PREFACE

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In his thought-provoking book *Being Mortal*, Dr. Atul Gawande, a surgeon on the faculty of Harvard Medical School, offers a very personal perspective and critique of the physician's role in dealing with patients who are dying. His observations include experiencing the care and death of his own father, who was also a physician, to cancer. In the introduction to the book, Gawande writes,

> I learned a lot of things in medical school, but mortality wasn't one of them. Although I was given a dry, leathery corpse to dissect in my first term, that was solely a way to learn about human anatomy. Our textbooks had almost nothing on aging or frailty or dying. How the process unfolds, how people experience the end of their lives, and how it affects those around them seemed beyond the point. The way we saw it, and the way our professors saw it, the purpose of medical schooling was to teach how to save lives, not how to tend to their demise.[1]

Gawande's words resonated with me, touching upon an issue that was a major catalyst for Glenn and me creating this book. Thirty years ago, Dr. Duke Samson, a neurosurgeon and lifelong friend of Glenn's, wrote a paper titled "Mortality and the Neurosurgeon," in which he addressed the denial of mortality that often infuses medical practice. After dealing with mortality issues as a minister for the past forty years, Glenn reread Duke's paper and decided to share his thoughts about the subject of mortality from the perspective of a minister. Glenn also received a one-page poem from another childhood friend, Billy Moore, a former professor at Texas State University who was just beginning treatment for cancer. Sadly, Billy died within a year of the start of his treatment.

Glenn shared Duke's, Billy's, and his own writings with me to obtain feedback about their content and to inquire where they might be published. I was very moved by the personal stories and ideas these authors expressed about mortality. In my role as a clinical psychologist, I have

worked with patients of all ages who were coping with issues of loss, death, mortality, and grieving. I have also provided workshops about these topics and have long held the belief that there is need for greater discussion of these themes among professionals as well as the lay public. I suggested that Glenn consider soliciting additional chapters and editing a book about mortality. Glenn immediately embraced that recommendation and invited me to coedit the book with him—an invitation I accepted.

Our next step was to decide whom we should ask to contribute a chapter, our choices guided by the vision that the book be informative and helpful to both professionals and the lay public. Creating the list of contributors was an ongoing process that transpired over many months. We composed a letter to prospective authors, emphasizing, “In asking you to contribute to the book, we are hoping for a sharing of personal thoughts, feelings, and stories about death and dying.” In addition, we requested that if their profession dealt with mortality issues on a regular basis, they share how their professional activities impacted on the ways in which they led their personal lives, and in turn, how experiences in their personal lives influenced what they did as professionals.

We arrived at three major groups of contributors, although the groups had permeable boundaries; that is, several of the authors could be assigned to more than one group, given their personal and professional experiences and training. One group included professionals whose responsibilities involved issues of mortality, some as an essential ingredient in their work. This group included Duke, who provided an updated, revised version of his original article; myself, as a clinical psychologist; hospice directors Jeanette Coffield and John Foster; funeral home director Jeff Staab; and the director of pediatric oncology social work, Fran Greeson, at the renowned St. Jude Children’s Research Hospital in Memphis, Tennessee.

A second group was composed of individuals who had faced life-threatening situations or had family members who had done so. We included Billy Moore’s poignant poem written just as he was to undergo treatment for cancer. Terri DeMontrond wrote a very insightful, emotional

account of dealing with her adult daughter's suicide, while Todd Herzog shared his story as a three-time cancer survivor and having a daughter diagnosed with breast cancer shortly after she was married. Finally, Wesley Hunt, a West Point graduate and helicopter pilot in Iraq, not only paid tribute to classmates who were killed in Iraq and Afghanistan but also conveyed how he coped with his own possible death each time he flew a mission.

For the third group, we invited clergy or representatives of various religions to share how their faith interpreted and dealt with the issue of mortality and the ways in which their religious beliefs guided their decisions and actions on a daily basis. The authors included Dr. Javed Aslam, a Muslim; Bracha Etengoff, an atheist and humanist; Dr. Paul Foxman, a Buddhist; Dr. David Mason, a Christian minister and philosopher; Dr. Ramesh Patel, a Hindu; Dr. James Stovall, a Christian minister; Dr. Rifat Sonsino, a rabbi; Fr. Leon Strieder, a Catholic priest; and Glenn, a Christian minister. The positions they express about mortality, rooted in their religious—or, in Bracha's case, nonreligious—beliefs, provide insight into the diverse opinions and behaviors about mortality that exist among different religious faiths.

We believe the authors who have contributed their insights to this book represent a comprehensive and wide spectrum of viewpoints about mortality. However, as inclusive as we attempted to be, we recognize that some readers might have suggested additional contributors from other groups. Our goal was to include authors who would elucidate different perspectives of mortality and the ways in which these perspectives are rooted in our values and our religious or nonreligious beliefs. We wanted the words of our contributors to motivate each of us to reflect upon how we perceive and respond to our own mortality and to consider how we might reply to a number of questions that often arise, including the following:

- Do I believe in an afterlife, whatever that might be?
- If so, do I believe that the behaviors I display during my life determine what my afterlife will be?
- If I do not believe in an afterlife, how does that impact on my behaviors in this life?

- How do I handle thoughts of mortality?
- What emotions arise as I consider my own mortality?
- How do I respond to these thoughts and emotions?
- Do I use denial and push thoughts about mortality to the background?
- Do I become anxious or depressed when considering my own mortality?
- Does consideration of my own mortality, whether I believe in an afterlife or not, prompt a more purposeful and meaningful life, or does it lead to a more pessimistic, less satisfying existence?
- If I died tomorrow, what regrets would I have about things I should or shouldn't have done?
- What steps might I take to address these regrets while I am still alive?
- If I became seriously ill, would I want extraordinary measures taken to extend my life, even if those measures included additional pain?

Consideration of the theme of mortality invites these and many other questions—questions that we believe deserve to be openly explored. Exploration should not be interpreted to imply that we become obsessed with our own mortality but rather that in considering and accepting our mortality, we actually become better able to lead more meaningful lives.

Gawande observed that even when confronted with death and dying on a regular basis as a physician, he was taught little about dealing with issues of mortality with his patients. "When I came to experience surgical training and practice, I encountered patients forced to confront the realities of decline and mortality, and it did not take long to realize how unready I was to help them."

Gawande added, "Our reluctance to honestly examine the experience of aging and dying has increased the harm we [physicians] inflict on people and denied them the basic comforts

they most need."

It appears that Gawande's realization that he was unprepared to deal with the patients who were dying is slowly being addressed in the medical field. An article by Felice Freyer published on the website of the *Boston Globe* noted that new Medicare rules will require health care providers to openly discuss end-of-life care with patients. There is a Medicare proposal to begin to pay physicians, nurse practitioners, and physician assistants to initiate discussions with patients about their end-of-life wishes. Freyer's piece emphasized the importance of medical professionals obtaining training on how to enter into these difficult discussions with patients, noting that change is taking place with "at least 136 medical schools including end-of-life care in a required course and 94 in elective courses, according to the Association of American Medical Colleges."

Glenn and I are encouraged to learn that the issues of death and mortality are receiving increased dialogue and training in the field of medicine, especially in terms of end-of-life care. However, we wish to emphasize that our goal in editing *Reflections on Mortality* was not to focus on the final days of our lives, although certainly several of the chapters do. Rather, it was our desire that the various chapters be relevant to our readers regardless of their age and whether they or their loved ones are faced with life-threatening illness.

Psychoanalyst Erik Erikson asserted in his classic book *Childhood and Society*, "Healthy children will not fear life if their parents have integrity enough not to fear death."[2] We would extend his observation by emphasizing that as we come to terms with our own mortality, we will be better equipped emotionally and spiritually to engage life with energy, hope, and resilience.

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1. Atul Gawande, Being Mortal (New York: Metropolitan Books, 2014), 1, 3, 9.
2. E. H. Erikson, Childhood and Society (New York: Norton, 1950), 233.