

We Die
By
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My calendar doesn't list holidays, so when I first planned today's message I didn't appreciate the irony of giving a sermon entitled, "We Die," on the same day every other church out there is talking about resurrection. But today also happens to be National Healthcare Decisions Day, the start of an entire week of events meant to *inspire, educate, and empower people to talk about and document their advance care plans*.¹ So my timing is impeccable.

Speaking of resurrection, however, Philosopher Bertrand Russell once argued that religion is based primarily and mainly upon fear,² including, if not mostly, the "fear of death,"³ suggesting its stories of resurrection, reincarnation, going to Heaven, Nirvana, to Paradise with virgins, to fight endless battles of glory in Valhalla, and so on, are psychological mechanisms for coping with our uncertainty about death. Even Atul Gawande, author of *Being Mortal*, ends his book by telling about how he spread his father's ashes upon the Ganges River in India to assure his eternal salvation. But with or without religion our society does a pretty good job of ignoring this most certain reality of our existence, that each one of us will eventually die. It doesn't matter what color our skin, our gender, our religion, or if we are among the 1 percent or the 99 percent, we are all members of the 100 percent when it comes to death.

We hear about the occasional tragedy, like a car accident or murder that takes the lives of people in our own communities, or of illnesses that kill the most famous and accomplished among us, or of terrible acts of war and violence that cost the lives of dozens, sometimes hundreds of people at once. But do you know how many people will die in the U.S. alone during our service today? Around 250. In all, nearly 7,000 Americans die today. 7,000 died yesterday, and another 7000 will die tomorrow, and the next day, and the next, and on and on, amounting to about 2.5 million annually. About a million of those will be sudden and unexpected deaths, due to things like car accidents, homicides, accidental poisonings, secondary infections and medical errors, or from falling, or drowning, or some other kind of household accident. Worldwide, if you can imagine, the number is a lot bigger. 150,000 people die every day around the world, nearly 55 million a year.

All this death happens around us every day, yet, whether it's due to our ancient religious beliefs or the relatively recent notion that dying is a medical condition that can be fixed by professionals, most of us find reason to ignore thinking about this inevitability. Why? Why should we want to ignore something so common, to use one understatement, and something so unavoidable, to use another? Part of the answer may be, as Bertrand Russell said, simply

¹ http://commonpractice.com/nhdd?gclid=Cj0KEQjwicfHBRCh6KaMp4-asKgBEiQA8GH2x_GAbAFBW_FPnyXVUOuf3e5eW56Nlh3h2cex_gSmY5EaAuP58P8HAQ

² Russell, Bertrand, *Bertrand Russell on God and Religion*, Seckel, Al, ed., Prometheus Books, Buffalo, NY, 1986, p. 70.

³ *Ibid.*, p. 70f.

to cope with our fear of the unknown. Or, from an evolutionary vantage, ignoring death may be part of the cognitive dissonance that allows us to survive by making us feel good and certain about our small worldview so we can go about the business of living and procreating, passing on our genes and our memes so they can continue thriving without us. We may also ignore death so we can act on our selfish impulses without considering what really matters most in the end—compassion and justice, how we treated others, and the love we leave behind—behaving, instead, as if the gratification we feel in achieving our own selfish interests will somehow last forever.

But, whether we are among those who struggle to survive, like my friend Jesse Woodrow, a homeless Vet who died of cancer at the VA last year, or someone as successful as Steve Jobs, the founder and CEO of Apple, who also died of cancer about the same time and age as Jesse, we all suffer the same fate. “There is no escaping the tragedy of life,” Dr. Gawande writes, “which is that we are all aging from the day we are born.”⁴ That’s what his book, *Being Mortal*, is all about, acknowledging our fate and dealing with it in a way that enhances our life and better prepares us to remain in charge of our decisions right up to the end. Ignoring it, pretending it isn’t going to happen, or can’t happen to us, means that when death comes we will be caught unprepared, which could mean all our resources going to unexpected end of life care, leaving nothing behind for our loved ones, and, worse, to others making our decisions for us. “Sooner or later,” Gawande says, “independence will become impossible. Serious illness of infirmity will strike. It is as inevitable as sunset.”⁵

Consider the example of my friend, Watson Lyle Pierce, whom I first met in 1986, when he was 79 and I had just started seminary. Lyle, who was already homebound, read in the newsletter of the church I’d just joined that I had graduated from his Alma Mater, Howard Payne University, in Brownwood, Texas. He and his wife, June, invited me to dinner and we became fast friends, a friendship that continued after Peggy and I met and married. Just a few years later, when he was still in his early-eighties, Lyle’s health started to decline, including a couple of small strokes, becoming unable to walk, and having to wear tight, knee-high stockings to help keep the blood circulating through his legs. He was still at home in 1992, where he wanted to be, when he stopped eating food, preparing himself for death.

But one night he had a stroke and collapsed on the floor. June, understandably panicked and called 911. An ambulance soon arrived, the medics stabilized him, then carted him off to the hospital. When I went to see him there, it so happened he was having another mild stroke. Feeling sure this was the end for Lyle, I bent over, looked into his empty gaze, and said my goodbyes. To my surprise, even though he’d had dozens of these strokes, the hospital managed to keep him alive and soon placed him in a nursing home that cost nearly \$1000 a day. The next time I saw him he was conscious and able to communicate, although he remained bedridden and didn’t recognize me. Thanks to his expensive round the clock care and the marvel of modern medicine, Lyle remained in that nursing home, flat on his back, until he developed a tumor in his throat that finally claimed his life three years later.

⁴ Ibid., p. 8.

⁵ Ibid., p. 22f.

Although they'd been successful enough to own a condo in the most exclusive part of town, three years of nursing home care took a financial toll and, after his death, June was left with no choice but to will all she had left to the nearby Masonic Home in exchange for the guarantee that she could live the remainder of her own life in a small room on its campus. All that remained of their estate would now go to her own end of life care, with nothing left to pass on to their children or grandchildren. Had Lyle not been a Mason, she would not even have had this option. So, many years before our society recently started rethinking how it handles death, seeing what happened to my friends, Lyle and June, made me aware that there's something terribly wrong with a system that uses medicine to unnaturally keep a man prepared to die, bedridden and institutionalized, his mind gone, while rapidly depleting the resources he and his spouse spent their entire lives accumulating.

According to an article in *Money Magazine* just a few years ago, 25 percent of Medicare, more than \$125 billion, goes to only 5 percent of Medicare recipients during their last year of life. It also stated that, "out-of-pocket expenses for Medicare recipients during the five years before their death averaged about \$39,000 for individuals, \$51,000 for couples, and up to \$66,000 for people with long-term illnesses like Alzheimer's."⁶ According to a *60 Minutes* story in 2009, Medicare annually pays more to doctors and hospitals in the last two months of patients' lives than the "budget for the Department of Homeland Security, or the Department of Education."⁷

The tremendous costs reflected in these numbers, and in countless stories like Lyle and June, who had to give up a fortune just to die, isn't the only problem caused by ignoring the reality of death in our society. Another is that we ignore what it means to age and die. Instead of recognizing it as an inevitable reality we all must face, it has become an expensive medical problem to be solved. Certainly, this had helped extend human longevity and productivity, but it fails to consider our needs holistically as we age. It fails to recognize that, as individual human beings, there is more to our life's meaning than a beating heart. Right up to the end, as the poem *Invictus* indicates, as I have heard read at many a memorial service, we want to die in charge of our own lives, "I am the master of my fate. I am the captain of my soul." My friend Lyle wanted to die with dignity at home in 1992, not three year later lying ignobly in a hospital bed with a lump in his throat that slowly choked him to death. Again, as Gawande writes, "Those of us in medicine don't help, for we often regard the patient on the downhill as uninteresting unless he or she has a discrete problem we can fix."⁸

But aging isn't a problem to be fixed, it's a precious stage of living, our final instar, to use a biological term, during which our bodies and minds may not be as quick as they once were, but when we still have an important reason for being, a time in which our presence remains vital to the survival of our species. If this weren't so, I'm fairly sure evolution would not have engineered us to last so long past our prime. For there are many other creatures that barely live at all after becoming sexually mature and reproducing. The cuttlefish, for instance, akin to squid and octopi, has the largest brain-to-body ratios of any other

⁶ <http://time.com/money/2793643/cutting-the-high-cost-of-end-of-life-care/>

⁷ <http://www.cbsnews.com/news/the-cost-of-dying-end-of-life-care/>

⁸ Gawande, *ibid.*, p. 29.

invertebrate, making it extremely intelligent. Yet, despite all the time and energy making it smart, the cuttlefish lives only one to two years, dying almost immediately after it sexually matures and reproduces. And once the Mayfly reaches maturity, its life is so short it has no need to have a mouth or anus. It reproduces and dies in less than a day. So, it's reasonable to conclude there's something vital about growing old and having the elderly among us humans. My guess is it has to do with the transmission of culture, and wisdom, and experience, since so much of what we need to know in order to survive isn't genetic. Unlike other animals, we're not born knowing how to build homes, or make clothes, or find food, or how to get along in society. We must be taught these things from the outside in, and the more complex our society becomes, the more we must learn. So, previous generations need to stick around to teach us the old ways. Having grandparents and great grandparents in our lives are among our most significant relationships.

If you are among the more than 60 percent of us who will see our own deaths coming, due to some age-related health condition that can't be fixed, then you will also know the value of living to a ripe old age. There is still much joy to experience, family and friends to love, young people to mentor and guide, worthy organizations to support, and many other ways to contribute to society and to enjoy our own lives through finding meaning and having fun. We spend so much of our youth trying to figure out who we are, what we're about, what brings purpose to our lives. But figuring all this out isn't supposed to be the end for us, which is why young lives cut short seem the most tragic of all, because they didn't get to fully unfold. One of the treasures of human existence is figuring out who we are and then having plenty of time to stick around an *be* who we are.

I love psychologist James Hillman's suggestion that, "Repetition is a major specialty of old age."⁹ Rather than seeing it as a sign of a failing mind, the loss of self, he sees such repetition as a sign *of* the self, even for those with dementia and Alzheimer's. It is such repetition that leads their loved ones to recognize them and say, "He's still there," or to smile and say, "She's still in there." Why do we live so long after figuring out who we are? So we can keep repeating ourselves. So we can continually be who we are, right up to the end. Maybe this best explains the important role of grandparents and elders in our lives, because they are the perfect match for young children who enjoy hearing the same stories repeatedly. "After all, repetition is essential to the oral tradition, to passing on stories from generation to generation," Hillman says, "It seems to be the means by which the lore of the ancestors is kept alive and kept right."¹⁰

One of the tragedies of modern life is that, until recently, families remained multigenerational clans, with the elderly around to help love, and mentor, and care for the young, and with the young able to provide social security by returning that same love and care when their elders become frail. But in modern life, families become separate. Children go off to college, and to establish careers and families of their own, and parents become empty nesters, while grandparents and great grandparents retire to someplace warm, and, toward the end, go to nursing homes or hospitals to die. Again, according to Gawande, "As

⁹ Hillman, James, *The Force of Character*, Random House, New York, NY, 1999, p. 63.

¹⁰ *Ibid.*, p. 63f.

recently as 1945, most deaths occurred at home. By the 1980s, just 17 percent did.”¹¹ He also points out that a hundred years ago, “60 percent of those over sixty-five resided with a child, by the 1960’s the proportion had dropped to 25 percent. By 1975 it was below 15 percent.”¹²

As noted, dying in hospitals and nursing homes is extremely expensive, one of the costliest endeavors in our nation, costing taxpayers billions every year, and individuals all they have left just to die. This is so even though, as Dr. Angelo Volandes’ points out in his book, *The Conversation*, “When asked where and how they want to spend their last few months, nearly 80 percent of Americans respond that they want to be at home with family and friends, free from the institutional grip of hospitals and nursing homes, and in relative comfort.”¹³ But the reality, he says, is that “63 percent [of us] die in hospitals or nursing homes, sometimes tethered to machines, and often in pain.”¹⁴

This isn’t just a matter of location. If it were, then being in a hospital with professionals to watch over us, would be the best place to die. The reason we want to be at home is to remain in control of our lives right up to the end. For in the end, that’s what matters most to us. Psychologist Erich Fromm once said, “The duty to be alive is the same as the duty to become oneself, to develop into the individual one potentially is.”¹⁵ The thing is, we never stop striving to fulfill our own potential, right up to the very end. The human animal is among very few species biologist call, neotenous, meaning we retain juvenile characteristics throughout our entire lives, even after we’ve sexually matured. This is why scientists, like famed anatomist, Louis Bolk once wrote that the human being is “a primate foetus that has become sexually mature,”¹⁶ and why Stephen Jay Gould said it’s clear that a human baby is “still an embryo.”¹⁷ The advantage to being a premature ape is that we can continue developing outside the womb, allowing our brains to grow larger for decades, and for us to continue unfolding throughout our entire lives.

To have this drive, this duty taken away by well-meaning others who prioritize keeping us alive, even if it means taking away our ability to make our own decisions, undermines our very reason for living. Nevertheless, as Gawande says, “This is the consequence of a society that faces the final phase of the human life cycle by trying not to think about it.”¹⁸ In the end, he says, “All we ask is to be allowed to remain the writers of our own story.”¹⁹

Fortunately, thanks to organizations like Hospice, and to bestsellers like *Being Mortal* and *The Conversation*, and many other pioneers in the field of end-of-life issues, “we have at last,” Gawande says, “entered into an era in which an increasing number of [professionals and

¹¹ Gawande, *ibid.*, p. 6.

¹² *Ibid.*, p. 21.

¹³ Volandes, Angelo E., *The Conversation*, Bloomsbury USA, New York, NY, 2015, p. 3.

¹⁴ *Ibid.*

¹⁵ Fromm, Erich, *Man for Himself*, Henry Holt & Company, New York, NY, 1947, p. 20.

¹⁶ Gribbin, John, & Cherfas, Jeremy, *The First Chimpanzee*, 2001, Barnes & Noble, Inc., 2003, US, p. 178.

¹⁷ Gould, Stephen Jay, *Ever Since Darwin: Reflections in Natural History*, from the chapter *Human Babies as Embryos*, Penguin, 1977.

¹⁸ Gawande, *ibid.*, p. 77.

¹⁹ *Ibid.*, p. 140.

institutions] believe their job is not to confine people's choices, in the name of safety, but to expand them, in the name of living a worthwhile life."²⁰

Indeed, it is this growing awareness that has led me to offer this sermon today, to state, in the simplest terms, "We die." It is my hope, that in doing so, I might help prompt you to have "the conversation" about your own death and dying while you are able, before someone else feels forced to make such decisions for you. As I said, most of us are fortunate to see our own deaths coming, but nearly a third of are not, and death and dying can come at any age. Recognizing this is so, that there will come a time, long or short lasting, in which each of us is dependent upon others for the care we need, experts in this field advise us to develop advance directives to guide our caregivers in the choices they make, so that, in the end, we remain the masters of our fate and the captains of our soul.

These directives are based on answers to some fundamental questions that are part of the conversation we all, as mortals, need to have within ourselves and with our loved ones while we can. Angelo Volandes list them as follows:

- What kind of things are important to you in your life?
- If you were not able to do the activities you enjoy, are there any medical treatments that would be too much?
- What fears do you have about getting sick or medical care?
- Do you have any spiritual, religious, philosophical, or cultural beliefs that guide you when you make medical decisions?
- If you had to choose between living longer or having a higher quality of life, which would you pick?
- How important is it for you to be at home when you die?²¹

This sermon has also been a precursor to a two, half-day *Being Mortal* workshop coming up on Saturday, May 6th and May 13th, 8:00 to Noon, led by three of our members, Mark Hammer, Dr. Cindy Cilyo, and Dave Roberts, during which they will more thoroughly discuss end of life options and advance directives. I hope you'll consider participating.

For now, I'd like to close by saying I don't know what comes after this life, if anything. But what I do know is that we die. Yet acknowledging this doesn't have to be grim, for death is not a boney fingered destroyer of life, but the plump companion of life, reminding us how precious it is and to take what little time we are given, to enjoy, to love, to grow, and to devote ourselves to compassion and justice, so that when we leave, we leave the world a little better than we found it.

²⁰ Ibid., p. 141.

²¹ Volandes, *ibid.*, p. 7.