No Escape From Death; Might As Well Embrace It

We the terminally ill have a responsibility to bring discussions of death into the lights of conversational norms.

March 11, 2017 By Adam Hayden

I think about death often. Probably two or three times each week, and once each week I offer death a really thoughtful hour or so of my attention and consideration. I am a smart guy, and I am well studied in the works of predecessor smart people who were thoughtful enough to offer death their attention and consideration. Many of these people recorded their thoughts in memoirs, blog posts, columns in the weekly standards, or by some other written medium that is available to us to learn from their considerations of death. In this post I lend some of the lessons I gained through my thoughtful considerations of death.

You may be inclined to think, “Adam discusses death often; ought we be concerned?” You ought not. It is my consideration of death and of palliative care that the terminally ill have a responsibility to bring discussions of death out of the shadow of taboo and into the lights of conversational norms. I intend to live for many more years, but shifting norms takes time, so consider this a long-term goal.

I started offering honest narrative accounts of my personal walk with brain cancer while still in the hospital. My support network is large and diverse. My background and education is likewise. My dad, a career pastor, like his dad, and his two older brothers, taught me through observation that people are always getting sick and dying. There is something unsurprising to me about death—certainly unfortunate, but unsurprising.

The organization of the institutional church is not dissimilar from the organization of the private sector: as a person increases in position, from youth pastor, to associate, to senior pastor, with a higher position on the institutional ladder comes increased responsibilities. The senior pastor is equipped to deliver the weekly sermon to a corporate body of two or three hundred because she has served her time as an associate making hospital calls to the sick and dying. The private conversations in an inpatient hospital room equip the junior pastor with the lessons to take to a broader audience. You learn, or at least are granted insight into, the values that matter, when someone dies while you hold their hand and are bonded in prayer. Like a trades-person’s apprenticeship, a medical residency, or a graduate teaching assistantship, the role of a senior leader, as a mentor once told me, is to let your up and coming leaders make mistakes but step in

before the person becomes a liability.

People getting sick and dying is weaved into my background, but, I am careful not to claim that I have learned the experience of what a person feels when ministering to the sick and dying, I put plainly that I only know of this experience by watching my dad put on his clergy name tag, grab his Bible, and head out the door for a “busy day of visitations.”

Here is one experience I do know. I shook the hand of a doctor assigned to my case. He introduced himself, asked me to state my diagnosis, and quickly he said, “You know you’re going to die from this, don’t you?” He continued, “I think it’s important for patients like you to know we are going to treat you, but not cure you. The long-term survival for patients with your diagnosis is 0%. We just don’t have them.”

Here are two more experiences I would like to report to you now.

First, Sunday, March 5, 2016, I paced the stage of a multi-purpose community room, an expansion added to the church where my dad is the senior pastor. I delivered an hour-long narrative account of my walk with brain cancer. Following the talk several people greeted me and said, “Adam, I really enjoyed your presentation.” Inevitably, many of these people quickly backpedaled for fear that by some stroke of schadenfreude their enjoyment of my discussion of my terminal illness violates a social norm that we are to avoid interest and enjoyment in discussions of death, or to admit that we might gain entertainment while being moved under the dark cloud of an incurable disease.

This simply is not the case. My decision to present my story is not a cosmic “gotcha” joke.

Here is my story, it is sad, and moving.

Psyche! You enjoyed it, you jerk!

I tell my story because we are mortal. We are vulnerable. We get sick and die. There is no escaping this basic truism of our pinpoint existence in the multi-billion-year universal journey of an expanding cosmos. We would do better to embrace it. To discuss it. To enjoy the discussion of our demise. A palliative care doctor told us during a discussion of death and dying geared toward persons with brain cancer, “we plan for retirement, should we not also plan for own death?”

How terrible it must be to be the spouse, close kin, power of attorney, or healthcare representative of a person and patient whom never broached the subject of their own certain death? To take extreme measures? To continue hydration and nutrition? To intubate, vent, crack open the ribs and manually massage a stopped heart.

The inability to embrace our certain death places a burden on our loved ones for which we will not be responsive to help guide the conversation. I think of no insult greater that I may commit against my wife than to put her in the position of wondering, “What would Adam want in this situation?” How tortured she would be? How tortured her relationship with family and friends must

be when differing opinions would be settled by everyone's speculation about what Adam would want.

Second experience, and less of a definite experience, and more of a general attitude directed toward me and my family, is the speculative folk theology of the attitude of God toward the faithful flock. Here are a few claims that you have no doubt heard, and perhaps a few you have spoken yourself, and be not afraid, shamed, or judged by my reporting of these claims. Instead, I invite you with open arms and a warm smile to consider with me the implications of our best-intended statements about how you interpret God's wishes toward the sick and dying.

"God will not put more on you than you can handle."

"God does not throw curve balls."

"God has a plan for you."

"It is God's will."

What implications might we draw from this portrait of a supreme deity? Ultimately, each of these statements imply that God has a hand either in putting us through the gamut of suffering and death, or that God may lift our suffering at any moment, but decides not to.

As we say in philosophy, I only offer a rough sketch of these theodicies—explanations for evil and suffering in the world. I have only glossed these complicated views. But to that complaint, I have this to say, these claims are rarely spoken by a thoroughly trained theologian who builds her claims on a foundation of systematic theology. Instead, "God does not put more on you than you can handle," is spoken by your friends, family, next door neighbors, and in greeting cards from Hallmark we sign our names to and drop in the mail.

The duty, the responsibility of the ill, is to interpret these statements as well wishes and sympathetic support during a difficult time. The duty of the wisher is to extend greetings with the same reverence that death demands: something so big that not one of us will escape it.

Better to embrace it.

This post originally appeared on Glioblastology. It is republished with permission.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.cancerhealth.com/blog/no-escape-from-death-might-as-well-embrace-it