for a good death? Perhaps a good death should simply be identified with a virtuous death. However, this suggestion goes too far in 'moralising' the concept of a good death. Few people have died more virtuously than Father Maximilian Kolbe, who voluntarily stood in for a fellow-prisoner who had been condemned to death at Auschwitz. Kolbe's death by slow starvation in a prison cell could scarcely be bettered – in a moral sense. Yet a death like his is not a rational object of desire, even if we aspire to die virtuously (and not, say, in an impatient and cowardly manner that uselessly upsets others). To call Kolbe's death a 'good' one is to stretch language much too far.

Even so, the importance of the virtues to the dying subject is paramount. It would therefore be good to see more emphasis placed on assisting the dying to produce, or sustain, the qualities of character which will make them 'perform' well the business of dying. Admittedly, there may be little that can be done to induce the appropriate virtues in dying persons who have failed to acquire them in a lifetime. But it is undoubtedly in people's interests to muster what patience or fortitude they can when dying. The extent to which they can be helped to do this by friends, priests, counsellors or carers will vary and may never be extensive, but any opportunities should be seized. In the last analysis, dying is a do-it-yourself activity, supported by the virtues. This is what Seneca meant in the statement quoted at the start of this essay, and which bears repeating at the end: 'learning how to live takes a whole life, and, which might surprise you more, it takes a whole life to learn how to die'.

Notes.

1. The brain in a vat has frequently featured in the philosophical literature on well-being since its introduction in Nozick [15], 42-5. Nozick envisages a disembodied brain

artificially preserved in a scientist's laboratory and provided with a virtual-reality 'life' that the brain is fooled into thinking is a real one. Most philosophers have agreed that there is something radically unsatisfactory about this illusory 'life', no matter how pleasant it may appear to its subject.

2. Hart *et al*, commenting on the tradition of thinking about the good death stemming from E. Kübler-Ross, note that 'The goal of death with acceptance has in the main been received uncritically.' This has meant that 'angry, non-accepting and non-compliant patients' have tended to be looked on as 'deviants who are violating the established norm' ([5], 69). But perhaps the 'deviants' are the people who have most reason on their side.

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