

DEATH – THE FINAL FRONTIER

Living and dying well

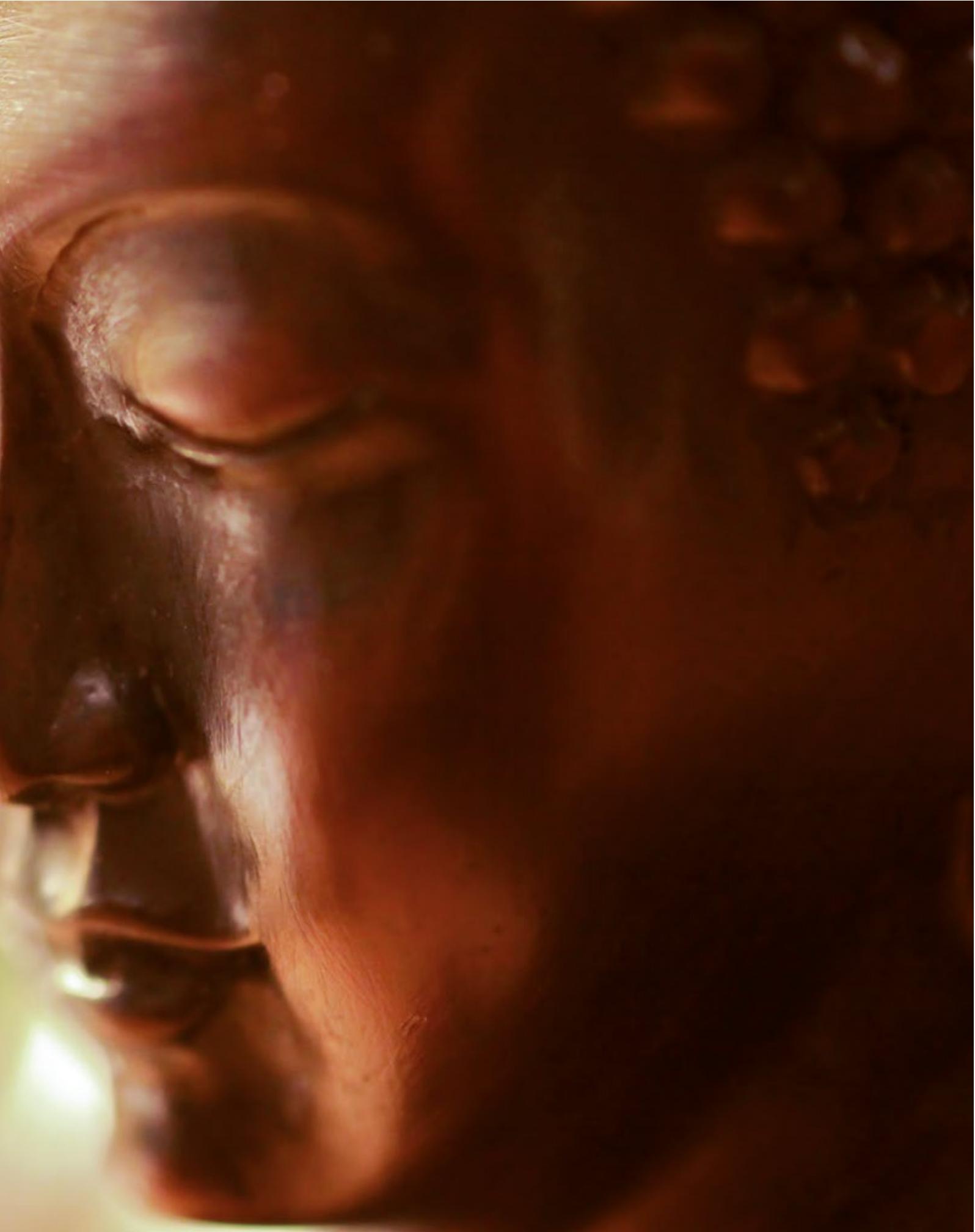
AUTHOR | Declan Hammond

SUMMARY: using four cases, the author describes his personal experience of caring for the dying. His focus is not so much on particular homeopathic remedies as on the inner attitude of those attending the terminally ill – on their homeopathic presence. The basic issue is the mental and spiritual pain, and the significance of meaning, relatedness, hope and forgiveness.

KEYWORDS: death, hospice, pain, palliative medicine, spirituality, terminal care

In Buddhism, the Buddha is a person who has experienced bodhi (literally “awakening”), a being who attains from his own power a purity and perfection of mind, enabling a boundless expansion of his entire potential: complete wisdom and endless although remote empathy with all the living. He has achieved nirvana while still alive and therefore, according to Buddhist teaching, he is no longer bound to the eternal cycle of reincarnation. He, his ego, died before he died.

copyright | Jürgen Weiland



*“How we care for the dying people in our midst,
and how we die when it is our turn:
these together are the proving ground, the cradle
and the grave both, for every conviction we have
about justice and mercy, about the meaning
of life, about what love should look like and
what it should do. They are the sum of every
political instinct we have, every dream of
community we’ve nursed along and every faith
we’ve been willing to have in a better day.
They are where every fascination about the
Other World and the Big Story live, and they are
where the midnight fear of Nothing comes to call.
They are where our immense technical medical
wizardry and mastery is visited upon you and
those you love, and where the mythic poverty
of our time comes to show itself.”*

Stephen Jenkinson^[1]

Over the last twenty years, I have sat with many dying patients and their families and have had the enormous privilege and challenge of supporting them in their dying. Early on, I realized that for most people, death was considered as something to be fought against for as long as possible and that pain (often to the point of sedation) was to be managed at all costs. When it finally came, death was often a low-key fearful affair, attended by a sense of failure and hopelessness.

I have devoted myself to looking for an alternative to this scenario and this article is a reflection on my work, and an attempt to share something of what I have learned during this time.

THE CULTURE THAT CONQUERS DEATH: THE MODERN MYTH

“For the wages of sin is death, but the gift of God is eternal life in Christ Jesus our Lord.”

Römer 6:23^[2]

In understanding how we have become so estranged from death, it is necessary to look at the roots of our modern Western culture. Across most of Europe in the last couple of millennia,

there has been a forced abandonment of the earth-based spiritual faiths of the ancestors in favor of monotheism. Many of these conversions were not done with respect for the traditions that went before, but with abhorrence and fear of eternal damnation to hell for association with primitive, heretical practices. A chasm opened up between people and their ancestors, obliterating a sense of positive intimacy with death. Early converts could not connect with their immediate ancestors with praise and respect, as the old faiths were damned.

This chasm, this sense of being lost from a lineage, the earth and the Whole, can be felt in the soul of almost all of European descent. From this comes the desire to fix, defeat or conquer death. This is the “mythic poverty of our time” [1]: despite our material abundance and worldly immortality through individual achievement, we struggle to feel our way into the Whole, which death challenges us to do in the most profound way.

“What passed for a fitting and deserved dying was very often sedated dying or managed dying or defeated dying or collapse. I saw far too many people with well-controlled pain and symptoms die in an unarticulated, low-grade, grinding and unspectacular terror anyway. I saw that anti-depressants were the rule and not the exception. I saw the full panoply of medical technology unfurled for the benefit of dying people and I saw that there wasn’t much practice wisdom nearly as vast or as well tested that was guiding that technology’s use ... I discovered that few wanted to die well, fewer still, wisely. Many didn’t want to die at all and they spent their dying time refusing to do so.”

Stephen Jenkinson^[3]

We have created a culture that is now in fear and denial of death. Difficult to accept, death is unfamiliar (in Ireland only 26% of deaths happen at home). In spite of the fact that it happens all the time, we never see it. Most of us live our lives as if death would never happen to us. Our conventional Western medical model has given rise to a sense that we can control how we live and die, that science can control nature and that ultimately death’s time and place are optional.

MAURA*

CASE 1: acute myeloid leukemia

Maura was diagnosed with acute myeloid leukemia. Her doctors had told her husband that she had only weeks to live and he asked me to attend at her hospital bed. She had not been given her prognosis and her husband pleaded that I not mention this to her.

When I arrived at her bedside Maura appeared heavily sedated and didn’t seem to notice my presence. I stood quietly beside her for some moments and then asked mentally if it was alright for me to sit beside her. She smiled at once, opened her eyes, looked directly at me and said “Of course you can!” I sat down,

somewhat taken aback by her response to my unspoken question and spent the best part of an hour talking to her.

I told her that I came at the behest of her husband and had been asked to help her. She interrupted me, saying, "He's very worried about me, isn't he? I'm dying you know, but I don't want him to know. I don't want to upset him. Tell him I'll be fine." I asked her what she needed and she told me that she had everything she needed: pain and sleep medication, privacy and time to think. "Was there any way I could support?" I asked. "I like how you can be still and respect my silence. You asked my permission instead of just barging in, you give me space. Come visit me again but just don't tell my husband or the nurses that I'm dying, I don't want any fuss."

This was not what I had expected. I had arrived with my remedy case, expecting to prescribe something to ease a dying patient's journey and what I had been asked for was my presence. Not only was this enough for Maura but it seemed to have a soothing effect on her. My presence was homeopathic!

I saw Maura once more before she died. She was at peace and she died in privacy ("She was always a private person", according to her husband). I had hoped for some kind of resolution for the two of them but she died as she had lived – a pattern that I have seen many times over the years.

APPROACHING THE VEIL – UNCOVERING THE REALITY OF DYING

My first encounters with dying patients were nervous, uncertain affairs. Unsure of my role as a homeopath and the needs of my patients, I let myself be guided by the demands of family members who wanted me to "do something" or by the requests of medical staff for "gentle medication". I noticed that my responses to these demands were often clouded by my own unconscious feelings about death – my proximity to death seemed to highlight and amplify all my own fears, insecurities, and wounding. I realized that if I were to be of real service to my dying patients, I had to do some deep inner work to heal myself and find some new tools that were not to be found in my homeopathic texts. I searched for guidance in the literature of past times and other cultures, such as the various books of the dead (Tibetan ^[4], Egyptian ^[5], Celtic ^[6], and the medieval Monastic Ars moriendi ^[7]

Dying before you die: I found that all of these traditions embraced death as simply part of life, and care for the dying in these was considered to be a sacred act, one that benefited patient, healer and community alike. Our ancestors were concerned that patients died a 'good death': peaceful, conscious, as pain-free as possible, and with the support of loving experienced guides, family and friends. It was considered essential for dying patients to be assisted at every stage in their dying by specially trained compassionate guides who had learned to "Die before you die, so that when you die you will not die." ^[5]

"Death is as psychologically as important as birth... and to shrink away from it is both unhealthy and abnormal because it robs the second half of life of meaning and purpose."

Carl Gustav Jung

The hospice movement: my work with the dying has been greatly influenced by these and a number of modern pioneers, especially by those in the hospice and Conscious Dying movements. Dame Cicely Saunders, English physician, health pioneer and founder in 1967 of the first modern hospice, St Christopher's in London, challenged the prevailing attitudes towards care for the dying. Her vision and passion inspired a worldwide hospice movement and recognized that for this work to be effective, it required multi-disciplinary teams of doctors, nurses, therapists, and chaplains, all working in partnership. Her approach to patient care was revolutionary and called for a "Total Pain Management", recognizing that a patient's pain had physical, social, emotional and spiritual aspects – all of which had to be attended to.

"The Way in which care is given can touch the most hidden of places."

Dr Cicely Saunders

The hospices I have worked with in Ireland have readily accepted my presence as a homeopath and guide, and I have learnt much from their dedicated care. They are, however, often under great pressure for space and time (in Ireland only 6% of patients die in hospices) and dying patients rarely spend more than a couple of weeks in their care – rarely enough time to do the deep healing that is often called for.

Mental and spiritual facets of pain: great strides have been made in physical pain management and it is rare today for patients to suffer the agonizing death that would have been seen in the past. However, I have also noticed over the years that I have been working in the field, the trend in the hospices has been toward more and more medication in response to patients' emotional and spiritual pain. Anti-depressants, anxiolytics, sedatives and even anti-psychotics are now frequently used, with all their attendant side-effects.

More recent pioneers, such as Elisabeth Kübler-Ross ^[8] and Stephen Levine ^[9], have attempted to address the emotional and spiritual side of this work and have influenced my work enormously.

"Those who have the strength and the love to sit with a dying patient in the silence that goes beyond words will know that the moment is neither frightening nor painful, but a peaceful cessation of the functioning of the body."

Elisabeth Kübler-Ross

BRENDA*

CASE 2: final stage breast cancer

Brenda came to my practice with her husband. She had been diagnosed with stage IV breast cancer. Her cancer had metastasized to her bones and liver. She was incredibly weak, in a lot of pain but was determined to “be positive”. She had two young children and felt she had to get well for them. She had been through a very abusive relationship with an ex-husband and was just beginning a new happy life. It was “a cruel twist of fate” that this was happening now but she was determined to beat the cancer. If only she could be “positive enough”, she was sure she could get better.

Homeopathic remedies to fortify her: prescriptions of *Phosphoric acidum*, *Carcinosinum*, and *Conium* over the following months helped Brenda. It seemed clear to everyone else that she was dying but she continued to talk of getting well, even planning a foreign holiday with her husband much later in the year. Our conversations turned to “unfinished business”.

“It’s strange,” she said, “since I’ve been sick, I’ve been getting flashbacks of painful experiences in my past, realizing how angry I have been about these. I see now that these have been eating me up and I need to let them go.”

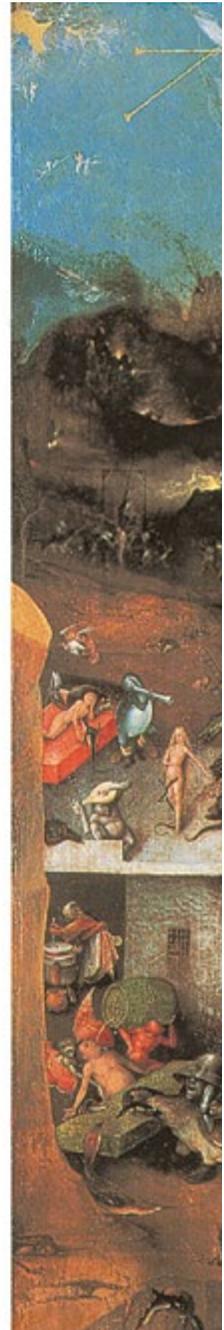
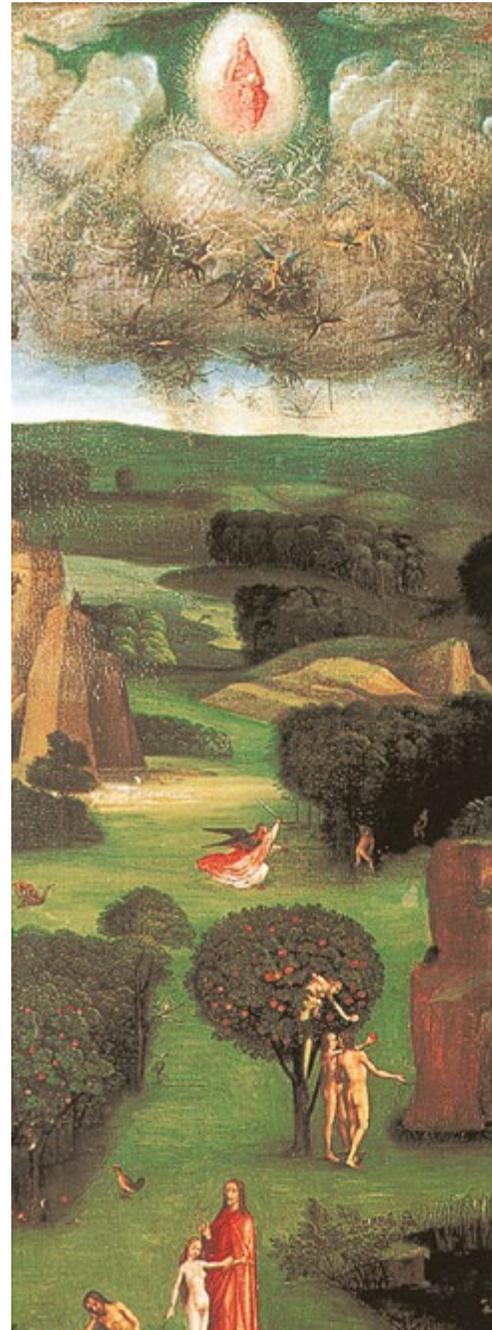
The next time I saw her, she was in hospital and had been there for two weeks. She was on a respirator, struggling to breathe and heavily medicated, yet still told me how much she was looking forward to the trip abroad.

Forgiveness at the end of life: she told me how she had had discussions with her ex, drew up firm boundaries with him for the first time, and felt she had finally let him go. In the process, she had remembered other times in her life where she had hurt people. In her more lucid moments, she tracked these down on Facebook, made contact, and apologized for her actions. “I feel so much lighter after this,” she said, “I realized that not only did I have a need to forgive my ex but also myself. That was the hardest bit.”

At this point, I asked her: “What do you feel is happening with you?” She replied: “All this forgiveness must mean that I will be going on that trip.” “Really?” I asked and repeated the question. “I’m close to dying, aren’t I?” she replied.

We sat in silence for some minutes, her hand in mine, both of us with moist eyes. “Is there anything you have left undone?” I finally asked. Brenda then shared how grateful she was for all my support, for the love of her family and friends and for the life she had led.

Experience of the holy during dying: I received a call from her husband early the following morning, telling me she had just died. She never regained consciousness after our visit. He had sat with her all night, holding her hand and said they shared “the most extraordinary intimacy”: “As the night wore on, it



seemed as if the atmosphere became lighter and lighter, her features softened, all the pain drained from her face, until all that was left was a sweet radiant smile. Finally, she then took a few deep breaths and passed gently.” He continued: “I found myself grief-stricken and in awe at the same time – I had never seen anything so beautiful. I sat for ages in that place, feeling that I had been blessed by something deeply holy.”

I could hear the tears in his voice, felt his gratitude, something like a bright radiant smile rose inside me and I felt also deeply blessed by what he shared.



LIVING AND DYING IN CATHOLICISM

The longing for paradise and the terror of hell belong to the way of thinking from an era when the Catholic church was dominant. Hieronymus Bosch expressed this in his painting "The Last Judgment" (created between 1485 and 1505). The triptych depicts paradise, judgment, and hell. The left panel shows the creation of Eve, the fall of man, the casting out of Adam and Eve from paradise and the rebellious angels turning to devils as they fall to hell. The central panel shows the sinful human going on, above which there is a grim apocalyptic scenario with smoking ruins devoid of sunlight, and Christ sitting in judgment on the rainbow with the angels of the apocalypse, the twelve apostles, Mary and John the Baptist, surrounded by choirs of angels. The right panel shows those damned by the judgment and the horrors of hell. In Bosch, most people are not rescued but are tortured by the devil. Only a few are conveyed to heavenly paradise on the wings of angels – the entire triptych barely depicts the saved.

copyright | Wikimedia Commons / Gemeinfrei

THOUGHTS ON SPIRITUAL PAIN

“Modern understanding of the relationship between healing and spirituality is incomplete. The impulse to do something in the face of sickness is understandable, but spiritual pain is a normal part of living and dying.”

Richard F. Groves ^[10]

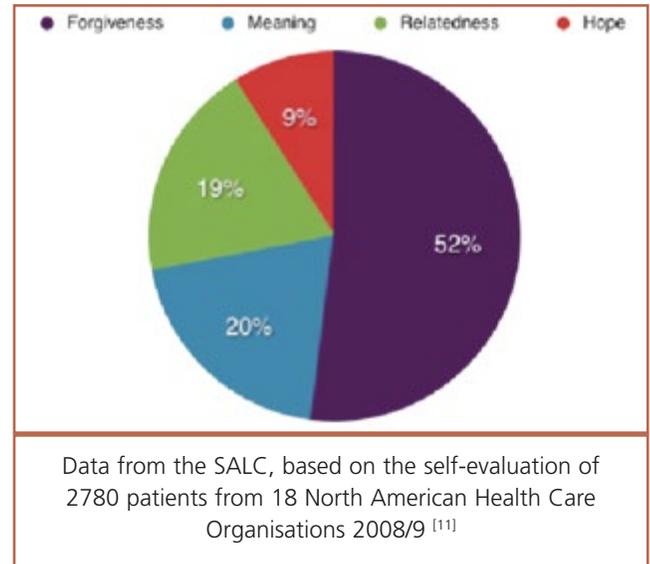
Meaning, relatedness, hope and forgiveness: when “curing” is no longer an option, healing is always possible. Recognizing and responding to our dying patients’ spiritual pain is a crucial part of this work. Conventional medicine has developed very sophisticated methods of analgesia but these do not address the inner state. Cicely Saunders asked her patients: “How are you within?” Understanding the nature and the extent of our patients’ spiritual pain is crucial in our work.

It is vital to recognize the signs and symptoms of this pain, remembering that everyone suffers differently. Spiritual pain is often responded to in a general way, without a proper diagnosis. If we are to be homeopathic in our response, we need a specific diagnosis of this and to tailor our response in an individual way.

Professors Richard and Mary Groves, co-founders of the Sacred Art of Living Center in Oregon, USA, have done invaluable work in this field over the last twenty years. From their research on the ancient books of the dead and their work with thousands of dying patients, they found that the experience of spiritual pain is related to four timeless qualities: meaning, relatedness, hope and forgiveness.

In consultation with carers all over the U.S., they have developed a Spiritual Health Assessment (SHA) form that is very helpful in diagnosing these sources of pain (can be downloaded, reference ^[12]). Since 1997, the SHA has been used as a “best practice” in hundreds of care facilities in North America, Europe, Asia and Australia to assist persons living with serious, chronic or terminal illness and their carers to respond to the question originally posed by Dr Cicely Saunders: “How are you within yourself?”

Pain that is not transformed is always transmitted: exploring spiritual pain with patients asks for “courageous questions”; the willingness to ask the questions that many carers and family members often dare not ask. Conversations around dying patients are often awkward, relying on well-meaning platitudes to diffuse a sense of ineptness in the face of something as unknowable and terrifying as death. This generally perpetuates a sense of denial about the fact that death is approaching and can leave the patient feeling like they have no space to share their experience – all of which contributes to increasing alienation and isolation.



“It’s a powerful thing, the ability to tell the truth when the truth is upon you but it has another power altogether when you don’t tell it.”

Stephen Jenkinson ^[2]

Another important insight taught by Prof Richard Groves is that of “total pain”; meaning physical, emotional, social, spiritual pain of the patient plus the carer’s pain. As carers, our own unresolved pain can have significant impact on our patients’ wellbeing. He points out: “Pain which is not transformed is always transmitted” [13] – a powerful invitation for practitioners to attend to their own pain and wounding, as a pre-requisite for the job.

“Dying well is the unthinkable thought in a culture that does not believe in dying, and it will take about as much courage and wisdom as you can manage to do it. Dying well is a life’s work.”

Stephen Jenkinson ^[2]

JIM*

CASE 3: final stage colon cancer

Jim had stage IV colon cancer when he first came with his whole (adult) family. Everybody was deeply worried about his condition. Jim made light of it all and cracked jokes about his condition, declaring that the doctors “didn’t know shit” and had gotten the diagnosis all wrong.

The phases of dying according to Kübler-Ross: over the next six months, Jim went through a number of different remedies while journeying along the path from Denial to Acceptance, that Elisabeth Kübler-Ross has so eloquently described[5].

We worked together intensely during this time: being patient while he steadfastly held the belief that his doctors were wrong; holding space for his anger at God and the world for his plight; hearing him make promises to change his angry, dictatorial ways, if only God would spare him; staying with him during the long, melancholic weeks where he cried and grieved about what he had done and not done, who he had hurt and who had hurt him; until finally sharing shiny, moist-eyed gratitude for all the gifts that his life had brought him, for all the love that he had received.

Jim spent his last two weeks in hospital, drifting peacefully in and out of consciousness. The only words he spoke during that time were “I love you” to whoever happened to be in the room with him.

Visiting his room those days was like visiting a holy shrine: I would often have to wait outside his door until space became available. When I finally got inside, I would find the room filled with peaceful smiling faces – family members, friends, even doctors and nurses, all sitting in deep silence.

“It was like he was in a state of grace,” one of the nurses said afterwards, “and that we were sharing it with him. When I was with him, I felt that my worries vanished and all the daily stress disappeared. We talk about him all the time now, he has changed us all.”

THE WORK OF DYING

“Sometimes surrender means giving up trying to understand and becoming comfortable with not knowing.”

Eckhart Tolle ^[14]

To work effectively in this field, it is essential to learn all we can about death and dying (and preferably before our own time comes). The great gift (and sometimes curse!) of working with death is that it constantly connects you with your own mortality, your own dying, reminding you that you too will die. In this light, everything comes into focus, priorities shift to what’s truly important. These usually become starkly simple and obvious: **love, being loved, being able to say sorry, to forgive and be forgiven; to feel and express gratitude, and have the ability to let go.**

The ultimate teaching that I have received from death is to LIVE fully in the NOW. When we learn to live every day as if it were our last, life takes on an extraordinary immediacy. “Dying” every day teaches us how to “let go” of all that is unnecessary in this life and to reach our fullest potential.

When we truly know and understand that we have a limited time on earth – and that we have no way of knowing when our time is up – we can begin to live each day to the fullest, as if it was the only one we had.

“It is not the end of the physical body that should worry us. Rather, our concern must be to live while we’re alive – to release

our inner selves from the spiritual death that comes with living behind a facade designed to conform to external definitions of who and what we are.”

Elisabeth Kübler-Ross

OONAGH*

CASE 4: Final stage breast cancer

Some years ago, an old friend, Oonagh, phoned me from the other end of the country. I hadn’t heard from her for years. She told me that she’d had breast cancer for the last three years, had been through chemotherapy and radiotherapy and was now on hormone suppression therapy and cortico-steroids (for pain management). In her characteristically blunt tone, she said: “You’re the last bloody person I wanted to talk to right now but here we are! What are you going to bloody well do for me?” “Well, what do you bloody well want me to do, Oonagh?” I replied, with a big grin on my face. It was good to hear her passion again.

“I’m going to fight this with everything I have and I want your help. I understand there will be pain and I have meds for this but there will be times when I want to call on you for remedies when it gets too much. I want to be able to stay strong and clear mentally and if I don’t make it...”

“What are you saying?” I asked.

“If I am to die, I want to go when it’s my time. I don’t want you to try and keep me alive, even if my family asks you. Will you do this for me? Will you stay with me to the end and support me in this?”

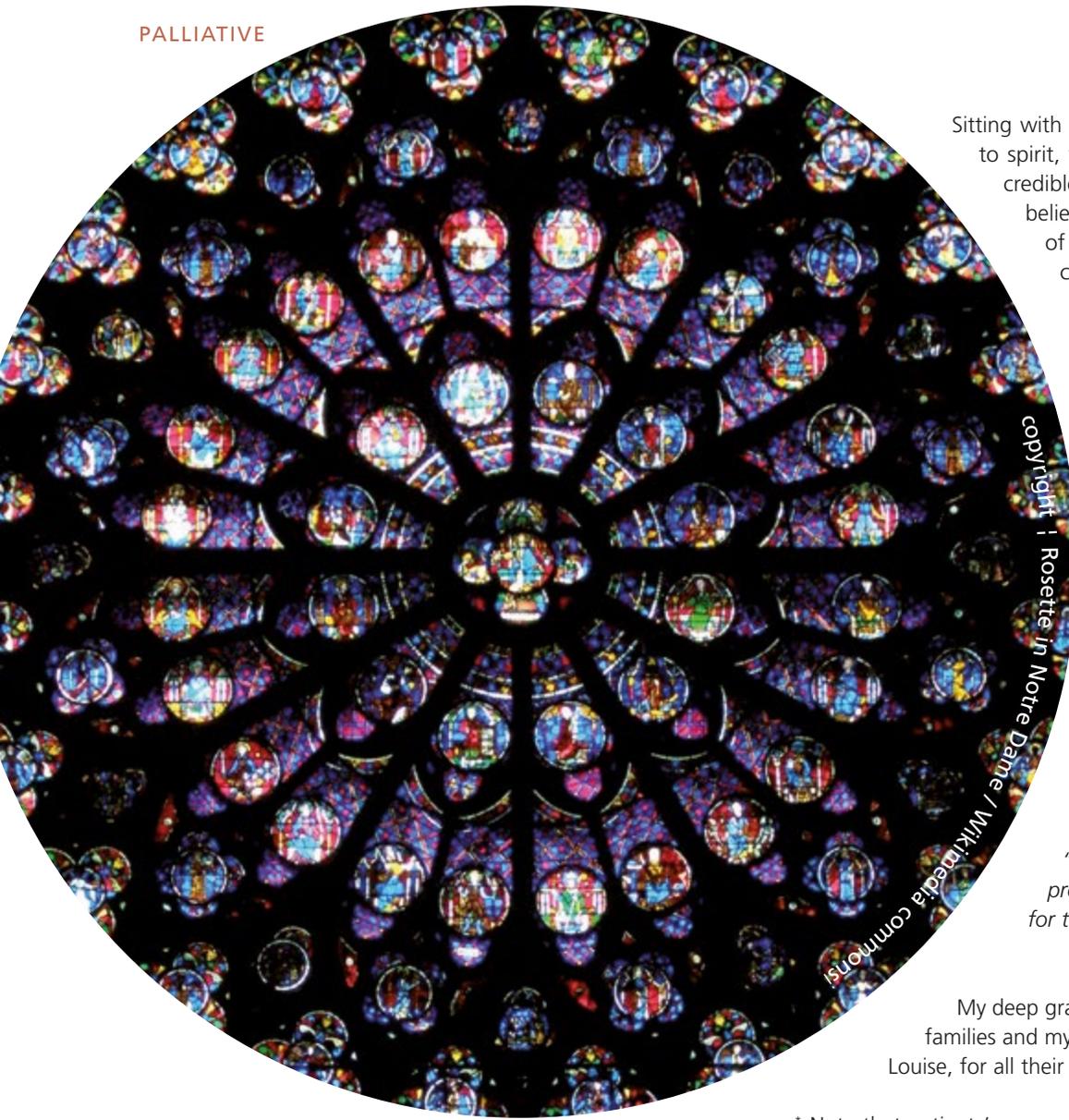
I was silent for a moment, digesting the shocking news of Oonagh’s condition and pondering her questions, when she interrupted my thoughts. “Will we do this or not?”

“We will!” I replied to her challenge.

Oonagh’s last few weeks, a trip to Paris and a party: we spent the next year working closely together, doing exactly as she asked: providing homeopathic remedies as she needed them for her physical and emotional challenges; practicing mindfulness meditations, pain-relieving exercises, soft-bellied breathing practices, and forgiveness exercises.

When she realized that she was finally dying, she called me again. She told me that the last weeks had been the most important in her life. She’d had a life-long desire to go to Paris, to see its sights and drink the wine. She was brought there by her sisters in a wheelchair and had the best time! What she wanted to talk to me about was the party she had just hosted from her bed: “I invited all the family and friends I could remember and thanked them all for what they meant to me. There wasn’t a dry eye in the house by the end of it,” she laughed.

“I need you to do one more thing for me,” she said. “The doctors have told me that I have weeks or months left but I know that I will be gone by the weekend. I want you at my funeral (I’ve already arranged this with my priest) and to speak to all my



Sitting with a dying patient at the gateway to spirit, while still being alive, is an incredible blessing. Regardless of your belief system, here, in the presence of the ineffable, you are forever changed. Here, all boundaries dissolve, communication becomes exquisitely subtle, almost telepathic. This is a place of incredible intimacy, where all of our falseness and personal stories fade into insignificance. All that is left is Presence, a sense of being part of the Whole, something so much bigger than our personal narratives. All who have the courage to enter this sacred place are changed utterly in that moment. May all who have the courage to enter be blessed by this work.

"Knowing death well is not a preparation for the job of caring for the dying. It is the job."

Stephen Jenkinson^[2]

My deep gratitude to my patients* and their families and my Soul Medicine and life-partner, Louise, for all their contributions to this work.

* Note that patients' names and some personal details have been changed to preserve anonymity.

friends. I want you to share with them all the miracles we created. Tell them I died with the happiest of hearts."

I did as Oonagh asked in the church and once again there wasn't a dry eye in the house. In her dying so well and consciously, she offered a great gift to her loved ones and community.

CONCLUSION

"Death is the final frontier. For humanity to expand to its ultimate fulfillment, which involves knowing the full reality of who and what we are, we have to penetrate the secrets of death. Death holds the keys to the sacred knowledge that we need, perhaps now more than ever before, because, paradoxically, the more that we have become like gods, the more we fear death. Death is now the only thing left that confronts us with our humanity - that one day we will die. And a society that loses its humanity loses its soul."

Anne Geraghty^[15]

REFERENCES

- [1] <http://orphanwisdom.com/teachings/care-of-the-dying/>
- [2] Romans 6:23 - Holy Bible, New International Version, 1973, 1978, 1984, 2011
- [3] Die Wise: A Manifesto for Sanity and Soul – Stephen Jenkinson, 2015, North Atlantic Books, California ISBN 978-1-58394-973-3
- [4] The Tibetan Book of Living and Dying – Sogyal Rinpoche, 2008, Rider, ISBN 978-1846041051
- [5] The Egyptian Book of the Dead – James Wasserman, 2015, Chronicle Books, ISBN 978-1452144382
- [6] The Celtic Book of Living and Dying – Juliette Wood, 2002, Duncan Baird Publishers, ISBN 978-1903296516
- [7] Ars Moriendi, CA 1450, Leopold Classic Library
- [8] On Death & Dying – Elisabeth Kübler-Ross, Scribner Book Company, ISBN 978-1476775548

- [9] Who Dies – Stephen Levine, Doubleday Books, ISBN 978-0-38517-010-9
- [10] Spiritual Pain Data from SALC: <http://www.sacredartof-living.org>
- [11] Spiritual Health Assessment, SALC, Download from: <https://sacredartofliving.org/images/spiritual-health-assessment-form.pdf>
- [12] Richard Rohr OHM
- [13] The American Book of Living and Dying – Richard T Groves & Henriette Anne Klauser, 2005, Celestial Arts, Berkeley, US, ISBN 978-1-58761-350-0
- [14] Stillness Speaks – Eckhart Tolle, 2003, New World Library, California ISBN 1-57731-400-X
- [15] Death The Last God – Anne Geraghty, 2013, O Books, UK, ISBN 978 1 78279 709 8



DECLAN HAMMOND

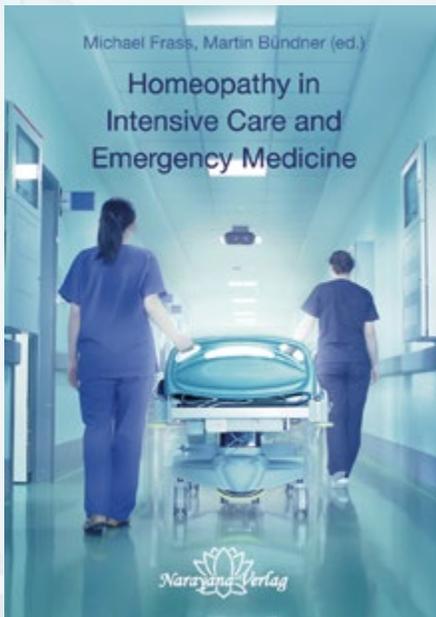
is the founder and former head of the “Irish School of Homeopathy”, homeopath, transpersonal therapist, and shaman. He travels and teaches the world over and has a busy practice in Dublin, Ireland.

Contact:

declanhammond.com

www.facebook.com/declan.hammond.3

ADVERT



Michael Frass & Martin Bündner

Homeopathy in Intensive Care and Emergency Medicine

With 145 well documented cases, this unusual work demonstrates how homeopathy can be used effectively and successfully in emergencies and life-threatening situations, such as anaphylactic shock, acute abdomen, asthma attacks, myocardial infection, and edema of the glottis, among others. An explanation of conventional medical approaches accompanies the description of the required homeopathic treatment.

Clinical descriptions of individual pictures, according to modern scientific knowledge, are clearly presented. Example cases with repertorisation, remedy differentiation, and observation of progress are completed by a materia medica of over 70 remedies, with, in addition, a description of the relationship between remedy, substance, and homeopathic proving symptoms.



688 pages, hb
product no.: 14188

€ 59 / \$ 67

Tel. +49 (0) 7626 / 974970-0
Fax +49 (0) 7626 / 974970-9



info@narayana-verlag.com
www.narayana-verlag.com