
Introduction

“Dealing with death is a third rail issue in the United States. We don’t talk about death and dying as a societal problem, but it’s going to become more and more so.”

—Dr. Joseph Messer to Studs Terkel, *Will the Circle Be Unbroken?*

Reflections on Death, Rebirth, and Hunger for Faith

Most of us don’t want to think about death and dying. We know that someday we may have to be caretakers to the terminally or chronically ill, and we may have strong opinions about issues like suicide or aid in dying or the government’s role in end-of-life decision making. But, generally, we choose to avoid what we consider a depressing subject. Feeling powerless to control our deaths, we shrug our shoulders, go on with our lives, and hope to die peacefully in our sleep of natural causes at ninety.

The writers whose essays are gathered in *Final Acts* provide us with a reality check and wake-up call. For most of us, death won’t be quick. Although we may be lucky enough to reach ninety, we probably won’t die at home in our own beds. And, unless we do some advance planning, our deaths may be prolonged and/or painful. In addition, most of us (particularly women) will end up caring for elderly parents, relatives, friends, or partners before we die. And they won’t die in their sleep either.

By demystifying the process, these writers deactivate death and dying as a “third rail issue” and demonstrate how the dying—and those who care for them—can make informed and loving end-of-life choices. And what can happen if they don’t.

We hear from patients, caretakers, physicians, journalists, lawyers, social workers, educators, hospital administrators, academics, lawyers, psychologists, and a poet. There are ethicists, religious believers, and nonbelievers. They discuss intensely personal issues, like choosing or rejecting medical interventions, deciding among options for pain relief, calling or not calling

911, selecting the amount and type of end-of-life care (such as hospice or palliative care), accepting or challenging the wishes of loved ones, and, most importantly, deciding who should control the overall process.

They consider broader questions, including: where we die (for example, home, hospital, nursing home, hospice); the role of doctors, technology, law, and the state; the personal and societal costs of death and dying; and the documents one should have in place (health proxy, do-not-resuscitate order, living will, and power of attorney). They discuss death from natural causes (slow or sudden), suicide, and aid in dying (which some offer as an alternative term for *assisted suicide*).

Unlike previous books on death and dying, *Final Acts* isn't designed to advance a cause or explore, in depth, a hot topic (suicide, aid in dying, the hospice movement, escalating end-of-life care costs, or the nursing home industry, for example). It examines these and other issues—from many perspectives—but the collection's strength lies in its attempt to address broader questions: What characterizes the good or bad death? What role does individual agency or choice play at the end of life? What role do other factors—beliefs, customs, values, family situation, money, location, class, race, ethnicity, and gender—play? What final acts will smooth our passage or the passage of those we love?

Final Acts begins a conversation long overdue.

Death and dying, arguably the most private human experiences, are also public events. More than ever before, an individual's dying directly involves others—not just family members, friends, neighbors, and coworkers, but also teams of medical professionals, like doctors, nurses, social workers, and hospice workers, as well as health aides and attendants. Medical facilities (hospitals, hospices, nursing homes) and health-care programs (Medicare, Medicaid, private health insurance) become involved, as do religious institutions, a multimillion-dollar funeral industry, and occasionally even politicians and the courts. So, while we may die alone, these days we die intimately connected.

As journalist Stephen Kiernan points out in his essay in this collection, the American way of death has changed: today most people die gradually, from incremental illnesses, rather than from heart attacks or the fast-moving illnesses that killed earlier generations. Life expectancy has reached record highs: 80.7 years for women and 75.4 years for men, according to 2006 data

from the National Center for Health Statistics. The number of Americans aged sixty-five and over increased ten times and those over 85 increased more than thirtyfold during the twentieth century. By 2020 there will be 53.2 million Americans older than age 65—forming 15.8 percent of the population—and 6.5 million of them will be over 85, according to the Census Bureau. And, as Kiernan writes, most of us will experience a slow death.¹

Nonetheless, while late-life aging and death are so public and, in most cases, prolonged, we do not talk openly or fully about them. We avoid the ill and old, writes Dr. Ira Byock, participating in a “collective psychological avoidance of illness, physical dependence, dying, death and grief.”

In the article “The Way We Age Now,” Dr. Atul Gawande, associate director at Brigham and Women’s Hospital’s Center for Surgery and Public Health, says that “people naturally prefer to avoid the subject of their decrepitude. There have been dozens of best-selling books on aging, but they tend to have titles like ‘Younger Next Year,’ ‘The Fountain of Age,’ ‘Ageless,’ ‘The Sexy Years.’” Gawande adds that avoiding reality has serious consequences: “For one thing, we put off changes that we need to make as a society. For another, we deprive ourselves of opportunities to change the individual experience of aging for the better.”²

It takes a particularly dramatic situation or individual to break our national silence around death and dying.

In 1975, for example, British journalist Derek Humphry caused a sensation with the publication of *Jean’s Way*, a book in which he detailed his forty-two-year-old wife’s battle with terminal cancer and his own part in assisting her to commit suicide. Five years later, relocated to the United States and working with like-minded people, he founded the Hemlock Society, which became the most powerful right-to-die organization in the United States in the 1980s. Although the group dropped the name in 2003 and merged into Compassion and Choices, Humphry’s best-selling *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying*, published in 1991, remains the self-help bible for terminally ill people wanting to commit suicide.³

Another right-to-die advocate, Dr. Jack Kevorkian, a Michigan pathologist, thrust physician-assisted suicide into the news, claiming to have assisted in the deaths of nearly one hundred terminally ill people between 1990 and 1998. Tried numerous times for assisting in suicides, Kevorkian was convicted in 1999 and served eight years of a ten-to-twenty-five-year term for

the second-degree murder of Thomas Youk, fifty-two, who was in the final stages of ALS (amyotrophic lateral sclerosis, or Lou Gehrig's disease). Kevorkian videotaped himself administering a lethal injection to Youk, who had given his fully informed consent. When *60 Minutes* broadcast the tape, Michigan filed charges.⁴

Kevorkian's contention that laws restricting the assisted suicide of fully informed, competent adults were inherently unjust sparked a national debate that continues to resonate. But other cases over more than thirty years raise the equally controversial question of euthanasia, or a right to die, for those who cannot make the decision themselves. Every day countless ordinary people make decisions involving life support and feeding tubes for their loved ones; only occasionally do their decisions make news—and when they do, there's often high drama on the national stage.

In 1975 the parents of twenty-one-year-old Karen Ann Quinlan asked a hospital to remove the ventilator that had been keeping her alive, but in a persistent vegetative state, for several months. When hospital officials refused, her father sued and eventually brought the case to the New Jersey Supreme Court, which ruled in their favor. Ironically, when the ventilator was removed, Quinlan was able to breathe on her own. She lived on, fed by artificial nutrition, until she died of pneumonia in 1985.

The right-to-die case of Nancy Cruzan made headlines in 1987 when her family waged a legal battle to remove her feeding tube. Cruzan had been diagnosed as being in a persistent vegetative state four years earlier, following an automobile accident. Their petition lasted for three years, going as far as the United States Supreme Court. The feeding tube was finally removed on December 15, 1990, and Cruzan died eleven days later.

Most recently, the case of a comatose Florida woman, Terri Schiavo, galvanized public opinion. At issue was her husband's attempt to remove her feeding tube in 1998, a decision opposed by her parents. Schiavo had been in a persistent vegetative state for eight years. Religious and advocacy groups entered the controversy, stoking what became a political wildfire. After appeals, motions, petitions, and hearings, after the Senate majority leader (a thoracic surgeon) diagnosed Schiavo as conscious based on a videotape, after President George W. Bush flew across the country to sign a special law that shifted jurisdiction in the case from the state to the federal courts, the U.S. Supreme Court refused to hear the case. The state court's ruling held. Schiavo was disconnected from her feeding tube and died in 2005.⁵

Equally controversial was the state of Oregon's vote to legalize physician-assisted suicide in 1994. Despite safeguards including age (at least eighteen), Oregon residency, a confirmed diagnosis of a terminal illness with less than six months to live, and confirmation by two physicians that the patient is capable and acting voluntarily, the Death with Dignity Act, enacted in 1997, garnered fierce opposition by some disability and religious groups (notably the Roman Catholic Church). They charged that it devalues human life and can result in pressure on people with disabilities to end their lives. In 1999 Illinois Representative Henry Hyde and Oklahoma Senator Don Nickles moved the debate to the national stage when they tried to punish the act by making it a federal crime to use scheduled drugs to assist or hasten a death.

Their attempt was unsuccessful, and in 2006 the U.S. Supreme Court sided with Oregon in upholding the law, a decision that represented a stinging rebuke to the Bush administration. Public support for physician-assisted suicide has spread to the neighboring state of Washington, where voters in 2008 approved a law allowing doctors to prescribe lethal medication to terminally ill patients. But the issue is far from settled. Voters in California, Michigan, and Maine have defeated similar measures in the past, suggesting that the debate stirs strong—and important—arguments on both sides.

The terminally ill, themselves, sometimes break the code of silence around death and dying, often with great impact. Four recent examples that captured national attention tell us more about how to live than about death or the dying process.

Mitch Albom's best-selling *Tuesdays with Morrie* (1997) chronicled the author's meetings with his terminally ill college professor from twenty years earlier, Morrie Schwartz. Later made into a stage play and movie, the book stresses Schwartz's optimism and refusal to be defeated by ALS.⁶

By the time Associate Professor of Computer Science Randy Pausch delivered his now-famous "Last Lecture" at Carnegie Mellon University in 2007, his doctors had said he had "three to six months of good health left" after a grueling bout with terminal pancreatic cancer. The title of the annual lecture series was ironic. Speakers were supposed to give a hypothetically final talk answering the question, "What wisdom would you try to impart to the world if you knew it was your last chance?" Pausch died ten months later, on July 25, 2008. Millions have seen Pausch's inspirational lecture, "Really Achieving Your Childhood Dreams," on YouTube or bought his "Last Lecture" book,

coauthored with Jeffrey Zaslow. Like Schwartz, Pausch is concerned with living well and fully, not dying.⁷

In *Chasing Daylight*, Eugene O’Kelly, who was told at age fifty-three that he would die in three-and-a-half months, describes the process of saying good-bye to family, friends, business associates, and acquaintances. Trying to come to terms with his death, he asks a fundamental question: “Who teaches you to embrace it?” The subtitle of the book, *How My Forthcoming Death Transformed My Life*, indicates that, in light of this ultimate loss, he made important discoveries about living.⁸

On National Public Radio, listeners got an inside look at life when a terminal cancer diagnosis over a span of two years. Leroy Sievers, a broadcast journalist and executive producer of *Nightline*, charted his life and battle with colorectal cancer. For two years, in daily blog entries published on www.npr.org, weekly podcasts, and occasional commentaries on NPR’s *Morning Edition*, Sievers wrote with startling honesty about his life and the various painful and experimental treatments he underwent after being told that he had six months to live. Each blog entry began with the same message: “After that day, your life is never the same. ‘That day’ is the day the doctor tells you, ‘you have cancer.’ Every one of us knows someone who’s had to face that news. It’s scary, it’s sad. But it’s still life, and it’s a life worth living.” Sievers died in August 2008 at age fifty-three.⁹

Many Americans face long-term deterioration from Alzheimer’s disease. In fact, Kiernan informs us, deaths from Alzheimer’s have doubled since 1980. Some 24.3 million people have the illness today, with an average life expectancy of eight years. By 2020 the number is expected to climb to 43.3 million. Alzheimer’s and similar debilitating conditions have become the topics of provocative and sometimes popular films.

Two movies, *Iris* (based on the memoir about British writer and philosopher Iris Murdoch by her husband, John Bayley) and *Away from Her* (adapted from the Alice Munro story “The Bear Came Over the Mountain”), depict the progression of Alzheimer’s disease and the consequences for the victims and their husbands. Until her death, Iris (played by Judi Dench) was cared for at home by her husband (Jim Broadbent). When Fiona (Julie Christie), in *Away from Her*, realizes she is forgetting things and wandering off, she asks to go into a nursing home. We watch as her husband Grant (Gordon Pinsent) comes to terms with the multiple losses: “He could not demand of her whether she did or did not remember him as her husband of nearly fifty years.”¹⁰

Movies have treated more controversial end-of-life issues. *The Sea Inside* movingly captures the situation of a terminally ill patient who chooses to die. It chronicles the real-life story of Spaniard Ramón Sampedro, who fought to be allowed to die with dignity after twenty-seven years living as a quadriplegic due to a diving accident. While his father says that his son's condition is God's will, Sampedro (Javier Bardem) asserts that living is a right, not an obligation. Sampedro's petitions to the Spanish courts to commit suicide legally are denied. Despite its illegality, he convinces Rosa (Lola Dueñas), with whom he has made friends, to help him die.¹¹

While *The Sea Inside* shows us the fight for the right to die by aid in dying, *Igby Goes Down* and *Million Dollar Baby* actually depict the act. *Igby Goes Down*—a dark comedy critiquing the teenaged protagonist's privileged world—opens and closes with a scene in which Igby (Nolan Culkin) and his older brother, Oliver (Ryan Phillippe), put their heavily sedated mother (Susan Sarandon) out of her misery by feeding her a mixture of pills and sauce, then putting a plastic bag over her head. While their relationship has not been a good one, the sons' actions are done in neither rancor nor vengeance, but with her consent. To the viewer this presentation of assisted suicide is new and shocking.¹²

In *Million Dollar Baby* (2004) the young working-class boxer (Hilary Swank) becomes paralyzed as the result of a fall in a fight. Maggie asks her trainer, Frank Dunn (Clint Eastwood), for help to die. After speaking to his priest about his dilemma, Frank refuses, so Maggie attempts suicide by biting her tongue multiple times in an attempt to bleed to death. The hospital staff prevents her further attempts. After much internal struggle, Dunn decides that Maggie's suffering should not continue, and he injects her with an overdose of adrenaline.¹³

And in what is said to be “the first broadcast on British television of the moment of death in a voluntary euthanasia case,” on December 10, 2008, the video *Right to Die?* was shown. It follows fifty-nine-year-old Craig Ewert, almost completely incapacitated with a motor neuron disease, to Dignitas, a clinic in Zurich, where he took a fatal dose of barbiturates. Ewert's wife described his deliberations: “Craig talks at length about all of this, he talks about his situation being one where his choice is between death and between suffering and death, and so, given those two choices, if he were to make a decision, he had to make a decision on which of those it would be for him.” She supported him in his decision to *publicly* take his life: “For Craig . . .

allowing the cameras to film his last moments . . . was about facing the end honestly. . . . He was keen to have it shown because when death is hidden and private, people don't face their fears about it."¹⁴

Television took on the subject of death with the darkly comic, popular HBO show *Six Feet Under*. Running for five seasons from 2001 to 2005, the show was set in a funeral parlor in Los Angeles. While death was the context, the real focus of the show was the relationships among the family members who ran this undertaking business. Jessica Mitford's 1963 exposé of the American funeral industry, *The American Way of Death*, is the progenitor of *Six Feet Under*. And before Mitford's book, in 1948 Evelyn Waugh's novel *The Loved One* bitingly exposed the L.A. funeral industry.¹⁵

Dealing with death has become a central theme in recent memoirs. In 2005 Joan Didion described the unexpected and instantaneous death of her husband of forty years, novelist John Gregory Dunne, due to a massive heart attack suffered at the dining room table. He died five days after their only child had lapsed into septic shock and a coma from which she would not awake for a month. In *The Year of Magical Thinking*, later turned into a play starring Vanessa Redgrave, Didion describes her first year of widowhood. In thinking about the message to her husband several years before about the dangerous condition of his arteries, she says, "As I recall this I realize how open we are to the persistent message that we can avert death. And to its punitive correlative, the message that if death catches us we have only ourselves to blame."¹⁶

Fiction writer and critic Susan Sontag's slow, painful death from cancer is told in words by her son, David Rieff, and in photographs by her partner, Annie Liebovitz.¹⁷ In *Swimming in a Sea of Death* (2008), Rieff angrily and sadly describes his mother's "positive denial" that she was going to die: "She was no more reconciled to extinction at 71 than she had been at 42 [when she was diagnosed with stage 4 breast cancer]." Liebovitz includes many pictures of Sontag in her retrospective, *Annie Liebovitz: A Photographer's Life, 1990–2005* (2006). Included are earlier photographs, but also a memento mori image of the writer's body on a table in a funeral home and images of her as she was a patient at the Fred Hutchinson Cancer Research Center in Seattle, obviously dying. Unsettling in their intimacy, the photographs nevertheless make death and dying brutally real.

If Liebovitz's photographs reveal an attempt to capture a moment, Didion's and Rieff's complex memoirs suggest the ways in which we try to

both avoid and control death, the limits of these attempts, and the pain of loss and guilt for those who remain behind.

This question of control lies behind many, though not all, of the headline-grabbing controversies, legal disputes, best-selling books, and powerful, if rare, media treatments of death and dying. This isn't surprising. In *Last Rights: Rescuing the End of Life from the Medical System*, Stephen P. Kiernan (see his chapter in Part Two) reminds us that "[w]hen dying is a process, the manner and meaning of a person's final days are not left to chance. There are options and opportunities; there are choices."¹⁸

Writers throughout this collection stress the importance of last options, including the "occasional need for an assisted death," an option now available legally in the United States only in Oregon and Washington. Quoting Dr. Timothy Quill of the University of Rochester School of Medicine, *New York Times* columnist Jane E. Brody writes that "knowing last-resort options are available 'is very important to those who fear being trapped in a life filled with suffering without the prospect of a timely escape.'"¹⁹ This holds whether people choose to exercise this option or not.

Does a measure of autonomy contribute to a good death? The term itself can be problematic since everyone may not have the same criteria for what is "good." Our definitions are shaped by our culture, our religion or lack of religion, and our value system, among many other factors. Jane Brody says that coming to an acceptance of one's death is often defined as necessary for a good death (certainly by those in the hospice movement). But this may not always be true. She adds that those who never achieve acceptance, remaining in denial and/or fighting to the end by "leaving no therapeutic stone unturned, can also have a good death."²⁰

Rebin Marantz Henig, in the *New York Times* article "Will We Ever Arrive at the Good Death?" warns that "we're addicted to the belief that we can micromanage death. We tend to think of a 'good death' as one that we can control, making decisions about how much intervention we want, how much pain relief, whether it's in the home or the hospital, whom will be by our sides. We even sometimes try to make decisions about what we will die from." This effort is unrealistic, she adds, since "dying is awfully hard to choreograph."²¹

The essays in *Final Acts: Death, Dying and the Choices We Make* aren't about choreographing death, but about learning how to dance with it as a full partner, with dignity, without letting it lead your every move.

Sherwin B. Nuland, writing in *How We Die*, says that there isn't really such a thing as a good death, but there are right and wrong deaths, over which we should have some control.²² Death with dignity is thus about understanding the dying process and lethal illness and not having unrealistic expectations. "It is also the recognition that the *real* event taking place at the end of our life is our death, not the attempts to prevent it."²³

NOTES

1. The United States ranks second among nations of the world in the number of people eighty and over. (China ranks first.) Although the United States contains less than 5 percent of the world's population, it has 13 percent of its people eighty and over (<http://www.census.gov/Press-Release/www/2002/cbo2cn173.html>). A good source on aging is the monthly electronic newsletter edited by B. F. Moody, *Teaching Gerontology* (AARP Office of Academic Affairs), available at http://www.aarp.org/research/academic/teaching_gerontology.html.
2. Dr. Atul Gawande, "The Way We Age Now," *The New Yorker*, April 30, 2007, 50–59.
3. The most recent editions are: Derek Humphry, *Man's Way* (Junction City, OR: Norris Lane Press, 2003) and *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying*, 3rd ed. (New York: D.E., 2003). In a 2005 letter available at www.assistedsuicide.org/farewell-to-ny-lock.html, Humphry explains how the organization's name changed, it has merged into Compassion and Choices (www.compassionandchoices.org).
4. See Caryn James's review of the *60 Minutes* episode, "'60 Minutes,' Kevorkian and a Death for the Camera," *New York Times*, November 23, 1998.
5. An Italian case similar to Schiavo's is that of Eluana Englaro, age 38, who had been in a persistent vegetative state since a 1992 car accident. Opposed by the Catholic Church, her father repeatedly fought in court for the right to remove her feeding tube. A private clinic finally agreed to remove the tube, after public clinics refused. Prime Minister Silvio Berlusconi then introduced an emergency measure permitting the removal, but President Giorgi Napolitan refused to sign it, so it was drafted into a bill for Senate consideration. Ms. Englaro died during the emergency session of the Senate. "Death Ends Coma Case That Set Off Furor in Italy," *New York Times*, February 10, 2009.
6. Mitch Albom, *Sundays with Morrie: An Old Man, a Young Man, and Life's Greatest Lesson* (New York: Doubleday, 1997).
7. See Pausch's Web site, <http://download.srv.cs.cmu.edu/~pausch/>, to download "Last Lecture" and for further information on him. Randy Pausch with Jeffrey Zaslow, *The Last Lecture* (New York: Hyperion, 2008).
8. Eugene O'Kelly (with Andrew Postman), *Chasing Daylight: How My Forthcoming Death Transformed My Life* (New York: McGraw-Hill, 2006), 134.
9. For information on Leroy Sievers, see National Public Radio's Web site: <http://www.npr.org/templates/story/story.php?storyId=5503400>.

10. *Iris*, directed by Richard Eyre (Miramax Films, 2001), was based on John Bayley's *Elegy for Iris* (New York: Picador, 1999). *Away from Her*, directed by Sarah Polley (Lions Gate Films, 2007), was adapted from Alice Munro's short story "The Bear Came Over the Mountain," in her *Hateship, Friendship, Courtship, Marriage* (New York: Vintage, 2002).
11. *The Sea Inside*, directed by Alejandro Amenábar (Fine Line Features, 2004). The director was influenced by Sampedro's best-selling collection, *Cartas desde el infierno (Letters from Hell)* (Barcelona: Planeta, 2005). See also the documentary *Exit: The Right to Die*, directed by Fernand Melgar (First Run/Icarus Films, 2006). Another award-winning film, *The Diving Bell and the Butterfly*, directed by Julian Schnabel (Miramax Films, 2007), based on Jean-Dominique Bauby's memoir, depicts a debilitating condition known as locked-in syndrome, which the writer had after suffering a massive stroke at the age of forty-three. Totally paralyzed, Bauby could communicate only by blinking his left eyelid. When his speech therapist and later his friends would read him an alphabet, Bauby (Mathieu Amalric) would blink at the letter he wanted; over the course of two months, he completed a memoir, only to die of pneumonia ten days after its publication. While his first words, when he learned to communicate, were "I want to die," Bauby, in contrast to Sampedro in *The Sea Inside*, never pursued that impulse. Instead, he put all his energy into writing his memoir. He was not locked in for as long as Sampedro, who lived for twenty-seven years in his paralyzed state. In an interview in the *Guardian* (as quoted in *Salon*, as well as in an interview on *Charlie Rose*), Schnabel says that he was terrified of death his whole life. "I made this movie, and I'm not scared to die," he says. (From Beth Arnold, "The Truth about 'The Diving Bell and the Butterfly,'" http://www.salon.com/ent/feature/2008/02/23/diving_bell/print.html, and an interview on the DVD).
12. *Igby Goes Down*, directed by Burr Steers (United Artists, 2002).
13. Narrated by Morgan Freeman, playing a long-time employee of the gym, *Million Dollar Baby* (Lions Gate Entertainment and Warner Bros. Pictures, 2004) was directed by Clint Eastwood; the screenplay is by Paul Haggis. Some disability rights activists protested the ending, in which Frank carries out Maggie's wish to die after she becomes a quadriplegic as a result of a spinal cord injury. Disability rights activists believed that the ending supported the euthanasia of disabled people. For a discussion see, for example, Mary Johnson, "'Million Dollar Baby' Cheap Shot at Disabled," February 24, 2005, http://seattlepi.nwsource.com/opinion/213287_disability24.html; and "Million Dollar Baby Built on Prejudice about People with Disabilities," February 2005, <http://www.dredf.org/archives/mdb.shtml>.
14. See <http://news.sky.com/skynews/Home/UK-News/Sky-Real-Lives-Shows-Craig-Ewert-Suicide-Death-On-Day-Daniel-James-Assisted-Suicide-Inquest-Opens/Article/200812215176021> and Sarah Lyall, "TV Broadcast of an Assisted Suicide Intensifies a Contentious Debate in Britain," *New York Times*, December 11, 2008.
15. Just before her death in 1996, Mitford revised and updated her best-selling study with *The American Way of Death Revisited*, looking at new trends, such as inflated cremation costs, pay-in-advance funerals, and the domination of the death-care industry by multinational corporations. The film *The Loved One* was directed Tony Richardson and written by Terry Southern and Christopher Isherwood.

16. Joan Didion, *The Year of Magical Thinking* (New York: Knopf, 2005), 206.
17. David Rieff writes about his mother, Susan Sontag, in "Illness as More Than Metaphor," *New York Times*, December 4, 2005, and *Swimming in a Sea of Death: A Son's Memoir* (New York: Simon & Schuster, 2008). Liebovitz includes photographs of the ill and dying Sontag in *Annie Liebovitz: A Photographer's Life* (New York: Random House, 2006).
18. Stephen P. Kiernan, *Last Rights: Rescuing the End of Life from the Medical System* (New York: St Martin's Griffin, 2006), 13.
19. Jane Brody, "A Heartfelt Appeal for a Graceful Exit," *New York Times*, February 5, 2008. She quotes Quill from the May 2004 issue of *New England Journal of Medicine*.
20. Jane Brody, "World Enough and Time for 'a Good Death,'" *New York Times*, October 31, 2006.
21. Robin Marantz Henig, "Will We Ever Arrive at the Good Death?" *New York Times*, August 7, 2005.
22. In *How We Die: Reflections on Life's Final Chapter* (New York: Vintage Books, 1995), Nuland traces the concept of the good death and then the beautiful death, saying that the good death has always been for the most part a myth, but "never nearly as much as today" (xvi). Nuland explains that "too often, patients and their families cherish expectations that cannot be met," causing the death process to be frustrating and disappointing (142). "For each of us," he writes, "there may be a death that is the right death, and we should strive to find it, while accepting that it may prove ultimately to be beyond our grasp" (264).
23. *Ibid.*, 258.

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