

**SMALL
GROUP
GUIDES**
from HarperOne

The
LOST ART
of
DYING

REVIVING FORGOTTEN WISDOM



L. S. DUGDALE

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CHAPTER 1: DEATH

1. L. S. Dugdale shares a story of one of her patients, Mr. Turner, whose resuscitation from death was attempted three times. Who do you relate with the most—the author, who questions the value of resuscitating an obviously dying man; the daughters, who want their loved one to live at all costs; or Mr. Turner himself, put through the wringer of the medical system, possibly against his will? Share some of your own life experiences that reading this story brought to mind.
2. “By focusing on fixes, we ignore finitude,” Dugdale writes (p. 3). Do you see this statement ringing true in other areas of society besides medicine? Where have we been ignoring finitude, perhaps to our own disservice?
3. How much do you trust the medical establishment? What personal experiences or history informs your relationship with modern medicine?
4. Mr. Turner’s three deaths over the course of one night haunt the author, who feels that, “Somehow, the way Mr. Turner died felt like a personal and professional failure. Despite giving him the best medicine has to offer, we had contributed to his dying poorly” (p. 13). Can you give any examples from your own experiences of someone you know dying poorly, or dying well? What distinguishes one from the other?

5. “Is life extension always the goal of health care?” asks Dugdale (p. 15). What do you think? If not, what is the goal of health care? Should health care considerations differ depending on age?
6. The *ars moriendi*, the art of dying, was a sorely needed resource in fifteenth-century Europe, “a time when premature death from plague, war, or famine was almost inevitable” (p. 21). What guide, if any, do we look to today? What concrete things do you know about how to die and how to care for the dying, if any? What do you wish you knew?

CHAPTER 2: FINITUDE

1. “People who want to die well must be willing to confront their finitude,” Dugdale writes. “We must be prepared to say, ‘Yes, I am human and therefore mortal. One day I will die.’” (p. 27) Say these lines out loud. What thoughts or feelings come to mind? At this point in life, how would you describe your overall approach to your own death (which could possibly be avoidance, as Dugdale describes)?
2. Images of death, such as the woodcuts in the *ars moriendi*, can provoke fear. What, if anything, do you fear about dying?

3. Would a memento mori help you think differently about your own finitude? If so, what sort of object or image would you choose?

CHAPTER 3: COMMUNITY

1. Madame de Montespan anticipated and presided over the ceremony of her own death (p. 53). When you think of your own death, who would you like to have present? What would you like to happen?
2. “Community does not materialize instantly at a deathbed; it must be cultivated over a lifetime,” Dugdale writes (p. 55). What could you do to cultivate a deathbed community now, for yourself or your closest loved ones? Who would you include? What must be done to strengthen those relationships? What kind of conversations might need to take place?
3. Dugdale lists three levels of community as important to consider for the dying—familial, societal, and biomedical—and tells the story of her patient Diana Atwood Johnson, who mobilized all three levels in preparation for her death (pp. 62–64). Taking either yourself as the dying person or someone you know who is closer to death, what would it look like to mobilize all three levels of community?

CHAPTER 4: CONTEXT

1. “Some 80 percent of Americans prefer to die at home when possible” (p. 72), but that is not always possible. What elements of home make dying more meaningful and comfortable? How might some of these elements be transferred to an institutional setting?
2. Dugdale describes the history of the hospital and its changing place in American society. How do you view hospitals? Describe one or two of your own experiences with hospitals that shape your view.
3. As you read through the host of forces—cultural, economic, technological—that brought us from the farmhouse equipped with cradle and coffin to the hospital as the normal scene of death, what do you wish were different, if anything?
4. Jesse Levine managed to continue teaching music and conducting an orchestra up through the final weeks of his life, an example of how “the art of dying is wrapped up in the art of living” (p. 89). What activities are important for you to continue up through your last days? Think specifically about how you and your loved ones could make sure they happen.

CHAPTER 5: FEAR

1. Dugdale recounts Camus's fictional story of how the town of Oran in Algeria fell to the bubonic plague in the 1940s. In the story, fear of death provoked a variety of reactions in the townspeople, including abandonment to revelry, violence, escape, and trying to take control (p. 94). What current threats instill fear of death in you? What are your instinctive reactions?
2. Susan Sontag's son, David Rieff, believes that Sontag's willingness to undergo radical cancer treatments with a slim chance of survival and horrendous quality of life were fueled more by her desire to live than her fear of death (p. 97). What is the difference between the two?
3. Dugdale cites data on who requests physician-assisted suicides in Oregon and why—data that reports that three-quarters of people fear the loss of dignity. How do you feel about losing your independence, autonomy, your “control over . . . being and doing” (p. 101) in dying? Does physician-assisted suicide appeal to you?
4. Dugdale suggests that one can die well while still being terribly afraid of dying (p. 110). How might acknowledging one's fear, and feeling it deeply, instead of resisting it help in the art of dying well?
5. The poet Christian Wiman writes that dying well means believing that one can die “into life rather than sim-

ply away from it” (p. 110). What might dying into life mean? How did reading this chapter help you in working through fear of death?

CHAPTER 6: BODY

1. What is the worst physical suffering you yourself have experienced? What is the worst you have witnessed firsthand in another person? What is the difference between the personal experience and seeing someone else go through it?
2. In the Isenheim Altarpiece that Dugdale describes, bodily suffering was turned into sacred art—held up to be meditated upon and learned from, used by the monastic order as therapy for sufferers of St. Anthony’s Fire—“consoling, comforting, offering solidarity” (p. 131). By contrast, the Isenheim Altarpiece is now dismembered and each panel displayed separately in a museum, which Dugdale likens to how sick bodies are treated in the contemporary medical system (p. 132). How might we reinfuse our physical suffering, our sick bodies, with a sense of mystery and sacredness?
3. Dugdale thought it important to discuss the very real, often grisly aspect of bodily decay in a book on dying well, in order “to open our eyes to the physical suffering around us, to inspire us not only to expect it, but also

to contemplate how we might accompany the frail and broken among us” (p. 130). How might you accompany the frail and broken around you?

CHAPTER 7: SPIRIT

1. Shortly after her seventieth birthday, one of Dugdale’s patients came in for an annual checkup, experiencing something of an existential crisis. “For the first time I realized that I am closer to death than not. . . . Do I believe in life after death? I don’t know!” (p. 137) Have you had an existential crisis? What was it like? What happened after?
2. In the course of Dugdale’s medical career, many patients have wanted to process topics of death, meaning, and purpose. How might the medical system be different if more doctors were willing to “go there” with their patients (p. 150), to engage them in the deepest questions of life? Is this even the doctor’s role? Would you want your doctor to talk to you about these questions?
3. Dugdale, citing British theologian N. T. Wright, describes three main beliefs on what happens after death that compete with traditional Judeo-Christian beliefs—complete annihilation, some sort of reincarnation, and spiritualistic contact with the dead (pp. 140–141). Which beliefs most closely align with yours? How have your thoughts on what happens after death changed in your lifetime?

4. Some believe that a generic spirituality—“spiritual but not religious”—is enough to satisfy the existential and spiritual questions. Others believe that only being committed to a specific religious community will suffice (pp. 141–145). What do you think?
5. Dugdale articulates the difference between being a “provider”—a “[purveyor] of death-delaying goods to our consumer patients” (p. 149) and a “physician”—“a healer who aspires to see her patients flourish” (p. 150). How do you think doctors can be healers at the time of death? What might it mean to experience healing when one is dying?

CHAPTER 8: RITUAL

1. Which aspects of the *tahara*, the Jewish ritual for preparing dead bodies for burial (pp. 161–165), appeal to you? Which make you uncomfortable? Why?
2. Discuss the questions Dugdale asks at the bottom of page 164: “Should we prepare bodies ourselves within our communities, without receiving thanks or payment? Is something lost by handing the task off to a professional? Can ancient texts imbue meaning in a dying process that has otherwise become medicalized and secularized? What does it mean for us to be fully alive on behalf of the dead?”

3. Think of someone close to you who has died. How was the body prepared for death, whether burial or cremation? Who did the preparation? How do you feel about the way your family or community handles the bodies of the dead?
4. Dugdale contends that a funeral should be theater in the best sense of the word, providing an opportunity to “see’ our own finitude” and transforming those who participate (p. 166). Among the funerals you have attended, can you think of good examples where the rituals helped the living “see” certain truths about the human condition and transformed those present?
5. If you have grieved the death of someone close to you, describe the process. How did your grief change as the days passed? Did you have any guides for how and when to grieve? How would having something like the Jewish timeline of grieving (p. 173) have affected your grieving process?

CHAPTER 9: LIFE

1. “Hospitalization is not always the answer,” Dugdale writes, describing criteria by which we might consider when to forgo hospitalization (p. 186), which challenges our society’s approach. Does it change how you would consider hospitalization for yourself or family members?

2. Dugdale shares a story from surgeon Sherwin Nuland, whose elderly patient Miss Hazel Welch agreed to a surgery he recommended. She recovered but afterward wished she had died instead. The story serves as “a warning to all patients to press their doctors for clarity on the advantages and pitfalls of eleventh-hour treatments or surgeries” (p. 192). How do we weigh a few more days of life against the suffering of harsh treatments and surgeries? Do you agree that quality of life is more important than quantity?
3. What gives your life meaning (pp. 200–203)? Are your current life patterns prioritized toward those things? If not, why not?
4. Of the virtues that the *ars moriendi* teaches on how to die well (“patience, hope, humility, faith, and ‘letting go,’” p. 206), which are you most drawn to cultivate? Which are most challenging for you? (Your answers to the two questions may overlap.)
5. What will you take away from this book on how to die well and how to live well? Will you do anything differently?

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