



*Citation for published version:*

Walter, T 2003, 'Historical and cultural variants on the good death', *BMJ*, vol. 327, no. 7408, pp. 218-220.  
<https://doi.org/10.1136/bmj.327.7408.218>

*DOI:*

[10.1136/bmj.327.7408.218](https://doi.org/10.1136/bmj.327.7408.218)

*Publication date:*

2003

[Link to publication](#)

Published in *British Medical Journal (BMJ)*, 327 (7408), pp. 218-220.  
<http://dx.doi.org/10.1136/bmj.327.7408.218>

## University of Bath

### General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

### Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

- 3 Martin M. *La statue de la mise au tombeau du Christ des XV<sup>e</sup> et XVI<sup>e</sup> siècles en Europe occidentale*. Paris: Picard, 1997.
- 4 Huizinga J. *The waning of the Middle Ages*. Harmondsworth: Penguin, 1976.
- 5 Kurtz LP. *The dance of death and the macabre spirit in European literature*. New York: Columbia University, 1934.
- 6 Mackenbach JP. Social inequality and death as illustrated in late-medieval death dances. *Am J Pub Health* 1995;85:1285-92.
- 7 Wrigley EA, Schofield RS. *The population history of Britain 1541-1871: a reconstruction*. London: Edward Arnold, 1981.
- 8 Flinn MW. *The European demographic system 1500-1820*. Brighton: Harvester Press, 1981.
- 9 Van Os H. *The art of devotion in the late Middle Ages in Europe 1300-1500*. London: Merrell Holbertson, 1994.
- 10 Breure L. *Doodsbeleving en levenshouding* [Attitudes to death and life]. Hilversum: Verloren, 1987.
- 11 Mâle E. *Religious art in France. The late Middle Ages: a study of medieval iconography and its sources*. Princeton: Princeton University Press, 1986.
- 12 Elias N. *Über den Prozess der Zivilisation; soziogenetische und psychogenetische Untersuchungen*. Berne: Francke Verlag, 1969.
- 13 Boase TS. *Death in the middle ages; mortality, judgement and remembrance*. London: Thames and Hudson, 1972.
- 14 Gatrud AR. Muslim customs surrounding death, bereavement, postmortem examinations, and organ transplants. *BMJ* 1994;309:521-3.
- 15 Freud S. *Mourning and melancholia*. Standard edition, Vol 14. Reprinted in: *Pelican Freud Library No 11*. Harmondsworth: Penguin, 1980.
- 16 Ariès P. *L'homme devant la mort*. Paris: Editions du Seuil, 1977.
- 17 Kubler Ross E. *On death and dying*. New York: MacMillan, 1969.
- 18 Bonanno GA, Kaltman S. Toward an integrative perspective on bereavement. *Psychol Bull* 1999;125:760-76.

## Historical and cultural variants on the good death

Tony Walter

Dominated by religion in the past and by medicine in the present: the idea of what constitutes a good death has changed in different cultures and societies throughout history, perhaps nowhere more so than in our globalised, Western cultures. After a period of individualisation, shared experiences with fellow sufferers now seem to be increasing in popularity

Department of  
Sociology,  
University of  
Reading, Reading  
RG6 6AA  
Tony Walter  
reader in sociology  
j.a.walter@  
reading.ac.uk

BMJ 2003;327:218-20

Here is an account of the death of a French peasant in the 19th century:

"She contracted a summer cholera. After four days she asked to see the village priest, who came and wanted to give her the last rites. 'Not yet, M. le curé; I'll let you know when the time comes.' Two days later: 'Go and tell M. le curé to bring me Extreme Unction.'"<sup>1</sup>

This woman died a good death according to the lights of her society, but this is very different from the good death of modern Western societies. Firstly, she wanted to see the priest, not the doctor; today, dying is ruled not by religion but by medicine. Secondly, she died in a local community in which everyone knew their script; today, palliative care encourages individuals to write their own scripts for dying, as they do for living. Thirdly, the *ars moriendi* of her time assumed that she would die in a few days of an infectious disease; today, we are struggling to learn how to die much more slowly of the degenerative diseases of old age.

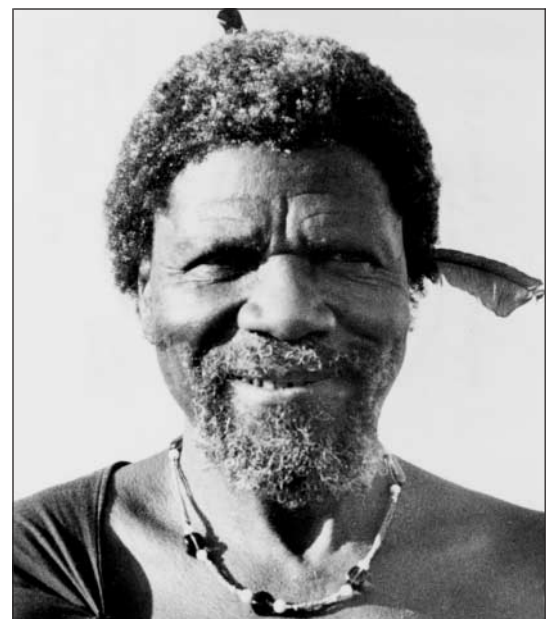
The good death depends on one's society and culture. Norms for the good death therefore vary widely within a multicultural society. In this article, I argue that cultural norms about the good death depend in particular on, firstly, the extent of secularisation, secondly, the extent of individualism, and thirdly, how long the typical death takes.

### Religion and secularisation

In tribal societies, to belong to the tribe is to adhere to the tribal religion. In many societies one particular world religion is the religion of that society, and it is expected that members of the society adhere to the religion. Religion is in part what glues such societies together.<sup>2</sup> The death of any one member undermines the family, the community, and even (for individuals of a high social status) the entire society, so it is important that death is managed according to the required religious rites, for it is these rites that glue the group together at precisely the time that it is most threatened.

One sees dying according to the book today in those societies that are dominated by Hinduism,<sup>3</sup> Islam, Judaism, and Catholicism.

But many modern Western societies are not like that. Firstly, many have been influenced by Protestantism, which is founded on the belief that there is nothing the living can do to help the soul's passage after death. Secondly, most European societies are now highly secular, with only around 40% of Europeans believing in an afterlife, although this goes up to 75% for the Irish (north and south) and for Americans.<sup>4</sup> For many people today there is thus no afterlife to prepare for, on one's deathbed or at any other time. More importantly, whatever individuals believe, modern



In a meeting, King Sobhuza II of Swaziland (1899-1982) dismissed all of his advisers, except the minister of health. To him, the King said, "I am going." Confused, the minister asked where. The King smiled, waved goodbye, and died

TOP PHOTO

social institutions (and this is as true of the United States as of Europe) presume that this is the only life.

So, thirdly, religion becomes a personal choice, even in a religious society such as the United States. At first, this meant the choice to choose a particular denomination, but increasingly it means developing one's own personal spirituality, in which bits and pieces of any religion or none may be mixed and matched. The ultimate authority is not one's community, nor the sacred text of one's chosen religion, but "what works for me." In Britain, this is now reflected in healthcare chaplaincy, which increasingly sees its task as helping patients to discover their own spirituality and find their own path through illness or death.<sup>5</sup> It is also true of the hospice movement in English speaking countries—in many other countries hospices have more traditional religious practices around the deathbed.

## Community and individual

For reasons that are still, despite the best efforts of historians,<sup>6</sup> lost in the mists of time, the English have been among the most individualistic of peoples. This goes back to at least the 12th century and has profoundly influenced how English culture<sup>7</sup>—and its colonial child, American culture<sup>8</sup>—approach both life and death. It is probably no coincidence that Britain took to the Reformation, with its individualistic relationship between individuals and their saviour. It is certainly no coincidence that modern palliative care began in England, rooted easily in the United States and other former colonies, and struggles in countries such as Italy, where the family takes precedence over the individual,<sup>9</sup> and hierarchical Japan, where doctors' orders have much greater weight than patients' preferences.<sup>10</sup>

Although palliative care is publicly against active, voluntary euthanasia, the two actually have one thing in common. Both find support in individualistic societies that promote personal autonomy—the right of individuals to make their own choices about how they should live and die. For advocates of both palliative care and euthanasia, the good death is one in which I make my own choices about my last days and months. In individualistic societies, the bad death is that of the person with no autonomy: the patient with stroke or Alzheimer's disease, who cannot communicate his or her wishes or whose brain has so deteriorated that there are no wishes left.

Individualistic societies (and these are often secularised Protestant societies) have very particular notions of the good death. But these societies are now typically multicultural, and the majority notion of a good death may not be shared by minority groups that pay more respect to religion, family, or community. One Hindu describes their practice: "The belief is that you should die on the floor. Here a lot of people die in hospitals and a lot of us families are very shy to ask for what we want. We feel out of place, like a Muslim praying on the factory floor."<sup>11</sup> Dying on the floor, with a dozen or more family members praying and chanting, is certainly not the normal way of a British hospital and may disturb other patients as much as staff. Second generation migrants from the Indian subcontinent

## Summary points

A good death depends on culture and changes over time

There are different notions of the good death, especially in a multicultural society

Religion and secularism influence ideas about the good death

Individualistic societies promote the personal autonomy of the dying, including palliative care and voluntary euthanasia

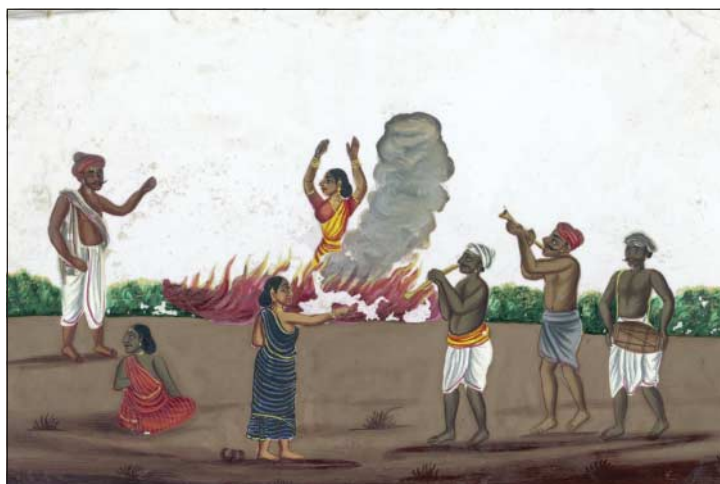
A challenge today is how to die well from the slow degenerative diseases of old age

may have different views again, as a Sikh doctor notes with some nostalgia:

"In India the older generation would keep old folks at home because they would have had the experience of supporting the dying at home, but here people expect health care professionals to do it."<sup>12</sup>

## Quick dying, slow dying

The *ars moriendi* of the Middle Ages, in which dying people made their peace with their Maker, presumed that the person concerned would die in a matter of days. Now, however, modern medicine can diagnose early, but rarely cure definitely, major killers such as cancer, heart disease, dementia, and HIV infection. A lot of us are walking around knowing that we, or one we love, have a life threatening illness; and we may have to live with this knowledge for decades. Even when the terminal period starts, the doctor may tell us it will be months, or even a year or two. So the question about how to die well today is how to live for months, or even years, knowing that we are dying. This question is what both the palliative care and the euthanasia movements are addressing. It is also the question that many people who are caring for family



Suttee: An Indian widow burns on her husband's funeral pyre

members with stroke or dementia do not know how to begin to address.

Many of us would like to go out like a light one night after 20 years of active retirement, a good round of golf, and a nice meal, but we know the chances are slim. Few will have this privilege of sudden, unconscious death; many dread the lengthy, conscious death of cancer or dementia. So in Britain a ready market has developed for autobiographical books, newspaper columns, and television programmes about dying slowly, informing a perplexed society what it is like to die of cancer<sup>11</sup> or care for someone with Alzheimer's.<sup>12</sup> We are witnessing the development of a new art of dying,<sup>13</sup> with hospices, journalists, and dying people themselves writing the scripts for a new heroism in the face of the old Grim Reaper.<sup>14</sup>

I began with a quote from a rural society, in which people died at home, surrounded by family and neighbours, helped on their way by the priests' rites. By the end of the 20th century most people died in hospital, surrounded by tubes, relays of nurses, and junior house doctors. Nowadays, dying can take years in which medical staff may be present for only a few minutes, and family members have moved to the other end of the country or are left behind in Iraq or Zimbabwe. In this ultra-individualised, ultra-globalised world patients are increasingly finding their own paths, in the company of other patients, whom they meet through the internet and self help groups. So the last,

perhaps prophetic, word goes to the founder of BACUP (the British Association of Cancer United Patients), which attempts to combine medical knowledge with that of patients and their families: "I finally met a fellow young patient with ovarian cancer. We shared our experiences ... Through this, I realised that other patients could give me something unique which I could not obtain from my doctors or nurses, however caring."<sup>15</sup>

Competing interests: None declared.

- 1 Ariès P. *The hour of our death*. London: Allen Lane, 1981:10.
- 2 Durkheim E. *The elementary forms of the religious life*. London: Unwin, 1915.
- 3 Firth S. Approaches to death in Hindu and Sikh communities in Britain. In: Dickenson D, Johnson M, eds. *Death, dying and bereavement*. London: Sage, 1993.
- 4 Walter T. *The eclipse of eternity: a sociology of the afterlife*. Basingstoke: Macmillan, 1996:32-3.
- 5 Walter T. The ideology and organization of spiritual care: three approaches. *Palliat Med* 1997;11:21-30.
- 6 Macfarlane A. *The origins of English individualism*. Oxford: Blackwell, 1978.
- 7 Gittings C. *Death, burial and the individual in early modern England*. London: Croom Helm, 1984.
- 8 Stanard D. *The Puritan way of death*. New York: Oxford University Press, 1977.
- 9 Pellegrino E. Is truth telling to the patient a cultural artifact? *JAMA* 1992;268: 1734-5.
- 10 Paton L, Wicks M. The growth of the hospice movement in Japan. *Am J Hosp Palliat Care* 1996;13:26-31.
- 11 Diamond J. *C: because cowards get cancer too*. London: Vermillion, 1998.
- 12 Bayley J. *Iris and the friends: a year of memories*. London: Abacus, 2000.
- 13 Walter T. *The revival of death*. London: Routledge, 1994.
- 14 Seale C. Heroic death. *Sociology* 1995;29:597-613.
- 15 Clement-Jones V. Cancer and beyond: the formation of BACUP. *BMJ* 1985;219:1021-3.

### Death as part of a person's history

Penelope Lively's book *Moon Tiger* describes the last week of historian Claudia Hampton, who is dying in hospital. In her remaining few days she looks back over her varied life and the people remaining who were important to her. Fiercely independent, she has lived a life that was unconventional by the standards of her time, and personal experiences and historical events become intertwined in Claudia's mind as she approaches that moment in the history of the world with which she has been preoccupied throughout the novel: her final moment, where she seems to find peace:

"And then the rain stops. Gradually, the room is filled with light; the bare criss-crossing branches of the tree are hung with drops and as the sun comes out it catches the drops and they flash with colour—blue, yellow, green, pink. The branches are black against a golden orange sky, black and brilliant. Claudia gazes at this; it is as though the spectacle has been laid on for her pleasure and she is filled with elation, a surge of joy, of well-being, of wonder.

"The sun sinks and the glittering tree is extinguished. The room darkens again. Presently it is quite dim; the window is violet now, showing the black tracery of branches and a line of houses packed with squares of light. And within the room a change has taken place. It is empty."

Birte Twisselmann *BMJ*

*Moon Tiger*, by Penelope Lively, was awarded the Booker Prize in 1987 and is published by Penguin Books.

### Death as the dramatic climax to a staged life

In Shakespeare's *Antony and Cleopatra*, the Egyptian queen stages her own death by suicide from snakebite as the climax and apotheosis of a life that she engineers like consummate drama throughout the play. Magnificently attired and composed, as befits a queen, she envisages a transition to an afterlife in which she will be reunited with her lover, Antony, who has predeceased her. Her passage into immortality will bestow a quasi-mythical status of marriage on the two. She conjures up their grand passion and characterises herself in all her exotic, pagan glory in the first part of her farewell speech:

Give me my robe, put on my crown;  
I have  
Immortal longings in me. Now no more  
The juice of Egypt's grape shall moist this lip.  
Yare, yare, good Iras; quick. Methinks I hear  
Antony call. I see him rouse himself  
To praise my noble act. I hear him mock  
The luck of Caesar, which the gods give men  
To excuse their after wrath. Husband, I come.  
Now to that name my courage prove my title!  
I am fire and air, my other elements  
I give to baser life. So, have you done?  
Come then, and take the last warmth of  
my lips.  
Farewell, kind Charmian. Iras, long farewell ...  
Birte Twisselmann *BMJ*