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## **In Appreciation of Life and the Wisdoms Gained by Caring for the Seriously Ill and Dying**

**By Richard Payne, MD**

I was struck by the recent editorial, *In Appreciation of Life*, written by Duke junior Anne Katherine Wales. She made many interesting and moving points.

Anne said her grandfather's funeral was the first she had attended, and she remarked "how scared I felt." Our parents and grandparents had a clearer view of death as part of the natural cycle of life. In fact, it can be said that birth is the leading cause of death. In 1900 the average life expectancy was 47 years, and death often happened in the home with families, friends and even neighbors in attendance. A century later, because of the many advances in medical science, life expectancy has nearly doubled to 87 years. Although more than 70 percent of Americans say they wish to die at home, only 25 percent of all deaths occur at home; the vast majority of deaths now occur in sanitized institutions such as hospitals and nursing homes. It is no wonder that for young adults such as Anne, unfamiliarity with this part of the life cycle is so "scary."

Anne also said her grandfather's death occasioned meaningful interactions with her family and friends. It is often the case that caring for a seriously ill or dying relative and the grief and bereavement associated with the loss of a loved one can bring families closer. This process often triggers profound introspection on the part of caregivers and loved ones. People who are dying often express profound wisdoms about life, which are left as legacies for the living. Our literature as embodied in stories such as Tolstoy's "The Death of Ivan Illyich," Maya Angelou's poem "The Last Decision," Anton Chekov's short story "Misery" and Ernest Hemingway's "The Snows of Kilimanjaro" are rich in examples that help us contemplate basic truths and wisdoms about the human condition that are uncovered through the lens of death and dying. Those of us who have the privilege to be in their presence and have the courage to look into our souls and confront our own inevitable mortality as we care for dying persons often feel transformed and wiser as a result of these experiences.

As director of the Institute on Care at the End of Life in the divinity school here, I invite Anne and all members of the Duke community to join us in our mission to be a catalyst for growth and transformation, a global resource, and to improve care for those at life's end. The Institute pursues scholarly work in many disciplines inside and outside of traditional medical practice related to end of life care, and it is working to translate knowledge to improve the care of the whole person facing life's end. This care also extends to the person's family and other loved ones. Duke provides a unique and highly productive environment in which to do this important work.

As Anne reminds us, particularly as we approach the holiday season, let us express our love and support for families and friends continuously, for they are our only real treasures.

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