

OpenTheo

Living and Dying in the Time of Covid | Lydia Dugdale

May 25, 2021



The Veritas Forum

Lydia Dugdale, MD, MAR is the Silberberg Associate Professor of Medicine and Director of the Center for Clinical Medical Ethics in the Department of Medicine at Columbia University Vagelos College of Physicians & Surgeons. Shelly Kagan is Clark Professor of Philosophy at Yale University, where he has taught since 1995.

Transcript

Welcome to the Veritas Forum. This is the Veritas Forum Podcast, a place where ideas and beliefs converge. What I'm really going to be watching is which one has the resources in their worldview to be tolerant, respectful, and humble toward the people they disagree with.

How do we know whether the lives that we're living are meaningful? If energy, light, gravity, and consciousness are in history, don't be surprised if you're going to get an element of this in God. Today we hear from Medical Dr. Lydia Dugdale, Director of the Center for Clinical Medical Ethics in the Department of Medicine at Columbia University and Shelly Kagan, Clark Professor of Philosophy at Yale University. They joined together in a faculty round table to discuss living and dying in the time of Covid.

So Lydia, Shelly, thank you so much for your time and your presence here this evening. Professor Dugdale, I'll turn to you first with our big question. What does living and dying in the time of Covid mean to you? Great.

Thank you, Justin, for that kind introduction. And I think the organizers of tonight's event for the invitation to speak with you all. And I look forward to a robust discussion.

So I'm a medical doctor, I'm a primary care doctor, and that means I am essentially a GP for aging patients. And that translates into many, many conversations with my patients over time about sort of most basically about their wishes with regard to technology at the end of life in the hospital, the do not resuscitate the so-called DNR orders. But more profoundly that translates into conversations with them about what it means to die well.

And then in terms of what is wrapped up with dying well is living well. And I think the two are inextricably linked. So then when we sort of back up from end of life and move out into life and we cast a vision for a living well in order to die well, then we have to ask really serious questions about what do we mean by living well.

Is it strictly relational? Is it material? Is it from a health perspective? Is it spiritual? Are there these deeper existential questions involved? So that's sort of the big picture of how I approach this, but I would say more fundamentally, I come from a family that was not afraid to talk about death in particular. My grandfather was a World War II veteran. He was shot down once taken as prisoner of war.

He had a second plane crash. And another time he was in a prison camp for quite a while, forced marches that the whole nine. I often thought he had definitely many, many lives.

And he lived until the age of 95. So he's this sort of extraordinary larger than life guy who would not die. But as a result, he also spent a lot of time in a really non morbid way but sort of a practical way preparing for his death.

So when he came back from war and got married, one of his first items of business was to procure the cemetery plots for himself and my grandmother. And, and things went from there. He had a long standing many decade relationship with the man he would refer to as his undertaker but wasn't a fact, an effect to the funeral director, who would help to manage his affairs when he died.

He took very seriously his will, and he had also organized with the his clergy person to have the content of his funeral arranged well in advance of his death. So, so he was a man who lived really fully in life, but also rather soberly thought about the need to prepare. And that preparation for him range from everything very practical all the way through to the spiritual or the existential.

So that was kind of the environment in which I was raised and people often say well you know doctors must you know doctor see death all the time they must be very good at talking about it but I think if you would poll any of the physicians who I'm sure are on this column sure there are others. Many of us either feel ill equipped ourselves or have colleagues who who just don't do a great job or refuse to talk with their patients about dying and death. So being a physician doesn't necessarily default you into being able to have these conversations.

I will also say the great Yale while we have a couple of Yale folks on this call, the great Yale physician surgeon writer Sherwin Newland in his book How We Die talks about how many people go into medicine in order to in a sense master death so there's a fear or an apprehension about mortality that actually drives many people into medical practice. But I've seen all of that as true in my experience, but just to sort of circle back to this

question of, of what does living and dying mean in the time of COVID. I'll say and Justin this is to echo what you said in your preamble death is a fact.

It's a reality. What death has meant in the last year. For me living in New York City has meant really seeing it a lot.

Whether that is the sirens that have been, especially in the early months were nonstop. So for those of you who know Manhattan it's noisy all the time hustling and bustling. March April and May, things were deserted people had left the city the streets were quiet you could go out anytime of day and be the only one on the streets except for the ambulances with siren after siren after siren constant reminder of sickness and death.

And then there were were the emergency rooms that were, you know, full to overflowing. And there were the, the temporary morgues that were deployed tractor trailer trucks that would house the refrigerated would refrigerate the bodies because we didn't have space in the hospital. So there's just, there's this way in which death has been much more in our face in the last year.

And yet, I think there's a, there is still a push back, probably a very natural push back as Professor Kagan writes in his book not to think about it. On some level, our survival feels that it's hanging on this idea that death doesn't happen. Right.

And so to thwart extinction. We, we need to not go there. So I'm grateful for the opportunity to go there tonight.

And I think the next point I just like to make is that one of the things I write about and I've been working on with this idea of the *Rs*. Mauryandi or the art of dying this genre of literature that emerged during the aftermath of the mid 14th century bubonic plague is that the threat of finitude helps to bring into relief that which matters most. So in the one on the one hand plague in the 14th century forced people to wrestle with their mortality indeed it gave rise to a body of literature that lasted for more than 500 years.

But there's a way in which we can kind of take advantage of this current moment with the pandemic to be aware of our finitude, and then to to reflect on, and I think this would be an appropriate goal tonight for the small groups to reflect on what matters most to us in light of our finitude. And then Bonnie Bocaccio who was an Italian humanist who lived through the bubonic plague outbreak of the mid 14th century he lived in Florence and then probably escaped Florence to a villa in the countryside which is what a lot of the wealthy did, you know, not dissimilar again to escaping our urban centers during the pandemic. And it describes how the threat of death forced the people of Florence into three categories.

There were people who hold themselves up inside their homes so fearful they were from the threat of plague. And then there were others who indulged themselves indulge their

most hedonistic kind of appetites and desires. You know, we need a party we need to live large.

And it's not going to succumb to this. And then the third group was this group that took the middle row road had to live their lives wanted to live their lives, but also did so with a certain amount of prudence or moderation sobriety, a way to move forward in the face of death, and not not cower and fear, but to sort of walk toward that fear. But to do it to do so to do so carefully, and in the context of community.

And this question of whether the pandemic is real continues to populate a lot of news sources. And as a, as a medical ethicist, I'm on a couple of listservs, where there are large groups of people who are continued to be suspicious of the pandemic and the sort of news media around the pandemic. And I would just say that I don't know the extent to which that's a questioning of news media sources or, or a deliberate try avoidance, a deliberate avoidance of pondering finitude.

But I think that whatever we make of the realities right now of social media and the way that the pandemic is being portrayed. We do know that mortality has always been and will continue to be 100%. So if it's not pandemic, it will be, you know, in the old days it was famine or war.

It'll be something, probably cancer or a heart attack, but none of us gets out alive. Right. So it's good to spend this time deliberating together within the context of our communities about what it means to live well in order to die well.

So I'll stop there. Turn it over to Professor Kagan. Well, thank you, Lydia.

I mean, I'm surprised when I agree with a lot of what you said. I mean, it does seem to me that what the pandemic does is it brings death in our face, I think, was the expression that you use and that seems right. And I also think the point you said at the end is important to bear in mind.

I'm not sure there's any special lessons to learn about how to live or how to die in light of the pandemic, despite the title of tonight's session. But the lessons are the very same lessons that we should have drawn or could have paid attention to pre pandemic. People have a tendency to not take seriously the fact that they're going to die.

When I teach my class on death to my Yale undergraduates I have them read Tolstoy's wonderful short novella the death of Ivan Illich, where the what Tolstoy is trying to do is give a portrait of somebody who, you know, he knew the word of Judaism, you know, all men are mortal Socrates a man Socrates is mortal, but he didn't think it applied to him. I suspect that Tolstoy thinks that that's true of all of us and so one of the things I say to my students is yeah that's not very likely at all. But I do think it's probably true of a lot of us we put death out of our mind and it's important to face the fact you use the language

of our finitude.

I use the language of just our mortality, the fact that we're going to die. Of course, one really important question I'm not sure whether we'll get into it tonight or not is, you know, do we have good reason to believe the death is the end. Obviously, I imagine anybody attending tonight's session is aware of the great world traditions which say death is not the end.

If that happens, I do believe the death of our body is the death of us, you know, when my body goes, that will be the end of my existence. I don't believe in any kind of afterlife. There again, there are interesting philosophical questions that we might not get into about either the possibilities of uploading our minds onto, you know, computer systems downloading them on to new blank bodies would that be survival or not.

I'm not a philosopher I find these questions fascinating, but they're not really around the corner. So I don't think that these are issues that we are generation are going to be facing in real life so I think when my body goes that'll be it I will cease to exist. And if we then ask, and what should that fact teach us about how to live.

That's a question where I wonder whether or not Lydia and I will, I will disagree. And then, I think that the fact that Frans Kafka, Franz Kafka, the great writer says the meaning of life is that it ends. And that's a pretty bold claim.

The fact that we are mortal. And some of Lydia's language suggests something similar living well in order to die well as though the central thought here is dying well, and then we infer backwards what how do we need to live in order to do that. So, for my own, for my own perspective, I think, although you know dying well is important, as is any other chapter of our life.

I wouldn't prioritize our death. I don't think that this is the secret to life to focusing on how to manage to have a good death. So if the question is what does death teach us about how to live my own view is almost nothing.

What what facing the fact of our mortality does is show us force us if we do face our mortality, it reinforces or forces us to admit this life is the only life we're going to have. You've wasted it. So it's a pretty rare commodity.

It's the only one you're going to get. There's no do overs as my children used to put it when they were younger. And so you want to learn how to live well.

All right, so we agree we want to learn how to live well. But if the question is does death have any lessons beyond that about how to live well. So anything especially important can be gleaned from it.

We do want to face the question how should you live well what is it to have a rich,

meaningful rewarding life. I'm surprisedly I have views about that that maybe we'll get into us as we go along. But I don't think that the arguments for, I mean, just to give you a quick preview nothing shocking here I think you know it's important to love it's important to have friendship it's to know things it's important to be creative it's important to achieve things it's important to help others it's important to be just.

I think there are arguments for all those things, but I don't think the arguments especially turn on the fact of our mortality except in perhaps certain peripheral senses peripheral ways. So I do think that it's important to live well I don't think that death is the key to thinking about how to live well and why don't I stop there for the time being. And then I'll ask and can I reply.

Sure let's get right into it that thank you both for your opening statements Lydia go right ahead. So I want to clarify I think we probably agree more than we disagree but here's my clarification. I agree that we don't want to make death is this ultimate thing that is more important than anything else and that we're it's sort of we're building to it and then we need to live well and maximize whatever whatever so that we have this bang on death.

And actually I'm going to I'm going to give you a little, a little story about that so in the I believe in the 1700s the Methodist were really obsessed with last words. And they were so obsessed with last words that an individual's salvation as it were was supposed to hang on getting your last words right, or at least the perception by the community of that individual's salvation hung on getting the last words right. That's not what I'm advocating at all right we don't want it to be where we make dying well.

Such a something to be achieved that if it doesn't work out our whole life is a failure that but but this idea of the possibility of our finitude or the threat of death or the threat of our mortality, bringing into relief that which matters most. I think that's where you and I agree I believe and and that's that's what I'm getting at. So then when we back up and say okay well then.

Yeah we and I care a lot about dying well because I've seen so many people die terribly right that's kind of what informs this. This is why I went down this whole road of scholarship is because I was taking care of so many patients who for all of the reasons I named physically medically technologically. spiritually, relationally we're not at all prepared for death at all and it and it's devastating as a clinician to care for them, and it's devastating for them and it's devastating to just see it all kind of collapse so I do care about dying well, but not not as as if it were the ultimate to be achieved, but then if we back up and say well what does it mean to live well.

One of the things that that the Rs. Maureindi this genre of literature was very interested in especially in the early iterations that came out in the early 1400s was the, in a sense they didn't quite use this language but the virtues that one needed to cultivate to live

well. So the way that this came up was there was a lot of discussion about the five temptations that the dying faced, and interestingly fear of death was not one of the temptations but the, the early writers who were anonymous of the early iterations of the Rs.

Maureindi thought that the dying were tempted to despair, they were tempted to pride to greed and of course to unbelief right so those were the five temptations and then to counter those temptations, there was the language was a consolation put forward or a comfort through, and then it was the opposite of all of those so the comfort for unbelief is faith the comfort for despair as hope for impatience as patients for pride as humility and for greed as generosity so in a sense the early thinking from the late Middle Ages was if we can cultivate throughout our lives spirits of generosity spirits of humility spirits of patience of hope of love. This will translate into a better living overall right I mean who wants to just be a you know greedy proud greedy you know whatever it will translate into better living and then also will translate into better dying so that's sort of just a kind of paint a bigger picture of what I'm after with my scholarly work that's where I'm headed. Yeah, so again if I can just now respond to what Lydia just said so first the thought about last words I think it's quite interesting the emphasis in Western culture I don't know enough about Eastern cultures but in Western civilization about about the deathbed moments, if not last words but the whole thing since I'm not a historian, not even at all, you know I'll throw out a conjecture I don't know if it's true but I conjecture it's the influence of Christianity where you know getting into heaven requires having the right attitudes at death.

And so you know you can have a deathbed conversion and get into heaven or you could have a deathbed loss of faith and then it's all lost. And so I wonder whether or not that sort of you helped help cause this focusing maybe a fetishization of our last moments our last words our last thoughts. Although can I jump in, of course, yeah.

So interestingly the the oldest example in the Western canon, the first example is actually the Jewish patriarch Jacob's last words. Sure Jacob gives blessings but I don't think there's the same thought that this is the most important event in Jacob's life now we're going to start talking about the book of Genesis and you know the pivotal events in Jacob's life aren't actually the most important thing I think the blessings of those that's of interest right so I think you know but again I'm not a historian. And so although I've got my conjecture I don't know whether it's true or not.

I do want to press you a little bit further about you know you say you don't want to put too much emphasis on it there are moments in your book which I quite enjoyed. I get better bookstores everywhere. You know, there are moments I quite enjoyed but there were times when you you said things and I couldn't quite tell whether it was in your own voice or whether you were just quoting somebody but not necessarily signing off on it.

I know where you talk about I know a long member their names, two people whose job it was if somebody died alone, they were to go into their houses and try to learn something about their identity so as to find next to kin or what have you. And in the course of talking about these people you said, in effect I'm paraphrasing the lesson they learned was to live every day as though it was their last. Well that's a common enough sentence that my name has always been that's a horrible thought.

And I don't just blame Christianity on this the same thought can be found in Judaism. But I think you know you do not want to live every day as though it was your last. I mean, I mean, to become a doctor, you had to spend years and years first of all, studying biochemistry organic chemistry as an undergraduate being proven to medical school doing your residency do you feel right.

If you thought you'll day today was going to be your last you would never have taken on the project of becoming a doctor, getting my doctorate in philosophy, thank God was a much shorter path. I managed to do it in four years still four years if I thought every day was going to be my last I wouldn't have bothered doing it indeed a book that I published the same year as the book on death was a book on moral desert the notion people being more deserving of the people being more deserving than other people. I spent 20 years I kid you not 20 years working on that book.

If I had thought today was going to be my last day. Who would possibly take on writing you know you maybe write some short you know comb and that would be it. But you would never try to write a book.

And so I think there is this sense and at least I call it with some of it in your own writing thinking that yeah this is a thought but maybe you want to disavow it maybe you didn't really mean to endorse that kind of sentiment. Well so that that was that particular phrase that you just mentioned was just you know just their own self characterization those men, but also think about what those men were doing every day was the same there nine to five was going into the apartments of the city. And so I think that the people who recently deceased or long time deceased people in New York City, who had no one, usually they were notified of the body because of the stench of the decay.

Right, a neighbor would call and say you know I think something happened to the neighbor and one be because there's a smell coming under the door and those men would go in to figure it out. And, and, and, I mean in academia, we have so much privilege to kind of dream and aspire. Right.

So I do wonder if these men saying living each day, as if it were the last really made a difference. I mean they really meant that sincerely. Because it, it, it brought a certain sobriety to the way they were living so you'll recall from the book.

One of those men sends a text message to all of his close friends every day. And he

says, you know his work is to go into these apartments of, of, you know deceased bodies. And he sends a text message and he says to his friends if you ever don't receive a text message from me.

That means I have died come find my body before it decomposes. I wonder if, if, if it is different at the same time so let's just say that actually, it's not different if you are in a nine to five that's the same every day, or if you have access to like a more aspirational writing books for 20 years sort of existence. And I should say, you know, are we comfortable with this phrase living as if today is the last day.

And I think my response to you in that regard would be that that that's meant to be those those things are meant to be held intention. And that sounds living well in order to die well as held intention. The idea that I can both pursue my goals and my dreams and also know that at any moment, it can end, and be prepared from a relational a spiritual a metaphysical standpoint for death.

And I'm getting at, and, and I think it's the idea of I'm a primary care doctor right I love prevention. I want to prevent those bad deaths so if we can be prepared. We still pursue we still live as if we've got the long game ahead of us.

But we are, we are prepared in case, in case it's not. So let me just give you one more example and that is with the pandemic right. So for the last year I have been going up to New York Presbyterian and taking care of coven patients and not exclusively but but I've done a lot of that.

One of the conversations that we've had back home with my children is that we are in a pandemic where a half million Americans almost have died. There's no guarantee, we will get to the other side of this pandemic and have all of us be alive. There's no guarantee.

We're healthy where you know, on the favorable side of 50 we should be okay. But there's no guarantee and so we you know my kids go to school they're getting their education I'm trying to write papers and you know do my academic thing and take care. I am living for the long game.

So I know preparing in a very real sense for the fact that we may not, I mean just over dinner tonight we're talking about what cemetery. We would be buried in actually we're going to go back to New Haven so if you can make sure there's a spot for us in the Grove Street Cemetery that would be great. I think the grocery cemetery is filled up.

No, their website says there's still our space. Just to know eventually you'll want to jump in but can I just let me just the last comment on this and then I'll throw another question in go ahead and tell it. So I like two ideas that you just said so what is the tension idea.

And if what you want to say is look, there's a kind of rhetorical overstatement and saying

live every day as though it was your last. And I'm not sure if I'm prepared think about that thought that it could be your last and what, and what that implications might be. But that's not the only value we want to have that then I'm all that I think I'm all on board.

In the Jewish tradition, if I recall it's Hasidic. You're supposed to, but I'm not certain about that you're supposed to carry two pieces of paper in your pocket, you know, at all time. And so both of these are trying to give voice to values that we need to have both of them in our in our lives.

And to only focus on one is a mistake and I think that part of what you're saying that seems right to me. And then if we keep in mind the value that that I was I was pooling a moment ago. And I think that today could be your last, then indeed I think it's not just that we want to think about end of life arrangements, which is one of the things that you emphasized again sort of getting your community in place.

Having thought about what you want to have done in terms of technological medical interventions or whether you want to die at home rather than die at hospital all very, very important. And so the other thing which you know just show up in your book and I agree with as well as you know you don't want to wait to the last minute to tell the people that you love that you love them. It is the case that under the pandemic I have found myself more frequently in emails with longstanding friends saying things about how you know I look back and I think about the role they place the role they played in shaping me and how appreciative.

And I want to express my gratitude and love to them for all that. And I do think that it's sad if it takes a pandemic to bring that thought to us we should all try to do that more frequently. All right Justin will give you will give you a chance to try to shape the conversation.

So let me ask, let me ask you both this. Attending so carefully to the fact of death over the course of a career either taking care of patients toward close to death or writing and teaching a book about death seems like to me like it could easily give way to one of two dangers, a kind of obsessive morbidity maybe your friends when that you told them that you're writing a book about death thought that immediately about you, or maybe a kind of flippancy because of its intense familiarity to you. So I wonder how do you think about death rightly in the context of a whole life without morbidity or flippancy.

So, Shelley, we'll start with you. Yeah, I suppose if one of those were the only alternatives I'd say I veered towards the flippant. It is definitely the case that when I teach my class, I teach in a tire semester class every couple of years to Yale undergraduates on death.

And as I say, very straightforwardly that's a really important topic but it's important to

avoid just getting so dragged and depressed. And so I try to keep the tone fairly light, not to belittle it, but because I think we can think about these things without becoming overcome by them it's important to think about them without becoming overcome. So, I think that's another case that, you know, as I, as I, as I just you that with my throw away earlier about uploading our mind onto computer systems and downloading.

There's a lot of interesting thought experiments which I think help us get clearer about as a philosopher I find them helpful to get clear about the nature of identity. And I think that's a very important thing to think about in my life. What would it be for some person who's going to be around tomorrow to be me.

I take it there'll be somebody, unless this body has a heart attack there'll be somebody that looks like this, you know, wakes up in my bed. And I think that's a very important thing to think about. And I think that's a very important thing to think about.

And I think that's a very important thing to think about. And I think that's a very important thing to think about. And I think that's a very important thing to think about.

And I think that's a very important thing to think about. And I think that's a very important thing to think about. So something I talk about quite regularly in the class.

There was a student who was taking my class on death second semester of his senior year, who had been diagnosed with untreatable on curable cancer as a first year student. He knew all through college he was dying. And what he had chosen to do with his last few years was try to get his degree.

And here it was second semester of his senior year. And he was getting more and more ill spring break came and he got so ill his doctors basically said go home, you know it's time to go home and die. When I tell that story about this student in my class hearing me go on day after day there is no soul there is no afterlife shouldn't be afraid of death but immortality would not be desirable.

You can hear a pin drop over zoom you can't but in the classroom you can hear a pin drop because these abstractions for the students suddenly come home. This is one of their own who died while taking this very class. And I, to be honest I choke up every time I tell that story.

And if I thought I would ever joke about it I'd be ashamed of myself. Second, second episode just to tell quickly as well. There was something I have a I'm no historian because I have no mind for dates but there was a period.

A couple of years ago more than a couple at this point when just before the start of the semester. Five Yale students were in a horrible car accident they were all killed. And, you know, either just before the start of the semester or maybe it was after spring or during spring break and I came back in my death class and I thought, I cannot possibly

justifiably simply launch back into the lecture I have to address the fact that death has entered our community in the same way that you just and made explicit mention of the fact that a member of the Yale community was murdered just a few days ago.

So at times like that my mood shifts and I don't have any particular reason to think that I'm equal to the gravity of those moments, but it does seem important to recognize that. Although we can think about these things from the distance with a light touch, it's not always distant. And then it's important to be there in a way that I'm sure Lydia much more I mean, for me it's largely academic for Lydia I'm sure it's a much more everyday experience.

Lydia. Yeah, no thank you for that I think my natural sort of wiring is probably a little bit more to keep things light hearted. So again if the if it's a binary.

I'm 10 towards flippancy I think a familiarity comfort lifelong comfort with the idea of death. Growing up my grandfather whom I mentioned at the outset is was was notoriously hilarious I mean in an naughty way too but he was so funny. So, so of course jokes about death were common but I think maybe similar to you, Shelley on a regular basis variations of my academic talks bring in a lot of history though I'm not a historian either.

I'm bringing a lot of art manuscripts from the Middle Ages, and I sort of give these humanities heavy talks as a medical doctor. And every time in the Q&A there's a question from someone who is just lost a loved one who is just had this horrible diagnosis every time. And so I try to keep that is the tone going into the talk because I know every time there's somebody, and I'm sure tonight on this call there's somebody who is suffering, or who has suffered or who has lost somebody from COVID.

So, so, so, I, you know it's almost a discipline for me to try to keep that, keep that front and center as I as I speak on these things, because when things become academic it is easy to get into our sort of joking, entertaining the classroom kind of mindsets and I think we need to guard against that because the material really does demand sobriety I think This is a nice transition into one of the questions that was put up here as well on on June toe for small group discussion, which is how would you or as the case may be how do you console a student, a parent, a colleague, who receives a life threatening diagnosis of some kind of a person who learns that a loved one has has recently passed you both suggested that these are real life experiences for both of you so what what do you say in those circumstances. Lydia you want to start on this one and then we'll go back to show you. Sure.

I usually just start by saying I'm sorry and I just sit in silence. My patients who have suffered great loss will know that that's kind of my approach usually I hold their hands to. And then finally it comes from having read so much in the in the preparation for death and the death literature that people don't, they don't like they cringe at anything

trite being said.

And because I'm never really sure what will be perceived as trite in that moment I can give an expression of sorrow and then just sit. There are times that people want to engage, and they will they will demand why you know we just had a discussion with our medical students that an article from the medical literature where a patient. I believe a Jewish mother looks at the doctor who's who's of no religion and says, you know, tell me doctor, why would God allow this to happen to my child.

And there are times where physicians are faced with those questions and, you know, may not be religiously trained there may not be a chaplain available. Questions like that come up and in those in those instances, sometimes I just start by asking questions to people I think that's kind of the best approach. How do you make sense of this what do you believe about God what is the faith of your childhood.

I've noticed that some people just want to go there, even if, even if I don't have answers or I don't know their framework from which they're coming or I can't relate to it. Just to be able to bring the religious questions to the surface I'm reminded of the quotation which I'm going to paraphrase by the philosopher theologian Paul Tillich, who talks about how questions of ultimacy of which death is one necessarily lead to religion. Right.

And so there's this way in which when someone has died or suffered an enormous tragedy. Many people have this yearning to kind of get to the God question, even if you can't quite articulate it so I'll just, just one more example. Lately I've had several, I would say, late baby boomers so maybe slightly old to be baby boomer men read my book and contact me, or read some interview and contact me and recently I was contacted by professor emeritus in the sciences I'll just say, who had no idea who I was before he read an interview or something He, he called and left a message with my secretary so I called him back I didn't know I had no idea who this guy was I googled him, he seemed legitimate.

But he was started to talk to me about his own struggles with getting old. And his, he was really interested in science as I said and he talked about how science had opened him up to this idea of wonder and awe. But they didn't know what to do with it he wasn't religious and, and he just kept pushing until finally I said are you, are you trying to get to God here because I wasn't really sure what he wanted and he said you know I think that's where I'm going.

And he told me to like figure out what I believe about God because I guess that's where I am. So it's really interesting and then he said well I've taken up too much of your time I'll go down and so he's sort of abruptly ended the conversation but it was interesting because I thought why is this, you know, what does he want what does he want for me. How can I help him and he kept pushing and pushing and then finally it was, I just need to figure out the God question and I think, you know, I mean, Shelley this is definitely

where you and I disagree.

But that that God question does come up for so many people when they're getting close to the end. And, and I think that's one of the questions that we do need to wrestle with in order to be able to, you know, die in peace as it were. And we need to make our piece and so I'll just stop there.

Yeah, so, so to just to respond a couple of things you just said so of course, I mean I think questions about the nature of religious faith. What grounds one might have for believing or not believing in what it is you believe in. So, the topic, probably the wrong topic first to get into you know tonight's discussion.

I'm a little skeptical of the TILIC idea, but of course that's because of TILIC has this. Let me just say, silly to be charitable about it. Oh, you know, God's just being so if you care about being that means you believe in God well, at that point then everybody says everybody thinks believes in existence everybody believes in God.

That's just winning by for religion by definition not anything I think really helpful or substantive. But you know somebody were to come to me. I mean happily I have far fewer cases I'm not a therapist I'm not a clinician.

I don't typically get people coming to me who are dying I think it's a much rare thing. Sometimes get students who have just suffered loss, and then instead of seeking out you know their rabbi or their pastor or therapist they do come to me. So these are issues that sometimes I do have to face.

I would never try to talk somebody in a context like that out of their religious beliefs, whatever skepticism I might have in other situations that's obviously not the place, you know, or the time. I was struck as well by the thing you said, Lydia, about what are the things you do is you hold somebody's hand. This is of course, one of the things, since officially the tonight's topic is something about living under covert.

You know, one of the great horrors of living under covert is we can't touch each other's hands. And precisely at people's times of need and this kind of the interpersonal warmth which for many of us gets communicated most directly and this truly literally by bodily contact. It's, it's one of the true horrors of the pandemic that that's cut us off from one another in that way.

And then another just a quick remarks, you know, one is, you know, on the occasion when the Yale students had died in that horrible car accident and I'm coming in the first class day after that and trying to figure out what to say about it. One of the things I said now this was not as far as I knew none of my students were directly friends they probably were friends of friends was that I hope that the students had died had lived lives in which they could have taken some pride. This is back to the notion of living well.

And, and, although earlier I was emphasizing the importance of not just thinking that today's your actors are your days your last day, so that you'll take on long term projects. It's also the case that you don't just live a life, all future oriented you've accomplished things as you are going along. You have relationships you were kind to your siblings you were rude to the person who was serving you lunch or what have you.

And, you know, I hoped that these students had lived lives in which they could look back. Presumably they didn't have the time to do it, but had lived the kinds of lives that would have allowed them to take pride. And as I said as well then to the students there I hope that with the passing of time, the memory of, you know, if they knew these people would, and of the family members of these people, the memories would not just be painful ones but they'd be mixed with, you know, joy and pleasure at recalling what the place it had in their lives.

That's beautiful. Yeah. I've got one more question for each of you, Taylor, specifically, I think it's a great question.

I think it's a great question. I think it's a great question. I think it's a great question.

I think it's a great question. I think it's a great question. I think it's a great question.

That's beautiful. Yeah. I've got one more question for each of you, Taylor, specifically, is your disciplinary.

I think it's a great question. I wonder, thinking just about the medical profession and medical training in particular, what kind of changes would you like to see in medical education and training that would perhaps make physicians less squeamish about their own deaths, make them easier and more likely to raise these difficult questions with the end of the life. And then Professor Kagan, I'll ask you a similar question about philosophy, the role of the thinking about death in the guild of philosophy in the humanities.

You want more classes on death throughout the country, but we'll do Lydia first and then, until you can go next. Thanks, Justin. So, you know, there's so much to say about medical education, but I'll just very briefly.

I think the people who have end of life conversations the best in the hospital are the pride of care team and the chaplains. Medical students have the option of doing electives with both in some institutions, but most medical students don't have enough time with either group. And if there were a requirement for all medical students to make rounds with the chaplains in particular, because they have to have the versatility of walking into a room.

And the chaplains are the ones that every death at every near death, withdrawal of life support, pride of care may or may not be there, depending. So the chaplains are really

seeing death, and then having to have these conversations across difference, perhaps with someone whose religion differs from theirs or no religious etc right. So how do you make meaning out of tragedy when there's so much I think if all medical students did a rotation with the chaplains, they'd be much better equipped.

Can I actually say something about that? I mean, before you ask me your, your, your, yeah, go right ahead. That's great, which is so so I'm Lydia and I have turned out to agree about a lot of stuff and so I will correct that by being mean. One of the things that I signed to my students in the class on death, my undergraduates as an essay by a moral philosopher named Richard Brandt no longer alive as an essay on suicide on the ethics and rationality of suicide.

And there's a footnote that I just love, where he says it's a fact that when end of life questions come, people typically turn to the doctors, their doctors, because who else you're going to turn to. And he says, this is this is remarkable. When you consider the fact that for all practical purposes doctors are people who stopped learning about anything other than science after high school.

And so they're, they're not especially well equipped to actually have thoughtful reflective positions on what's worth when is it worth continuing your life when is it not worth it. And they may have their own views, but it's not as though they, they've got the kind of expertise that's what you turned up moral philosophy for. So I would encourage Lydia to not only encourage her colleagues to embrace some time with the chaplains.

But also that, you know, part of months medical education should be exposure to more bioethics and moral philosophy, more general, which of course I'm sure you. I run an ethics center. So yeah, I mean, if I could get all of the students to hang out with me more, that would be great.

But, and I do, I mean, I have, I have a bunch of them, probably too many of them, I need to hire somebody to help me. But no, I agree with you. I think, I think, you know, absolutely moral philosophy informs these conversations.

In fact, on Thursday, we're reading an essay by Beau Burt. You remember Beau Burt from the law school on Susan Sontag's death. And I'm reading that with a group of students and the tension between physicians approaching the end of life by sort of letting patients, you know, call the shots and, and, and, abdicating their professional responsibility and expertise.

And, and doing that even when they know it's bad for the patients, which is a big problem in medicine so. And of course, Beau Burt as a legal philosopher, as you know, he's wonderful and his work is very deep but yes, very important. I love that.

Would love love more of that. It's, it's harder to persuade the administration to go for

that than it is to have them. Okay, a rotation with the chaplains actually.

And the other thing, the other thing when I was trying to think of my answer to Justin's question I'll say the other thing is that all well with all due respect to both of you. All of the classroom preparation in the world does not take the place of bedside conversations and that's why I went with the chaplains actually. Yeah, Shelley, go ahead.

Yeah. No, just remind you what the question you're posting me was I lost it. Yeah, it's an analogous question that opposed to Lydia thinking about the discipline of philosophy, but then the humanities more broadly.

You invented this course on death, presumably because you saw a gap in education. Would you like there to be more classes on death or do you think that bases cover should there be more monographs how should the humanist professors on the call right now think about tweaking their syllabi. Do you think that's a good thing to think about? I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that's a good thing to think about.

I think that's a good thing to think about. I think that's a good thing to think about. I think that the body was disappearing from American death rights as we moved into memorial services and cremation.

What implications do you see from our inability to ritualize communally during this time of increased and prominent mortality? Yeah, yeah, that's a really great question. In my book, I have a chapter on ritual and I talk about the great acting coach Stella Adler, that

her name, do I have it right? She talked about the theater as a seeing place and a place where the audience comes to see the deeper truths. I talk about how ritual helps us see the deeper meaning behind things.

Ritual also helps us navigate uncharted waters. It provides very clear guidance during uncertain or tumultuous times, but it also helps us see what is more significant. Actually, in that chapter, I talked quite a bit, partly because this was so, it really impressed me when I was reading about different death rituals, but talk about the presence of the body.

One of the ideas, there's someone who says, who described ritual, and he says that just as you wouldn't go to a wedding without the bride and groom, you wouldn't go, I mean, for millennia, you wouldn't go to a funeral without the body. In a sense, that is the last visible presence of that person in the context of community prior to being escorted to its final rest. I think there's something deep, something really deep about the body and the presence of the body in the context of the community.

What that means for us as bodies ourselves, embodied beings, and how much is lost so much is lost through this pandemic, for sure. I think grief is getting really complicated when communities can't mourn collectively and certainly can't be near the body. Yeah, it's enormously complicated and I'll just echo what Shelley said earlier that I think the greatest tragedy from this pandemic is people dying alone.

I think that is the greatest tragedy and I'm hopeful that most institutions will reverse that if there's another wave so that people don't have to die alone. But I do think that that's an enormous loss that we're, we will suffer corporately. I'm curious about something you just said Lydia.

This isn't in your expertise as a medical practitioner, but just your mark about the visible presence of the body. Are you inclined to think that literally seeing the deceased, having an open coffin is an important. Are you inclined to think that's an important thing? No, no, but I think that there's something very symbolic about having a casket there that is housing the body.

I partly, Shelley, I mean, I have to say I'm Jewish on this perspective, give me the simple pine coffin and bury me in less than 24 hours that's, that's sort of my perspective, but to the extent that people can accompany my coffin to its final rest. I think it's just, there's something so beautiful about the end this is not look I get the funerals and barrels are so expensive and, and many people are opting for cremation as a matter of pragmatism. This is not to despair, Jenny that it's complicated and expensive, but I do think in thinking about the symbol of the body I think there's something very rich so what is that truth worth seeing what is it that we want.

What does it mean and, and I'm no expert on that but I do think having the body even

displayed, you know, wrapped in clothes or in a pine coffin or simple coffin. I think there's something or elaborate coffin. Yeah, furthermore, I mean, again, with the Jewish tradition as, as you know, the mourners shovel dirt onto the coffin as a kind of just forcing you to face.

I am burying this person that I love. So I do think that that that serves a kind of well, it's an important psychological function to work our way through. Yeah.

I want to give each of you maybe 45 seconds each to frame the discussion groups that are going to happen for those on the call from here and maybe say some some concluding words so what do you want the takeaways for the audience from your own comments to be from this conversation in general, and some questions you think might be fruitful for discussion in addition to the ones that we already have on the handout. So any of you want to go first and that that that will be the conclusion of this. I'll give it over to Vicki and we'll.

Lydia Lydia please go first. Okay, I'll go first. I'll go first.

All right. All right. So, you know, the thesis living well in order to die well not making too much of dying well but making enough of it tension.

I've heard that three three questions. Have you thought about the medical stuff. And if not have that conversation.

And in fact I wrote an article in stat news is medical outlet, making the case for having end of life conversations with our family members every black Friday. So, you know, black Friday's the day we all go shopping and I don't, but you know like reinvent yourself new wardrobe, you're thinking about living well. Why don't you also while you're home for Thanksgiving.

Think about dying well and have that conversation about the DNR orders, etc. with your family says that's the first question. Second question is relationships.

I had somebody ask me once in a talk. I know who I want to be at my deathbed, but I really can't stand the people. And so, can I just wait until the end to invest in those relationships.

And of course that's like this silly right I mean who knows when the end is maybe it's tomorrow. So, if we invest now in the relationships that matter to us, not only will we die with a richer community context but we'll live much more richly and so, so sort of so so health care, you know DNR orders family relationships. And then finally I do think I'm putting the God question on the table.

I know this is New York City, New York City round table and most New Yorkers don't believe in God but I think it is worth putting out there because I keep getting phone calls

from people who want to talk about it. And does God make any sense or these questions of ultimately see do they make any sense or are we content to dismiss them. And I think that's a, if you're content to dismiss them and you're at a place of peace on that one.

I mean, God bless you. I mean, all right. But, but I think that the God question has to be on the table.

Yes, I don't know what the takeaway of anything I've said should be but I just find myself wanting to react to what Lydia just said, which is, it feels like a false dichotomy. So, either we talk God talk or we dismiss questions of ultimate value and meaning as kind of silly and pointless and meaningless. No, that's exactly wrong.

That's how people who think that the only way to get a handle on these things is through religion. And again, I'm not at all hostile to religion. But I think that the only way to get a handle on the only way to work or our way through these questions, the only way to think sensibly about these questions is under a religious context.

You know, in my classes, I talk about right and wrong. I talk about how to live. I talk about our obligations to others.

I talk about what it is to have a meaningful life and to the extent to which that meaningful life involves being there for other people and finding the right balance between yourself and others. There are questions about ultimate value and ultimate reasons and, you know, what's it all about? But I think we can have these discussions outside of religious framing. So, though some people will find it helpful to have a religious framing, we shouldn't think that's where you must go in order to have a serious discussion about these ultimate questions.

And you want to hear more? Like, share, review, and subscribe to this podcast. And from all of us here at the Veritas Forum, thank you.

[Music]

[buzzing]