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# What Makes a Good Death ?

by Daniel Callahan

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What "makes a good death"? This is a troublesome question, looking easy on the surface but becoming more complex, more baffling, as one gets closer to it. If someone snuck up behind me right now, murderously shooting me instantly dead, I would surely die in a kind of peace: my life is in decent enough order, my financial affairs are in good shape, and I have nothing important that has been left undone. I would also, not incidentally, have died with no more than a nanosecond of pain, which is tolerable enough.

Yet it is hard to see how such an event could be called a "good death." It would be violent, against my will, and emblematic of the profound social disorder that murder always represents. It would be the occasion of a disturbing sense of tragedy and evil for my family and friends, as murder always is. The fact that I felt little pain, had not lingered on before I died, and exhibited none of the alleged indignity of some slow-acting death would be beside the point.

Let us imagine a vastly different situation. This time I die of a heart attack, quite unexpected, but mercifully quick. However, although nice for me physically, this situation would not make my family happy either; there would have been no time for leave-taking, no closure of important relationships. And maybe it would not be so good for me either, allowing no chance for me to collect myself, to put my interior life in order.

Imagine a third scenario. Here I die slowly of a painful cancer. This time I take leave of my family fully and affectionately, I have time to order my inner life; only pain interferes with an otherwise ideal situation, forcing me to long for death and even, against my life-long moral con-

victions, to contemplate suicide. This scenario does not seem quite right either.

Is it possible to get everything "right," to have a "good" death? What does that really *mean*? I have come to think that, first of all, a "good" death will always be partly a matter of chance. Most of us, after all, don't get to choose our fatal disease or have it progress in some optimal fashion. We get what we get. Nevertheless, even things labeled "chance" can be affected by other things. And in this case, how we respond to the form of death that chance, good luck, or bad luck throws our way can make a difference. Some people do well with the worst kind of physical deaths, while others do poorly with a relatively benign death.

And, hence, the elusiveness, the troublesomeness, of the idea — or ideal — of a "good death." Nonetheless, I will venture to cut through some of the confusion and make a few suggestions. First, I will distinguish between (1) the external, physical side of death, and (2) the internal, psychological (or the spiritual) side.

By the external side of death, I include most of what people think of as crucial elements in determining whether a death is good or bad. These elements include pain and suffering; the sense of embarrassment or indignity felt as a result of one's condition; the respect with which one is treated by others; the steadfastness or abandonment of one's caretakers, familial or medical; the way one

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looks, smells, and behaves; the felt dependence upon others, including the degree of burden upon others; consciousness and alertness; and the timeliness of death at a particular stage of life. When people talk about sad, or bad, deaths, they usually mean that something went wrong with one or more items in that list.

By the internal side of dying, I would include what one makes of one's dying, that is, how a

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person interprets dying as a part of life; how one responds to the unpleasant or bad aspects of the external side of dying; and the meaning attached to the experience of dying. This is where real complications begin and for one simple but profound reason: there may not be, and need not be, any correlation between a "bad" external death and one that is perceived by oneself and others as a "good" death internally. Why is that?

It is difficult to give a fully coherent answer to that question, but I will try. The most important point is that the physical events in a life, including illness and dying, do not carry intrinsic, inevitable human meaning. They are simply brute events that must be interpreted and given meaning. That's one reason why religion, philosophy, literature, and the like have endured over the centuries: we need them to help us make sense of those brute events. Moreover, it is not just the physical events — pain and abandonment, for instance — that need interpretation, but psychological events as well. There is, for instance, a kind of natural embarrassment in incontinence, or drooling, or uncontrollable movements of the

limbs. But whether they are interpreted as an insult to human dignity (as some seem to think of them) or just an embarrassment to be put up with, saying little about real dignity (as we think of babies who wet their diapers), is a matter of interpretation and, perhaps, evaluation. For what is at stake is the way we decide to evaluate brute events, physical and psychological. We can treat them as terrible, which they surely can be, or we can treat them as challenges, understanding that what really matters is how we respond to them. This underscores what many have perceived: that some people manage to have a good death internally that seems appalling when viewed externally.

But once that has been observed, a still more momentous possibility presents itself: whether we die a good or bad death depends greatly upon the kind of person we are, or can become. Nothing is fixed. A comparable phenomenon has presented itself in the awful death camps and gulags of the twentieth century: many people died with dignity, had a *good* death, even under the worst of circumstances. Somehow they overcame the atrocities forced on them, but they did it with what was within themselves, calling upon virtues such as courage, endurance, and patience. Certainly some people will do better in finding such virtues within themselves than others.

Can a wholly bad death physically be redeemed by such virtues? Clearly the answer is yes, for people obviously do it. Can everyone do it? Many, in fact do not. But could it be otherwise? As in many areas of life, much depends upon how others treat and respond to us. We will need to help each other die a good death, removing the obstacles to a good external death — working to reduce pain and suffering, to promise non-abandonment, to provide warmth and empathy; to do, in fact, everything that will make the inner task easier for someone. That is probably all we can do. After that, each of us is on our own.