

StarTribune Editorial

Our perspective

How we die

The American way of death

A hundred years back, people died the way they lived: at home, surrounded by loved ones. These days, the majority end life on foreign ground: in hospitals and nursing homes, tended by strangers. And many of the most hopelessly sick die in intensive care units — wrapped in tangles of tubes that do more to prolong death than avert it. They are captives in a system that won't let people die even when life is over.

Hospitals are in the business of saving lives, and no one objects to that. But most Americans who die in hospitals — and about 65 percent do — cannot be saved; their illnesses are incurable.

They die because they must, but too many do not die as they should. They are participants — should we say victims? — in what Sherwin Nuland, author of "How We Die," calls the "modern method of dying." They spend their last days in high-tech seclusion — surrounded by gadgetry, segregated from family, suspended too long on the brink of death.

It cannot be a pleasant way to go. A groundbreaking study published in 1995 suggests it is downright grueling. The eight-year, five-hospital SUPPORT project (Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments) found that most elderly and seriously ill patients died in severe pain — and in circumstances they'd hoped to avoid. Things didn't change even when specially trained nurses were assigned to carry news between the dying and their doctors. The physicians still didn't listen — and didn't heed patients' wishes even when they heard them.

As SUPPORT researchers observed in the *Annals of Internal Medicine* last January, pain and neglect were only part of the affront. Intrusion was commonplace as well. Though most patients preferred comfort care, the report says, many got aggressive treatment in their last three days of life. Only 44 percent died without first enduring a ventilator, a feeding tube or a resuscitation attempt.

This tragedy is written not just by caregivers, but also by patients. It's too simple to say that terminally ill patients yearn to die quietly but are kept alive by obstinate doctors. Often, it appears, dying patients who receive aggressive care get it because they clamor for it in a panic — or don't see any alternative to it. For many, the determination to stay out of the intensive care unit fades as health fails.

What looks like dying from a distance may look like treatable sickness when it's finally sitting in bed with you. What looked like a pointless intervention when the living will was written starts to look like a last hope.

Learning to die

Rethinking one's care at life's end

It may look like hope, but it smells like desperation. So great is the American fear of death that we'll walk through fire to postpone it. "Almost everyone," writes Yale University's Nuland, "seems to want to take a chance with the slim statistics that oncologists give to patients with advanced disease. Usually, they suffer for it, they lay waste their last months for it, and they die anyway, having magnified the burdens they and those who love them must carry to the final moments."

This grasping at straws is a modern phenomenon, born of technological triumph. Americans have become exquisitely adept at fighting death, or at least at holding it at bay. As medical ethicists Sean Morrison, Diane Meier and Christine Cassel noted last December in the *New England Journal of Medicine*, the upshot has been profound: "The dramatic advances in medicine during this century," they wrote, "have transformed death from a natural and expected milestone of human existence into an unwanted outcome of disease." It's seen as a sign of failure — an indication that doctors are less powerful than they, and we, like to think.

Surely there are many times when mortal illness should be fought, when technology can sensibly purchase time. But there are also moments when the wisest approach to death is to let it happen.

And this is something we don't know much about.

Doctors certainly don't. Most get through their residencies without ever learning how to care for the dying. They see death as an aberration, not a norm, and their patients eagerly concur. By viewing life's end through that distorted lens, Americans often forsake a meaningful death for an agonizing one. Perhaps they forsake a meaningful life as well: As the philosophers say, it is death that moves us to savor existence.

No healthy person yearns for his or her last breath — not even one who feels confident that eternity starts once the breathing has stopped. Life is a blessing; the prospect of relinquishing it is frightening.

It is also inevitable. And since that's so, surely something should be done to improve the experience — to make death less medical and more personal. This American habit of staving off death for another week — another day — inflicts more anguish than it relieves. It's a habit we have to shake.