

THE DENIAL OF DEATH

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“No one gets out alive.”

Jim Morrison
The Doors

The most defining place on earth is a morgue. If we as a society are looking for fairness, the only place I know of is a morgue. For those in the morgue it does not matter who someone was or could have been, what they owned, their once held position or their social status, political beliefs, how they looked and dressed, or what their faults may have been. In the morgue everything is permanently equal – thus fair.

A morgue is a great place for a true reality check – a calibration of what is important in life. For those who think they are special, have power over others, and are too good for the common folks, whatever; a morgue will set them straight. No one cares here. And, they will not care forever.

So, what does any of this have to do with the Emergency Medical System you may ask? I submit everything. Any serious discussion regarding EMS must address our own inevitable mortality.

According to the latest's report from the US Department of Health and Human Services, Center for Disease Control, 2,436,682 people died in the United States in 2009. This is a crude death rate of 793.7 per 100,000. The 2009 death rate is less than 2008 and supports a continued decline in the national death rate. Put another way, we are living longer.

The top five leading causes of death continue to be heart disease, various cancers, chronic lower respiratory disease, cerebrovascular disease and accidents. Some would suggest that for most part these are also preventable diseases so why do they remain the leading cause of death?

Diet, exercise, not smoking, not over consuming alcohol and other intoxicants will significantly improve the longevity of most people absent heredity and outside factors such as working environment, stress and contamination from outside sources. If humans are so afraid of dying, why do we abuse ourselves so much?

CBS news recently reported that Medicare provided \$55 billion in payments for physician and hospital expenses during the last two months of patients' lives. For perspective, this is more than the Departments of Homeland Security and Education combined! Moreover, it is reported that 20 to 30 percent of these expenses may have no positive impact on patient care.

The 2001 report *Medicare Beneficiaries' Cost of Care in the Last Year of Life* is one of many reports exploring the costs of end-of-life care and the personal importance it places on each of us. The report concludes: “The data suggests that most of us will pass through a period of substantial illness burden, functional impairment, or cognitive impairment prior to death. In our own self-interest, we should judge a proposed future Medicare system, at least in part, on the likelihood that it will provide good care to persons at the end of life.”

Despite all of our best efforts and billions of dollars spent, sooner or later we still all die. Mercury News reporter Lisa Krieger’s recent article about her own “poignant tale” about her father’s death “poses a modern dilemma: Just because it’s possible to prolong a life, should we?”

I clearly recall the first fatal traffic collision I responded to as if it were yesterday. It was 1977, in the north bound lanes of Santa Ana Freeway, just north of the Riverside freeway, in Orange County. A southbound station wagon driven by an intoxicated driver hit the center divider and was catapulted into the north-bound lanes hitting a VW while still airborne. The driver of the VW was killed instantly as her unrestrained infant was ejected onto the right-shoulder next the station wagon that hit them. Both drivers and their passengers were killed in this afternoon rush hour collision.

To add to this tragic event, the husband of the young mother was returning home from work and stuck in traffic. He noticed his wife’s bright yellow VW stopped in the lane of traffic with the yellow blanket draped over the windshield. He stopped, hopped the center divider and approached the vehicle, but not in time for the CHP to stop him. His life was changed forever. So was everyone’s who responded, including mine.

The Encyclopedia of Death and Dying article *Emergency Medical Technicians* points out “The struggle between life and death is the fundamental responsibility of the Emergency Medical Services professional; EMS systems provide medical safety net for the public.”

The report continues, “The primary goal of the EMS system is to provide acute care; additional roles are accident and injury prevention, treatment of chronic conditions, and assisting in improvements in the overall health of the community.”

Understandably, the public expects EMT’s, paramedics and firefighters to save lives, to reduce pain, rescue the trapped and transport the sick and injured to the hospital. To the public, our “heroes” are “lifesavers” and “robbers of death.” Regrettably, while we all would like to believe this, it is not always true.

Who helps the people within the EMS system – the EMT’s, paramedics, nurses, physicians and lab technicians to name a few? Who do they turn too in time of need and comfort? How do they deal with their own perceptions of death and dying? How do they deal with what they are

exposed to everyday? What do these people do when they are subjected to these situations in their own lives?

Working around death and the terminally ill has a serious impact on those who do it. It forces an individual to face their own issues regarding the reality of death. This is particularly challenging for EMS professionals because they are all too frequently caught in the moment of reality where despite all the best efforts, nothing can be done.

For example, despite what many people think, most cardiac arrest patients die either at the scene or after arrival at an emergency room. These events are particularly difficult for EMS personnel because they are generally in public view or in the victim's home with the family watching. People demand something to be done.

Next to Elisabeth Kübler-Ross's books, *On Death and Dying* and *Answers on Death and Dying*, Ernest Becker's Pulitzer Prize award winning book *The Denial of Death* is considered by many to be the definitive work on the "why" of human existence. The first paragraph of the book reads: "The first thing we have to do with heroism is to lay bare its underside, show what gives human heroics its specific nature and impetus. Here we introduce directly one of the great rediscoveries of modern thought: that of all things that move man, one the principal ones is his terror of death."

N. S. Shaler's in his book *The Individual: A Study of Life and Death* wrote, "Heroism is the first and foremost a reflex of the terror of death."

So, what is this enormous burden that we place on those working in our EMS system to overcome the fear and terror of death? Patrick Sheen's 2003 documentary *Flight from Death* explores this and other social issues that confront all of us every day. The film suggests "Death anxiety as a possible root cause of many human behaviors on a psychological, spiritual, and cultural level."

This is a big chunk of analyses for a young EMT, paramedic or police officer to digest as they respond from one medical emergency to the next, day after day, week after week. Try as they may to adjust to the stress, first responders must deal with these hard realities complicated by politics, egos, funding issues, insurance gamesmanship, staffing limitations; legal, moral, religious and ethical challenges, and their own personal lives and beliefs. None of these realities can be found in any job description.

Nonetheless, no matter what, no matter when, and no matter where, help responds when someone calls 9-1-1, be it law enforcement, fire or medical. This response is without reservation as to whom, why or who is going to pay. I return once again to the comment by one local EMS official: "It's complicated." Indeed it is.