

The Malagasy people erect intricately carved timber funerary pole sculptures, *aloalo* (right), as a link to the underworld. But in a more high-tech approach, 'Vessels' are operational at Recompose, a funeral home in Kent, US (opposite), where they are filled with soil to organically reduce bodies into human compost



METROPOLITAN MUSEUM OF ART, NEW YORK

The Covid-19 pandemic is driving a more humane rethink on care at the end of life and after death, write *Karla Rothstein* and *Christina Staudt*

Living death



SABEL ROIZEN

From an American perspective the current state of death care appears bleak: a mismanaged pandemic has exacted a worldwide toll well exceeding 2 million (as of February 2021), with Belgium, the UK, Italy and the US having among the highest Covid-19 per capita death rates at over 1,000 deaths per million. Countless families are bereft, many never having been able to say goodbye to their hospitalised loved ones or memorialise them as they would have wished. Overworked, under-equipped hospital staff have been stretched to their limit caring for the infected and the dying.

But death care deficiencies did not arrive with the pandemic. Millions of frail, elderly individuals have passed their final years isolated in institutional settings, often without a hand to hold when taking their last breath. While a smaller number of Americans die in hospitals than 20 years ago, deaths in nursing facilities remain at around 20 per cent, the vast majority of whom would have preferred to die at home.

Antiquated funeral laws, local cemetery regulations, and funeral home policies compel families to spend excessively on final arrangements. Under-regulated crematoria spew carbon fumes, each incineration comparable in carbon emissions to the energy consumption of the average American home for one month. Many cemeteries in dense urban areas around the world face dire limits on burial space. In New York City, for example, cemetery lots are expected to be depleted by 2025.

The reimagining and redressing of death care is an opportunity to engage with humanity's mortality and build a more compassionate and equitable society. The current social and cultural climate is receptive to, indeed demands, holistic, expanded family-centred care approaches and post-mortem spaces of dignity and healing. Mortality's temporal constraint propels us to uncover meaning and purpose in life. Consciously recognised or not, the inevitability of death is foundational to cultural manifestations and production.

It influences personal predilection and acquired thought, and drives basic survival measures; it spurs legacy inclination, mobilises us to placate threatening forces, and compels people to share their best selves. Death is the eventual fate of us all. From this simple truth emanate the entangled stories that shape individuals and construct civilisations.

Death is commonplace, yet particular, intimate, and strange. Globally, more than 60 million people died in 2020, over 3 million in the United States alone. Each death is unique. Geographically dispersed, socialised in varying legal and cultural institutions, and belonging to diverse faith traditions (or none), communities seek compatible ways to integrate this enigmatic event into the fabric of life. Some societies maintain uniform death practices across generations and centuries; ancient Egypt is a case in point, but so are rural villages in many parts of the world. In spite of their context changing in other ways, many Malagasy people (in Madagascar) still gather every seven years,



COMMON ACCOUNTS

The sustainable funeral of the future, in Common Accounts' *Three Ordinary Funerals* (left) at the 2017 Seoul Architecture and Urbanism Biennale, where alkaline hydrolysis liquefies bodies for fertiliser. In a stark portrayal of human replacement, a padded robotic arm administers end of life caresses (below) at the *Last Moment Hospital* by Dan Chen. In an alternative to the traditional cemetery plot, economical space-saving resting places come in the form of LED-lit statues (opposite) in Ruriden, Japan

‘Communities seek compatible ways to integrate this enigmatic event, death, into the fabric of life’

as they have for centuries, to disinter their dead ancestors, re-shroud them and celebrate them in dance and festivities.

Ingrained habits may seem immutable but humans are complex, adaptable creatures. Ideas about what is – or feels – right or wrong in the care of dying individuals and corpses are culturally and contextually conditioned and subject to influence. Death practices reveal societal and cultural values and struggles, but they are typically a lagging indicator of change. Periodically, however, shifting values or events so powerfully disrupt the social order that they also rapidly reshape mortuary rituals.

This occurred in country after country, as Europe was Christianised and pagan burial practices were left behind or adapted to the new faith. The 20th century, on the other hand, was labelled by the French historian Philippe Ariès as the period of the ‘hidden death’ or ‘death denied’ – his research ended in the mid-1970s, when the veil around death was at its thickest and the vast majority of Americans died behind closed doors in

a hospital. In the decades since, matters of death and dying have re-emerged in care practices and discourse. ‘Death recognised’ or ‘death acknowledged’ are apt characterisations of the new millennium.

Recently, the Covid-19 pandemic has accelerated change in the making. What often appears to be set in stone can, and indeed often should, evolve. In the US today, we find ourselves in a time of potential paradigmatic change in many areas of death care. At the time of writing, isolated amid the pandemic – with sweeping concerns about transmission of a ubiquitous, unseen, aerosolised and deadly virus – death is literally ‘in the air’. An appropriate description of the menacing ambience currently permeating the country, it is also a fitting metaphor for the readiness of many to reconsider and reimagine death-care praxes.

As we muster the communal and political will to protect vulnerable constituents, increase awareness about the needs for sustainability in the environment and promote lifestyles with minimal destructive

impact and apt individualisation of death care, we see hopeful signs. Social activism and technology have opened fresh possibilities and created new demands for end-of-life care, for disposal of the corpse, for memorialising, and for redefining communities and cultures. In the US, initiatives that began in the late 20th century have found increased traction during a pandemic, which, in so many other ways, has delivered strife and sadness. Preparing advance directives for end-of-life and



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CHRIS MCGRATH / BETTY

disposition choices has become commonplace among many groups that previously postponed such plans. More than half of all elderly who die on Medicare are enrolled in hospices, and the trend is upwards with attention to palliative care long before hospice eligibility. Legislative struggles have resulted in Medicare remuneration for physicians to discuss end-of-life goals with their patients. Several states allow for the option of physician-assisted dying for terminally ill individuals, and an increasing number are modifying legislation to allow additional methods of corpse disposition. ‘Natural organic reduction’, the aerobic composting of human remains in a closed, reusable vessel, is now legal in Washington State.

Perhaps the currents of change have been strongest in discourse – both public and private – about death and dying. In academic and institutional settings, as well as in informal gatherings, conversations about death care and the need for improvement are taking place in families,

chat rooms, blogs and commercial TV series to an extent never seen before. Stories about planning, legacy projects, and experiences at the deathbed now have robust platforms. Some practices have been adopted quickly. When pandemic regulations curtailed gatherings for funerals and burials, livestreaming, Zooming and recording of services almost instantly filled the vacuum – albeit, only rarely in a completely fulfilling way. Surveys suggest that these praxes will remain in demand even after in-person events are possible, not as substitutes, but to enhance current rituals or create new ones, and to accommodate mourners who are physically unable to attend.

Growing segments of society admit and explore death with a combination of new-found agency, curiosity, timidity, lingering denial, excitement and controversy. The direction is towards illumination, but more needs to be done. Fossilised ritual practices, largely unquestioned for generations, no longer serve a population with diverse values and

beliefs. Unmet needs include addressing growing concern among large portions of the population for the fragility of our environment and unnecessarily resource consumptive and polluting disposition methods; accommodating the rapid increase in non-religious individuals who would like dignified spaces for remembrance outside traditional places of worship (an expanding third of the US population, over half in the UK, and, globally, equal in numbers to all Catholics); and providing death care on all levels for marginalised populations in their dying and death. Welcoming spaces for gathering and grieving are lacking, and prevailing disposition methods hark to an era with substantively different mores. Death should not be sequestered from public view. We need to expand communication in private conversations, in public debates, in works of art, architecture and literature, and in diverse communal practices, which promote solidarity, enhance civic space, respect the earth’s ecology, and enrich both quotidian and spiritual life.



An 18th-century German painting of the *Danse Macabre* depicts nine women from different walks of life dancing with the dead