DailyGood
News that Inspires

A Midwife to the Dying
by On Being

Krista Tippett, host: I'm Krista Tippett. Earlier this year, the TerriSchiavo case raised ethical and medical questions that remain long after her death. But the media and political frenzy around her tragedy focused on the right to life. Missing in that debate was a real attention to the quality and the meaning of death. My guest today, Joan Halifax, works as a kind of midwife to dying people. She'll speak this hour about what she's learned and how she lives differently after three decades accompanying others to the final boundary of human life. She says that Americans often think of death as a failure. Today, we'll explore her very different perspective on the qualities and meaning of death after many years accompanying others to the final boundary of life.

Ms. Tippett: In a kind of quiet revolution, the medical profession's approach to death has broadened radically in the last four decades. Beginning in the 1960s, amidst many consciousness-raising movements, caregivers and family members developed new practices for what they called "conscious dying." Psychiatrist Elisabeth Kübler-Ross theorized there are stages towards the acceptance of death. She also described her controversial but influential studies of near-death experiences, opening up a new public contemplation of death as part of the journey of life.

Around the same time, the hospice movement was creating the means for medical professionals and families to accompany people compassionately into natural death. In the ensuing years, the field of palliative care, to ease extreme pain at the end of life, has become far more advanced. And there is an expanding universe of study and conversation across medical, psychological and spiritual disciplines to support the human experience of dying. For example, the Open Society Institute of philanthropist George Soros recently concluded a far-flung, three-year project on death in America. As part of that project, my guest, Joan Halifax, was asked to share her experience and knowledge on the inner life of the dying. She began her career as a medical anthropologist. She also became a Buddhist teacher and founded the Project on Being with Dying. Since the 1970s, she's devoted herself to compassionate care at the end of life. She has taught at Columbia University and the University of Miami School of Medicine. She's lived in indigenous cultures in southern Florida, Asia and the Americas, learning about traditions of approaching death that are, she writes, both compassionate and sane. She has also worked with men on New Mexico's death row. I began our conversation by asking Joan Halifax how she came to be, in her own words, a kind of midwife to dying people.

Ms. Joan Halifax: I began this work in 1970 as a young medical anthropologist at the University of Miami School of Medicine. And there I saw that the most marginalized population in this very large county hospital was dying people. And as I was teaching at

the medical school, it was very clear to me that there was so little information available, so little support, and so little education of clinicians, people who were helping others in relation to grave illness, to suffering, pain, death and loss. So that was, you know, one part of the beginning for me, to recognize there was such a deficiency in our own Western experience in relation to what it means to die. You know, another part of this work opened up for me because of my relationship with my grandmother, who was from Savannah, Georgia, and very comfortable taking care of people who were gravely ill and, you know, helping them, in fact, to move into the experience of dying and into death.

Ms. Tippett: Not really as a physician but just in her community?

Ms. Halifax: You know, we could say a kind of village woman. You know, this was part of the life of many of our grandmothers. And her compassion was extraordinary, and also her resilience. She was not a sentimental person. She was very grounded and extremely skillful and just being present for difficulties. So, you know, as my life unfolded, I became a person very much involved, not only in direct care of dying people and of their communities, of their families, but also in training health care professionals in compassionate care of the dying.

Ms. Tippett: You've written, "In having been in the field of dying for many years, I have frequently encountered the tragic limitations of dying in America." And I think that we've had many things in the news recently, including the Terri Schiavo case, that have maybe made that fact apparent. But I'm not sure that people still really know what are these limitations that we have and how it might be different.

Ms. Halifax: Well, you know, in the early '70s when I was working in the medical school, it was very clear to me that death was looked on as a defeat and that medicine, of course, was designed to actually attack death, if you will, to allay it. So our worldview in relation to our view of what is death, what is suffering, what is loss, is there an afterlife, these are all questions that I think are very important for us to explore. You know, if death is looked on, for example, as a defeat or as something just awful, then we will approach death with...

Ms. Tippett: A sense of failure, I guess.

Ms. Halifax: I think a very deep sense of failure. And we'll do anything, at any cost, to avoid it. This is not to say that human life isn't precious. On the contrary, what an extraordinary experience it is to be born and to have a life, and so that efforts to prolong life, to me, seem, you know, quite sane and correct. On the other hand, to let life go is also quite sane and quite correct. So, you know, when we get into sectarian complexity around issues in relation to the prolongation of life or the ending of life, it behooves us to understand what conditioning we are addressing but we often don't see that shapes our behaviors. And you know, Plato said the very bedrock of our spiritual lives is the contemplation of death. And this is true, I think, in many religions, that understanding the truth of our mortality, really coming to grips with it and, in fact, preparing for it moment by moment, brings us into a profound sense of immediacy and a deep value for things as they are, for our lives and for this world as it is.

Ms. Tippett: You tell an interesting story about how approaches to dying in your lifetime and in the time in which you've been doing this work have, in fact, changed, and the work of Elisabeth Kübler-Ross in really talking about the spiritual aspect of dying and near-death experiences, and of course the hospice movement, which, you know, we think of that now as kind of a staple, but in fact, it's very young. It started in the

'60s and '70s.

Ms. Halifax: Cecily Saunders, Dame Cecily Saunders, who started the hospice movement...

Ms. Tippett: In England, right?

Ms. Halifax: In England at St. Christopher's Hospice, I think that her work was quite independent of the wildness that was going on in America during the '60s. You know, she was just this extraordinary physician, and my husband and I went to visit her in the early '70s. And her creation of the vision of hospice, of course, has many antecedents, but to land it in the middle of medicine was extraordinary.

And as this has developed over the years, we have a new discipline in medicine called palliative care, which is how do we take care of people at the end of their lives so as to relieve the symptoms that go along with the experience of dying? And this is something that was not taught in medical schools until very recently. And now, you know, we have these wonderful palliative care physicians coming into our trainings who have left internal medicine or family medicine and so forth in order to work more specifically in the area of the care of the dying, realizing that it is such a privilege. Not to cure, in the conventional sense of curing, but to give such deep care through modern pharmacology and through alternative and complementary approaches and, as well, through presence and compassion. And not only to the dying individual but in a team approach working with the community and the family system as well. So palliative care is something that is, I think, an extraordinarily important discipline arising out of this 40-year history, 45-year history, beginning with us getting over the 1950s.

Ms. Tippett: What do you mean by that?

Ms. Halifax: Well, you know, I mean, I was quite alive during the 1950s and was a teenager, and so, you know, I had the opportunity to be part of a very lively, affluent and repressive, rather inhibited cultural context. The '60s broke all of that open, and the tabooed subjects, sex and death, good old Freud, thank you, Eros and Thanatos, were out on the table.

Ms. Tippett: Anthropologist and caregiver Joan Halifax. She has studied approaches to death in many cultures where she says death is a natural part of the fabric of life and kept in the weave of family and community. I asked her how such cultures contrast with a medical view of death as something to fight.

Ms. Halifax: Well, I think there are a number of differences but, you know, when we say Western culture or the Western world, of course, there's such a tremendous range within our own cultural experience. So, for example, fundamentalist Christians, though I'm not so familiar with this world, but the notion of heaven, of a sublime afterlife, of going home to God or to Jesus, the raptures, which death will allow is something that is, I think, very promising for Christians. And in the East or in Africa, the veneration of ancestors, the deep respect for the elderly, to understand that, number one, being an old person is not about your parts breaking down in the organ recital that one makes in the difficulties of aging, but it is about, really, the accumulation or the presence of wisdom based on having had a life, and an appreciation for the good deeds one has done in the course of one's life. So, you know, the relation to aging is quite interesting to explore in other cultures. And one of the most important things about Buddhist cultures is this view, not that we want to hurry up and die at all — in fact, our lives are an ongoing

opportunity for us to realize compassion in the world and to really be a benefit to others — but that how extraordinary at the moment of death we have this opportunity to unify with our basic nature, which is, in a way, what heaven is. So, you know, that kind of shapes people's relationship to death. And, I mean, Victor Frankl said it very simply: "Death gives life meaning."

Ms. Tippett: Victor Frankl, who had lived through the Holocaust.

Ms. Halifax: That's correct. But you know, Woody Allen said it another way: "I'm not afraid of dying. I just don't want to be there when it happens."

Ms. Tippett: And that's the America way, isn't it?

Ms. Halifax: It is kind of the American way.

Ms. Tippett: So I mean, you have this very rare and intimate experience being, as you've often used this phrase, being with dying. You've even participated in events that interest me very much on, you know, the inner life of people who are dying. And I'd like to know in more details what you know about the inner life of people who are dying. I mean, tell me about what your experiences teach you about death that is maybe not readily known in our popular culture or when these issues become politicized.

Ms. Halifax: Well, that's a very wonderful question, Krista, and that's a big question.

Ms. Tippett: Yeah, I know.

Ms. Halifax: You know, there's a cliche that says that as people have lived, so they will die. And I think that there's some truth to this. And when you're dying, the capacity to control things is a lot less. So, you know, frequently, what one sees is the people who have done a lot of spiritual work and psychological work, they meet their death, potentially, with more equanimity than people who are psychologically pretty crossed up. I think also we're supremely designed to die.

Ms. Tippett: What do you mean by that? What do you mean?

Ms. Halifax: Well, I mean, it's kind of interesting, you know. I'll give you a question that I ask a lot of clinicians who work in palliative care and in hospice and critical care units. And I ask them the question: How many individuals have you seen at the moment of their death who were really in states of acute pain or acute suffering? And the response, consistently, of literally the thousands of people I've asked this question is consistent that they've seen very few, that the way that the nervous system is designed is that the experience of sensation that thoughts and that emotional states generally diminish so much in the course of the latter phase of active dying that, at the moment of death, people are able to die comfortably. And I have heard some stories to the contrary as well. I don't want to say that this is always the case, but it certainly has been reported to me and it has definitely been my experience in sitting at the bedsides of now so many people over the years. So the moment of death is a lot easier than we think it's going to be. And I think many people actually fear death less than they fear states of acute pain. And so one of the great gifts of Memorial Sloan-Kettering and the work of Kathy Foley and of other clinicians has been the development of very good technologies in the area of palliative care, of how we really take care of people and the symptoms that are a natural part of the dying process.

Ms. Tippett: Now, as I understand it, you spend time with people who are dying, with individuals, and also you conduct groups, and you say that what you do often is listen. What questions are people posing who are close to death? What do they want to talk about?

Ms. Halifax: You know, again, it's so individualistic, but I've been with many old people as they died, and they were glad to go. It was like the body was just not, you know, the body just wasn't what it used to be, and they're tired, and so it is a deep letting go. But that's not true of all old people. I mean, I've met old people who were really scared.

Ms. Tippett: But I mean, what about someone who has cancer, who's 35 years old and has children? Can death seem to have meaning in those kinds of situations?

Ms. Halifax: You know, I think that when the natural order of things, that is, you know, all of us have this vision of hopefully dying peacefully at a nice old age, but most of us probably won't. So the situation one encounters so often of a person in their 20s, 30s, 40s, or a child who is trying to come to terms with, you know, what happened? Why me? This isn't right, it's out of the natural order of things. And do you know something? There is no answer. So this is where this experience of listening, you know, of being able to be present when these impossible questions are asked, knowing there is no good answer but seeing if you can look past the need for an answer to a deeper truth, which is really beyond words.

Ms. Tippett: Anthropologist and Buddhist teacher Joan Halifax. Here is an excerpt from Walt Whitman's famous poem, "Song of Myself," reflecting on death, like birth, as a part of the natural order.

Reader: "What do you think has become of the young and old men? And what do you think has become of the women and children? They are alive and well somewhere. The smallest sprout shows there is really no death, and if ever there was it led forward life, and does not wait at the end to arrest it, and ceas'd the moment life appear'd. All goes onward and outward, nothing collapses, and to die is different from what any one supposed, and luckier. Has any one supposed it lucky to be born? I hasten to inform him or her it is just as lucky to die, and I know it. I pass death with the dying and birth with the new-wash'd babe, and am not contain'd between my hat and boots, and peruse manifold objects, no two alike and every one good, the earth good and the stars good, and their adjuncts all good." (From Walt Whitman's "Song of Myself.")

Ms. Tippett: I think it's very interesting that you are very much a spiritual presence with people who are dying, and yet, you know, it seems to me that you couple in every breath the spiritual with the very practical. I mean, even as you are kind of challenging the culture of medicine, which sees death as a failure, you are extremely appreciative of pharmacology that can lessen pain. I mean, I think often spiritual and practical approaches are presented in some kind of tension, but I don't see that tension at all in your approach to dying.

Ms. Halifax: Well, you're quite accurate, your perception. I mean, I will say very clearly — for example, I brought this question to His Holiness the Dalai Lama with regards to the control of pain and the effect on the individual's consciousness or awareness. And His Holiness, for example, I think he's also very practical and very spiritual, and he says, you know, "Compassion says that we are to do our best to relieve pain and

suffering. To die painfully is not merciful." And so, for me, mercy is a combination of spirituality and practicality. You know, he also said, by the way, because I think that some religious people and spiritual people are concerned that if you don't die a conscious death that somehow you've blown it, and he said, well, the deepest level of our mind is, you know, it's unconditioned. And so that, you know, should one be unconscious by virtue of being in so much pain that you're under anesthesia as you're dying, that's happening. Or that you are taking, you know, large amounts of opioids, that's happening. But at the deepest level, the mind is not conditioned. So he very much supports, I feel, of what I support is an extremely loving, practical and merciful approach to the psychophysiological care of someone who's dying.

Ms. Tippett: I think you're also saying that you also have some kind of faith that there's a consciousness that medicine can't touch, right?

Ms. Halifax: That's correct.

Ms. Tippett: Is that what you're saying? That it's still operating.

Ms. Halifax: Absolutely. But it's a mystery, too. So, you know, I can't posit evidence. It's just something one sort of senses from within.

Ms. Tippett: And you also mention the AIDS crisis, and you seem to suggest in some of what I've read of what you've written that people suffering with AIDS have brought a particular frame of mind to dying, that somehow people who are dying with AIDS have changed our consciousness in this country about death, some experiences you've had with that. Talk to me about that.

Ms. Halifax: The first wave of AIDS that I came in contact with were people who were very educated males, and they wanted to die in a way that would benefit their brothers. And they brought their dying process, their experience of dying, very much out into the open for those of us who were willing to enter into those worlds, which I was very committed to doing. And these were people, many of whom were highly verbal, highly intelligent, some of them quite affluent, so they could access technologies and approaches that, you know, a homeless person with AIDS can't. So I always felt that I was a student to these men who were dying, and deeply benefitted. There's been a tremendous amount of education that's happened for all of us around the experience both of marginalization and also a breakthrough into a quality of deep acceptance through the gift of these men teaching us.

Ms. Tippett: So, you said you were a student, and you've been being with dying, as you say, for three decades, but were there things that you learned with these men who so actively died that you hadn't learned from other dying people before?

Ms. Halifax: I won't be real graphic, but I have to say that the complex of opportunistic illnesses that often besieged people with AIDS back in the '80s and '90s was really tough. It was tough to be around. It was tough to witness. And, God, it must have been hell to go through. So the extreme of pain and suffering that one witnessed and the amount of bravery and dignity that I saw both on the part of dying people and of many, many caregivers, and this capacity to sustain presence in the middle of physical hell. So, you know, I'm not only talking about the presence of the dying person but, I will tell you, sometimes it was really hard to see and to be with the degree of physical challenge. It was very, very difficult. But something in my heart just broke open,

and I could look at the truth of the physical challenge that these dying men were experiencing, but also, because of their openness and trust, be able to link into something that was much deeper, that had nothing to do with the physiology that was under siege.

Ms. Tippett: Anthropologist, teacher and caregiver Joan Halifax. Here is a reading of a poem by Marie Howe from her collection What the Living Do, chronicling her brother's death from AIDS at the age of 28.

Reader: The last time we had dinner together in a restaurant with white tablecloths, he leaned forward and took my two hands in his hands and said, "I'm going to die soon. I want you to know that." And I said, "I think I do know." And he said, "What surprises me is that you don't." And I said, "I do." And he said, "What?" And I said, "Know that you're going to die." And he said, "No. I mean know that you are."

Ms. Tippett: You know, these choices that individuals have the possibility to make, and maybe there's some awareness that's increasing of that, living wills, still often in the moment, in the situation where someone is dying or where there's some ambivalence about that, often those documents aren't binding or everyone's not aware or you can have a terrible tragic disagreement such as the one that we saw publicly in the Terri Schiavo case. Could you comment on — have you seen that, and do you have ideas about how that might get better or what we do about the actual complexity of that?

Ms. Halifax: Well, you just don't know what's going to happen, and so you plan as best you can. But you know the joke, "What makes God laugh?" and the answer is "Plans."

Ms. Tippett: Right. You tell Him your plans.

Ms. Halifax: Yeah. You do the best you can, but you have to really live with this kind of heart of not knowing. But it's not to be stupid, and it's good to get your friends, your lawyers, your family pretty much agreed upon in advance as — you know, the situation with me, I say I don't want thus and so, but, I mean, I was with a very complicated person who was dying two years ago, and he would turn his DNR on and off every 20 minutes. It was tough, you know? He'd sign the DNR and then 20 minutes later he'd say, "No, I got to be resuscitated." So you don't know what the mind is going to do. But a hospital, the medical system has to keep you going, and so if you haven't signed a DNR, then you are coded. And people should understand how few people are resuscitated and what an invasion of space a resuscitation attempt does bring about. Or they should sit in an ICU where there are 40 people who are intubated on respirators. But sometimes the prolongation produces something of great benefit, which is more life. How can we know? But, you know, I sort of wish we lived in simpler times. The truth is, we don't.

Ms. Tippett: You mentioned before that you have gone through grave illness, that your mother has died, and now, here you are, you've been working with death for many years. I wonder if when you face that for yourself, or with people who you love, is there anything that's different in those experiences that challenges or expands what you've learned professionally about dying and about being with people who are dying?

Ms. Halifax: Well, a personal example is from the experience I had with my father, who was dying. You know, as his elder daughter, my father was my best friend, I totally loved

him — this wasn't so many years ago — and I kept wishing there was somebody like myself around.

Ms. Tippett: Because you couldn't be that to yourself.

Ms. Halifax: No. So when you are up close and personal, you know, you are facing the death of a family member, it is quite different than working in a way as a compassionate stranger, which is an easier role, and you're often able to be a source of great support and balance as family members are going through that anticipatory grief that is just part of the experience of being with a dying person.

You know, we're caring for a man now at our Zen center. Last week he thought he would live, and this week he knows he's going to die. And it is just an extraordinary experience to be working with his partner and our community members in creating a community of support where the care is shared equally among all people. But also in recognizing that even in a place where meditation and service is embedded into our life way, the truth is that when you have an actively dying person in your midst, your issues around your own mortality are on the surface somewhere.

Ms. Tippett: Right. And I mean, in that moment when, as you say, it's up close and personal, you know, does it become a little harder to say, "This is a liberation. This is a natural part of life"? Does it challenge those ideas?

Ms. Halifax: You know, in the case of my father, no, it was not harder. It was so much easier. No. But I didn't take his death for granted in the sense of, "Oh, he's liberated. Now let's see. Let's get onto American Airlines and get back to business."

Ms. Tippett: It was still a loss.

Ms. Halifax: It was a huge loss. It's the case. But the loss is mine, not his. Part of me was just so relieved that the last hours of his life were so extraordinarily peaceful.

Ms. Tippett: Well, let me ask you this, how do you live differently because of the work you do with dying?

Ms. Halifax: Oh, I just do the best I can. I mean, I think one thing is a sense of humor, a lot more patience, greater appreciation for life. Now, is that living differently? No, it also could be a result of age. I think that I'm very comfortable around the truth of dying. You know, I sit with dying people a lot. I'm around a lot of suffering. Does it bring me down? No. Does it bring me up? No. It's as it is. You know, there's a kind of frankness to this way that I approach life. I feel so lucky that I've had so many years — what is it now? — 35 years of sitting with dying people. And I still feel that I am in the presence of a mystery, and it's a deep privilege, and that it also gives me so much to appreciate in my life. I mean, to be personal, I had a bath the other day, and just this sort of wave of gratitude passed over me as I realized, "I can enjoy this bath right now."

Ms. Tippett: Because you're with people who can't have that kind of simple pleasure?

Ms. Halifax: That's right.

Ms. Tippett: Here's an excerpt from a poem by Mary Oliver, that Joan

Halifax treasures:

Reader:
When death comes
like the hungry bear in autumn;
when death comes and takes all the bright coins from his purse
to buy me, and snaps the purse shut;
when death comes
like the measles-pox;
when death comes
like an iceberg between the shoulder blades,
I want to step through the door full of curiosity, wondering: what is it going to be like, that cottage of darkness?

And therefore I look upon everything
as a brotherhood and a sisterhood,
and I look upon time as no more than an idea,
and I consider eternity as another possibility,
and I think of each life as a flower, as common
as a field daisy, and as singular,
and each name a comfortable music in the mouth
tending as all music does, toward silence,
and each body a lion of courage, and something
precious to the earth.
When it's over, I want to say: all my life
I was a bride married to amazement.
I was the bridegroom, taking the world into my arms.
When it is over, I don't want to wonder
if I have made of my life something particular, and real.
I don't want to find myself sighing and frightened,
or full of argument.
I don't want to end up simply having visited this world.

Ms. Tippett: [I asked Joan Halifax whether she has accompanied people to death who chose to take their own lives.]

Ms. Halifax: Yes, I have. And I can say to you that it's a very difficult, very difficult position for a person such as myself to be in. One is that, you know, as I said earlier in our conversation, this human life is precious, and even someone who's pretty out of it can engender great compassion on the part of others. So we, you know, we have such an idea of productivity and functionality in our societies. So it's, you know, we are no longer able to, quote, "contribute" in the way that we think we should or that we're physically or mentally so vulnerable and in so much pain or suffering. See, I make a distinction between pain and suffering, by the way.

Ms. Tippett: OK. What's that?

Ms. Halifax: That distinction is pain is physical or mental experience of acute discomfort. The story around the pain is called suffering. So I feel a little bit put on the spot when somebody who wants to take their life tells me, "Well, you know, I'm a member of the Hemlock Society, and I want to take my life." I don't try to talk people out of doing something like that. It's more trying to open up other options for them. But if I'm not able to make it possible for them to discover something to live for, and they

take their life, then so be it. This happened two months ago to an older woman who had a neurological disorder. It was her third attempt at suicide, and I had made a sort of deal with her not to do it after her second attempt. But I had told her and her partner, "It's legally binding that I actually have to dial 911. And if you don't want a save here, then probably best not to bring me into the situation." And, in fact, she took the pills on a Sunday night and went into a vegetative state and on Wednesday morning went into active dying, was completely unconscious, as I said. And I was called in, and I had an extraordinary experience with her. But it's a kind of ambivalent situation.

Ms. Tippett: I find this interesting, because you do consider death to be a natural part of life, and, as a Buddhist, you think of death certainly more as a liberation rather than a failure, which is what our culture often sees it as. But you still resist the idea of someone taking their own life?

Ms. Halifax: Well, let's just say I like to look at things from multiple perspectives. So, for example, while death is the ultimate liberation, the other side of that coin, for me, is that human life is precious. And we can benefit people up until, you know, our very last breath. We're beings, not just people. But, you know, when someone does take their life, it's to deeply respect their choice. And as it turned out in the case of this particular woman, I had the great honor of being there for her last 20 breaths. And I walked in, and one of our medi-refuge people and a hospice nurse were bathing her, and her breath was very chaotic and rapid. And the nurse had worked with me with other people who have died, and they said, "You know, we think so-and-so would like to be with you alone." And so, I'll tell you what I did, I didn't hold anything against her. I sat down with this woman, and there she was, sort of gazing into emptiness, and I sang "Swing Low, Sweet Chariot" in this very peaceful voice. And then I said to her, "You know, you have helped so many people. So many people love you, and everyone feels the same, it's OK for you to go on, to let go." And then every exhalation, I said very quietly with her as I made the exhalation, "Yes." And 20 exhalations later, I felt we were both passing through the door together.

So, you know, she made a choice. I have as a pastoral person a legal obligation, etc., but on the other hand, I respect her choice, and she went. But do I feel that it's a moral issue? No. I think for me, personally, it's really an issue of the heart. And her physician said very clearly that this woman did not have the psychological makeup to sustain the rapidly degenerating condition that she was confronting.

Ms. Tippett: I do feel that I want to ask you — because part of the reason this subject is out there in our public life is because of the Terri Schiavo case — as you watched that, what did you wish we would be talking about? What questions did you feel journalists and others were not asking that needed to be asked?

Ms. Halifax: Well, I live in a monastery, so I didn't have, you know, as much exposure to the media. But I think that our rights in dying have to be explored in detail. And, you know, it's almost as if our courts are not the place entirely where the rights of the dying should be defined. And I think a very deep discussion between legal people, pastoral people, anthropologists and the like is warranted in, you know, a further understanding of how to respect the right to die and the rights of dying people. I think it's important to realize that Terri Schiavo engendered not only a lot of anguish in her family, but also she engendered a lot of compassion. And, you know, it's one of these moments in public private life where you realize that a kind of archetypal level of inquiry, of question and of drama is unfolding, and that it could actually produce not just a polarized outcome but a very beneficial outcome for all of us.

You know, since we can't know what's the best — and I couldn't say, I was asked by many people — I think that one always looks to mercy in such a situation. Of course, mercy is very dependent on your point of view; what's merciful is to prolong, what's merciful is to let go. But I kept trying to look out of Terri Schiavo's eyes before her coma and after her collapse and what really serves this beautiful person here?

Ms. Tippett: And I don't sense that you have a clear answer for that in your own mind.

Ms. Halifax: Absolutely, I do not. I do not, which is a wake-up call, really, for all of us. You know, we think that the legacies that we live are, you know, financial or literary or something like that, but how we die is a legacy as well, and Terri Schiavo left a large and complex legacy. In a way, her death is asking us to consider the legacy that you and I might leave as well.