

Rendezvous with death

How Corona invites us to Reassess our Relationship with Death

The images that dominate media these days seem apocalyptic: military trucks in Italy and Spain taking away corpses to cremate them far away from their loved ones; an ice stadium converted into a mortuary in Madrid; refrigerator trucks on the streets of New York; people left to suffocate to death due to the principle of "triage" resulting from the lack of respirators; old people's homes in Spain, which are becoming "death traps" where the military come to disinfect and find corpses in their beds.

These images create feelings of quiet horror that are difficult to put into words. However, one thing is clear: it feels wrong. It hurts. Our first response to it is panic. When it became clear that despite the strictest curfews in Spain, the death toll was steadily rising, the measures were stepped up. My first thought was: how can this be possible? What more can people do besides stay at home? What they meant was that the economy could be even further shut down, limited to only essential goods and services.

Saving Lives at any Cost?

Our highest common goal as a society currently is to save lives. That feels good and right. I am glad to live in a

society that respects life as the highest good. I am glad that any discussion about whether the horrendous financial costs are in proportion to the benefits is nipped in the bud. There is a broad consensus in the public debate about the fact that the value of a human life cannot be expressed in numbers. All of this seems to me like a wholesome collective acknowledgement after decades of seeing the opposite: death and destruction not only being accepted but presented as unavoidable side effects in the name of profit.

But the question that has hardly been asked so far is: what is life actually? Our current understanding of "saving life" apparently shows that it is pretty much about delaying death as long as possible. Every year that we can delay death is a win and no price can be too high for that. Everything else is cynical and unethical. This view is a logical continuation of our medical paradigm, which has been acting on the same basic assumption for decades.

Is Death the Opposite of Life?

To put it in a nutshell: we consider life to be the opposite of death. But is this really true? In the dualistic world view it seems to be right: day is the opposite of night, light the opposite of shadow, joy the opposite of pain, good the opposite of evil and death the opposite of life. But if we look at life as a whole, then especially these opposites prove to be mutually dependent poles.

Some of those pairs are obvious: without night no day, without light no shadow and without death no life. For others it is worth taking a closer look: without evil no good? In a certain sense it seems to be true: the good inside of us often comes out in response to evil. Suffering arouses our compassion and times of crisis like these open our hearts and allow a new kind of solidarity to develop. But this only happens when we accept evil and suffering as a part of life and maybe in a special kind of way even try to dance with it.

Our "Mortal Enemy"

Let us take the current way of dealing with death as a concrete example. Death is seen as our enemy and must be avoided at all costs. With this motive we quarantine ourselves, send the sick into isolation, let them die alone and relatives mourn alone. Many things are sacrificed for the chance of survival, including the chance to say goodbye to loved ones and not to die alone. When I see the pictures of military trucks and in my mind's eye the old people's homes in Spain or the ice stadium as a mortuary, then the horror lies in the cold, in this isolation, not in death itself. What I miss in these pictures and in our culture as a whole is what I could call a friendship with death.

What do I mean by that? A friendship with death for me would mean that death has its place, that it can be there. And not only when we have done everything in our power

to avoid it, to trick it one last time, to wrest a few more years or even breaths from it. But when it's time.

Of course, this is when the rational mind rebels immediately: what does that mean "when it's time"? How is one supposed to know that? It's quite easy to say: people suffocate alone in old people's homes and nobody is to blame because it was time for them to die? No, of course I don't mean it like that. The answer to the question when it's time is a result of a dialogue between life and death. Whenever a person leaves, such a dialogue develops, on some level or another.

In the past it used to be very simple: the dialogue took place, perhaps witnessed by a shaman or priest and the person died or did not. But then we started to get involved in this dialogue. We always thought of new ways and means to shift the result of the dialogue towards life. In the last decades it became more and more clear that we had put ourselves in a very difficult situation. The price for our heroic commitment as life-savers was and is that more and more often we find ourselves in situation in which somebody has to decide to make way for death. But when do we reach this point? Until now, this conflict mostly took place undercover in surgery rooms and intensive care units. One attempt to find a way out of this was found in living wills: where each individual is given a voice.

Now we are suddenly confronted with this question as a collective: what place does death have in our lives? What

sacrifices are we prepared to make in the supposed fight against the alleged enemy? As it currently stands, we will not be able to avoid accepting that people will die because of COVID-19. Many will die sooner than they would have without this virus and we will arrive at a point where we have to admit that saving lives isn't everything.

Dying for the Economy?

Like the Texas governor who said that the elderly should sacrifice themselves to leave a healthy economy behind for their grandchildren? No, not at all. That's a cynical calculation: money versus life and it misses the heart of this issue. For me it's basically about returning to the sacredness of life, which includes the sacredness of death.

It's about a new kind of humility that recognizes that there are times when more people die than in others. And that there comes a time for everyone when it is time to go. Very often this is pretty late in life, just as most people who die from COVID-19 are over eighty now. But there have always been people whose time came much sooner.

I think it's nice that we all have a high willingness to limit ourselves at the moment in order to slow down the spread of COVID-19. We are doing this in order to save lives by preventing the overload of healthcare systems. What if we were also doing it to give those whose time has come a dignified farewell in the circle of their loved ones?

To clarify what I mean, I would like to tell three very personal stories. Each is about a woman in a different phase of their life: one about my grandmother, who has already passed away, one about my mother and one about me. Let's start with the story about my grandmother, which illustrates our twisted relationship with death.

My Grandmother's Story

When my grandmother was in an old people's home, she didn't really feel like living anymore. She was old, she had dementia, her husband had already died, nothing would keep her here. Unfortunately, she was in a pretty good physical condition - at least for someone over eighty. So, she did what people in indigenous cultures have always done when their time came: she stopped eating. But instead of acknowledging that her time had come, instead of appreciating her own intuition, the system reacted reflexively with the principle of saving lives.

What happened? She was introduced to a psychiatrist who diagnosed depression and prescribed psychiatric medication. And she was forced to eat. Of course, she had a living will, but at no point was she close enough to a condition where it would take effect.

In my discussions with doctors and nurses I realized that nobody had the authority to do anything differently. Our social consensus of "saving lives", behind which there is the threatening dogma of the "mortal enemy", which cannot be

questioned, left no one in this system any other choice but to act accordingly. They would have made themselves liable to prosecution if they had not prevented death with which my grandmother was apparently willing to cooperate.

The situation seems similar to me today. The taboo of death, the specter of guilt for millions of deaths impacts us as a society. "*Whatever it takes*" - no sacrifice is too big to save lives. No - no sacrifice can be too big. But maybe it is not even about saving lives like this? Maybe our aim is the wrong one? What if we as a society would instead focus on living, which would include a dignified death?

My Story

I myself got infected with COVID-19. I am aware that there is a virus in my body which can be fatal even at my age (42) and without any pre-existing conditions. According to the statistics from Wuhan, four out of one thousand people in the age group between forty and forty-nine die from it. Of course, these figures, like all other COVID-19 numbers, are subject to great uncertainty. But that is not the point. The awareness that these days could be my last made me feel very awake. I watched the virus move around in my body. I even felt the moment when the scratching in my lungs became so strong that it felt critical. And I knew that in the end there was nothing we could really do.

I was neither panicky nor swayed in the deceptive illusion that I would not be hit by it. Rather, I felt a deep confidence inside of me that the course this disease was taking in my system would be just right. I felt a silent devotion to life and an agreement with every possible outcome.

My Mother's Story, Part 1

My mother got COVID-19 around the same time as me, and at her age (77) the mortality rate is much higher, and she has various health conditions that put her at particular risk. We talk on the phone every day while she sits alone in her apartment. I am so proud of her these days. I don't know if she also feels this quiet confidence. We don't talk about that. But I am impressed by her strength to sit alone in her apartment and just watch the process.

I am aware that in the event of a sudden shortness of breath, which can occur especially between day six and ten since the first symptoms, she might call an ambulance. She would then be taken to a hospital, where hopefully a bed would be available for her, possibly in the intensive care unit. This decision would probably mean that we wouldn't be able to see her anymore. In the worst case, everything that medical devices can do for her would be done and it would still not succeed. And just like cases in Italy or Spain showed in recent weeks, my mother would die alone attached to a machine and be cremated somewhere without

the kind of celebration that she always wished for on the occasion of her death.

In the Name of Ethics and Humanity?

The question that arises here, and which is currently like a taboo, is: when is the moment when it would be more humane to let life and death take their course than to fight it to the very last moment? In other words, we currently define saving lives at all costs as humanity, but is that always the best expression of humanity?

There is no general answer to this question, there cannot be. Any standard answer, for example, regarding a certain age limit, is in itself inhumane, because it loses sight of the uniqueness of every person and every situation. It ignores the sacredness of life, which the philosopher Charles Eisenstein so aptly defined as the uniqueness and the connectedness. But this is exactly the problem with our current approach. It is inhumane in the name of humanity because it imposes a standard answer on everyone, which is: save life and prolong life, at any cost.

This is particularly evident when we look at old people's homes, where the virus affects people who are not only very old, but often suffer from various pre-existing conditions. In Spain, where the problem is particularly serious, the same strategy is applied as for the rest of the population: isolation.

Elderly people now have to sit alone in their rooms and are not allowed to stay in the common rooms. Those in need of care will of course continue to be cared for, by nursing staff who wear double gloves, face masks and protective gear wherever possible. Some elderly people have dementia and do not understand why they are not allowed to leave their rooms, let alone why their relatives do not come to visit them anymore.

All of this is done for their protection and supposedly for their own good. Here too I ask myself: is this the best expression of humanity that we as a society are capable of? Is saving lives, as we define it, really for their own good? And if not: what would be the alternative?

An Alternative Intensive Care

My proposal would be to install a second form of intensive care. In this case it would not be about physical intensive care, as it happens in intensive care units, where the body is treated like a machine and either continues to run or not, but about a kind of mental, emotional and spiritual intensive care. There would be a need for counselors who, especially with people in risk groups, openly talk about their situation, perhaps together with relatives, in order to hear where this person is right now on his or her life journey.

As with the filling out of a living will, an intensive, honest and respectful process of reflection would be

desirable, in which everything is allowed to be: the desire to continue to live and to exhaust all the possibilities of modern medicine, as well as the desire to be allowed to leave in peace when the time has come. And this is regardless of the age of the person.

Such an alternative intensive care, focusing on mental, emotional and spiritual needs, would be deeply beneficial for those affected, their relatives and for us as a society. We would open ourselves to the realization that death is not always something terrible and that it is not our task to prevent it at all costs. We would create the opportunity to consciously prepare for death, which has been done far too rarely in our society since secularization. It would relieve the burden on caregivers, relatives and the medical system if the over-dramatization would subside. And it would not leave people alone in this important and challenging process.

Trauma and Corona

Our current way of dealing with each other is highly traumatic for everyone involved. More and more reports from people in medical and nursing professions show that they feel desperate being faced with these situations and some admit that they burst into tears every day after work. The unattainable goal of saving everyone and the lack of available respirators is highly stressful. The lonely grief of those people who sit alone in quarantine while a relative

dies isolated in a nursing home or hospital is inhumane. And dying a lonely death attached to a machine or in quarantine is certainly traumatic for those affected. And no, I do not think that it does not matter because the person is dead anyway. I think the way we leave this life is very important.

Letting ourselves be aware that death is part of life would free us from the drama that is currently making the Corona crisis so incredibly stressful. I don't know how many people are living like my grandma, already waiting for death for years. I know that there are people in and outside of old people's homes who like to live, regardless of their pre-existing conditions. And I know that there are people who would also agree to let go of life, maybe even long for leaving, like my grandma. I don't see it as our job to keep them here against their will when a virus like COVID-19 gives them the opportunity to leave and they don't want to do anything about it.

My Mother's Story, Part 2

When I finished the first version of this essay, I sent it to my mother. I wanted her to read it first so that she could give her consent to use her story. I said nothing more about it, except that it was about Corona and death. Even before she had read it, she sent me this voice message: *"My attitude towards death has changed to the extent that I don't want to die (laughs). No, nonsense - that I don't want to go to hospital. ...*

First of all, I have now heard through a lot of additional information that people who have to be ventilated for such a long time at my age, with my pre-existing conditions, ... later ... only waste away because such long ventilation is really bad for the lungs. And then I thought: I'm seventy-seven, why should I occupy a respiratory bed when other people might need it? ... The only thing that worries me: if you have this kind of lung damage, you will suffocate. And I think that sucks. Then you'll panic and call an ambulance." I was touched that we had similar thoughts at the same time, without having exchanged them.

Anyone who tries to claim now that my mother suffers from depression, as my grandmother did at the time, obviously does not know her. She is a very cheerful person who is happy to be in the world even during quarantine. So, her agreement with death clearly does not stem from a disregard for life, but rather from a love of life.

A Painful Death?

But is my mother's fear that it could be a painful death reasonable? I have two thoughts on this. Firstly, dying from COVID-19 seems to be a quick death, which is not that bad. I take this from a report by Norbert Suttorp, the head of the Department of Infectious Diseases at the University Hospital in Berlin, who said in an interview: "*Here ... we see patients who are well for days and suddenly the disease progresses severely within a day. Some of them are in quarantine at home,*

and when they come to our emergency admission, they already have difficulty breathing.”¹

A Spanish geriatric nurse reports something similar: *“Many residents die within days. One woman suddenly seemed disoriented and fell down. The next day she suffered from diarrhea, then she fell down again. The day after she died, having breathing problems. She had been pretty fit before... People with heart disease, who often have breathing problems, people who have Alzheimer’s or dementia die from the virus very fast.”²* Ellis Huber, the former chairman of the Berlin Medical Association, mentioned in a statement about Corona in comparison to other viruses that *“the flu viruses often shorten an already ongoing dying process.”³* In other words: even if suffocation may sound anything but pleasant, COVID-19 seems to be a quick death, possibly much less painful than going through misery for years.

Secondly, in our highly developed society we have experts not only on intensive care and life prolongation, but also on terminal care and palliative care. In a society that also gives death the place it deserves, we could provide

¹ <https://www.spiegel.de/wissenschaft/medizin/corona-krise-wir-koennen-nicht-einfach-eine-zweite-charite-bauen-a-99ca62d2-a2b9-48bf-877d-0b361f7eb687> retrieved on 3 April 2020 at 15:47h

² <https://www.spiegel.de/politik/ausland/coronavirus-in-spanien-wie-altenheime-zu-todesfallen-werden-a-a6f25aef-d71e-455b-9925-626000dab53d>, accessed on 3 April 2020 at 15:47h

³ Huber, Ellis: Das Virus, die Menschen und das Leben, Das Corona Virus im Vergleich zur alltäglichen Gesundheitsversorgung, 18.03.2020

palliative care for people who decide against intensive care when their time comes. This would alleviate their suffering and make their departure as pleasant as possible.

Crossing the Threshold

When my mother and I spoke on the phone again after she had read the first version of this text, she told me: "*I am still short of breath, but I feel better already*". She actually sounded very awake and serene, almost cheerful. "*Funnily enough, I feel much better since I decided not to go to a hospital. Obviously, this idea has put a lot of strain on me.*" I was happy for her.

But what kept me thinking was the fact that right now she could only embark on this brave path alone. In case of a sudden shortness of breath she would have to refrain from seeking help and would have to face this important transition by herself. If I were with her, or a friend, or even a medical professional, I believe we would be obliged to get help and "save" her life. Or at least to try. Otherwise, we would possibly be liable to prosecution for failure to provide assistance. Here people are incapacitated because they are not free to choose which kind of help they want.

The fact that my mother would like affection, care and support for her transition is very clear from an e-mail she sent me in response to my text: "*I particularly liked the shift from the 'save lives no matter the cost' maxim to this kind of 'intensive caring for someone'. Caring intensively for somebody*

cannot be done by a machine, but only by loving people who accompany you on your way over this threshold - which of course causes anxiety. The kind of fear that comes with all existential crossing moments - mothers know this from the overwhelming event of giving birth - and what an overwhelming feeling of happiness shortly after it is!" What gives us the right to deny people like my mother this support, incapacitate them in the name of ethics and humanity? What does it take for us as a society to find a new approach to death here? What would it be like if, in addition to a medical emergency number, there was also a spiritual one, where people like my mother would receive support to help them leave life in better way?

A New Humility

No matter which way we choose, the intensive care or the palliative one, Corona shows us that it is not up to us. Somebody might want to stay alive at all costs, the medical system can try everything possible and he or she still dies. Even a young person, even without pre-existing conditions. This is new and unusual for us. It is humiliating and therefore has the potential to lead to humility - a virtue that we have lost more and more over time. But a person can also long for death, like my grandmother at the time, she could choose not to take the help of medical devices and instead go into alternative intensive care - and still survive.

It is not in our place to decide over life and death. And it's not our fault if a person dies. The achievements of modern medicine in recent decades have increasingly led to a new way of dealing with death that did not exist before. But this process was still concealed. The public discourse is still one that dramatizes and puts a taboo on death, portraying it as something terrible to be avoided at all costs.

In this narrative, a person who longs for death, like my grandmother at the time, can only be classified as sick, because continuing to live no matter the cost is the dogma that cannot be questioned. However, COVID-19 forces us to do exactly that. We will only be able to find a way out of this fear-dominated approach to death, that we have collectively been trapped in, when we are willing to question this dogma. And only then can we begin to reconsider what dignity is, what humanity means and how we want to incorporate these qualities in our communities, families, institutions and laws.

Vivian Dittmar is the founder of the Be the Change Foundation for Cultural Change, initiator of the Trees for Change project, consultant at Terra Institute and author of several books on feelings relationships and consciousness.

**www.viviandittmar.com, www.be-the-change.de,
www.terra-institute.eu**

Additional material:

"Befriending Fear" - Conversation with Charles Eisenstein

In this conversation, part of Charles Eisenstein's podcast series „A New and Ancient Story: The Podcast“, Charles and Vivian talk about the collective global field of uncertainty, the dynamics of birth and death, and the opportunity that Covid-19 offers to befriend fear and follow its evolutionary power. Link to Podcast: <https://charleseisenstein.org/podcasts/new-and-ancient-story-podcast/vivian-dittmar-befriending-fear-e47>