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## Nearing the Shore

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I turned forty-nine a few years ago, entering my jubilee year, seven times seven, the grand sabbatical. I was infatuated with the ancient Hebrew tradition of jubilee from the scriptures of Leviticus—forgiving debtors, turning fields to fallow, releasing slaves, taking stock of the past forty-nine<sup>1</sup>. It is the year of great pardon, of recognizing sufficiency, of equalizing inequalities. I was sobered by this opportunity to properly launch into my second half, with some sense of being awake to the fact of a significant viewpoint in my journey.

From this, I followed a crooked path that led to a peculiar aspiration: to find a deeper friendship with my own death. I was struck by the words of John O'Donohue, an Irish Catholic, poet, philosopher, and a priest for 19 years. He left the priesthood when, as he put it, "I realized there was a lack of oxygen within the church." He died unexpectedly in his sleep at the age of fifty-two, having lived his life through the lens of Celtic spirituality. O'Donohue wrote this poem:<sup>2</sup>

*From the moment you were born,  
Your death has walked beside you.  
Though it seldom shows its face,  
You still feel its empty touch  
When fear invades your life,  
Or what you love is lost  
Or inner damage is incurred.  
Yet when destiny draws you  
Into these spaces of poverty,  
And your heart stays generous  
Until some door opens into the light,  
You are quietly befriending your death;  
So that you will have no need to fear  
When your time comes to turn and leave,  
That the silent presence of your death  
Would call your life to attention,  
Wake you up to how scarce your time is  
And to the urgency to become free  
And equal to the call of your destiny.  
That you would gather yourself  
And decide carefully  
How you now can live  
The life you would love  
To look back on  
From your deathbed.*

How shall we respond to dying? As this question crossed the path of my jubilee journey, and I pondered the absurd and undeniable truth of O'Donahue's words, I knew that this question needed to be my own. I would have to adopt this question, personally and intimately. It was time for me to explore how *I* might respond to dying.

The first character I needed to consider was tucked away among my earliest memories. Tina lived ninety-four incredible years. She was the sixteenth of nineteen children, preacher's wife,

mother of four sons, tiller of home, hospitality engineer, builder of feasts. She lived through many very hard times. They were hard because of having so little and needing to stretch it so far. They were hard because of a sixty-year marriage that came with some tight corners and tough hills. They were hard because of bones and bits that moaned and groaned but never quite let her go. Tina was a force. She poured herself into her living.

Tina was also “nearing the shore” from her earliest days to her last. Those who knew her well can recall only a few years near the end of her life when the words “I’m nearing the shore” did not pass through her lips. This phrase could be spoken through a sarcastic grin and bring her audience to laughter, or through the tears of some more intimate sadness of this life here on Earth. Tina was my father’s mother, my grandmother. And as her grandson, I was often perplexed by that phrase and what meaning could be assembled around it. Why was she always dying, why would she say it out loud, and even more, why did she seem so comforted by it? *Mysterious!*

Another important piece in this puzzle is my professional connection to palliative care. The first resting spot of my career was an inner city community health centre in Calgary, Canada. There, people with HIV stepped into my path and eventually became the grains upon which the crystals of my career and my personal life would form. That was the early 90s, when HIV was primarily a palliative enterprise. And that is where my love affair with palliative care was born. I found that meeting people who knew they were dying was deeply satisfy-

ing. And I think it was satisfying because of two lessons that came across better here than in any other area of medicine I had experienced.

The first lesson was the meaning of person-centred care. This is where all of the confused and misguided objectives of acute medicine, the obsession with data and treatment and fixing and cure, were finally dropped, and what the patient wanted and needed became precisely the most important agenda in the entire venture. What I learned and continue to teach my students is that there are only two vital signs in palliative care: comfort and contentment. And we have to measure those aggressively and repeatedly, turning away any temptation to start measuring other signs that will only confuse matters. These vital signs are entirely subjective, purely person-centred parameters.

The second important lesson that palliative care taught me was the importance of saying what needs to be said—opening Pandora’s box, exposing the elephant in the room, unearthing hidden treasures. In part this is because time seems compressed. But more than that, I think it is because people who are dying reveal over and over just how valuable it is to talk specifically and directly about the things that people who are *not* dying won’t talk about: future plans for home and family, preferences for level of care, guilt and shame, and even prognosis. I loved watching my palliative care mentors cut to the quick with their honest questions, and seeing just how often those resulted in sincere, relief-giving responses.

These two lessons were lessons in healing. Ironically, the most powerful healing I had wit-

nessed was at the death-bed, and so rare in the examining rooms of eternal life. *Mysterious!*

Jim was my first true love. We met when I was thirty and we were both newly minted young doctors. Although he was healthy and vivacious and full of life at the time, Jim knew when we met that he had a terminal illness. This fact gave us both pause—me because I knew that a relationship meant I would be left alone at some point, though no idea when; he because he felt guilty, and maybe irresponsible, for dragging someone else into what could be a terrifying passage. But we somehow came to know that us being together was meant to be, and we were given three wonderful—and complicated—years of true love. *Mysterious!*

Tina, Jim, and my palliative patients have taught me about living and dying all at once. We are all doing it, and it is one of the great mysteries of the human condition. It is a paradox, and I have learned that the choice of response I make in the face of paradox can propel my life in very different directions. A paradox is two truths, two conditions, two states that are seemingly, yet not really, contradictory—two situations that, like magnets with the same poles facing, seem to resist each other. A paradox is mysterious.

*I will fight the battle for a cure—I will  
embrace a good death.*

*My body connects me to all of the  
treasures of this world—My body locks  
me in a prison.*

*I am human—I am divine.*

It seems our human nature is to perceive paradox as a contradiction, an inconsistency, a problem that cannot be reconciled. I become impatient. I direct and control the discourse, and finally give up on one of the truths to embrace the other completely. This is dualistic, either-or, black and white thinking. It is hard to imagine that the two truths could live together within me.

But there is a wisdom that often lies at the ancient core of the most established spiritual traditions. This wisdom is that paradox is able to teach us our most important lessons and usher us into our most significant depths of living. This power is released only inasmuch as I am able to hold the dough of mystery formless without having to squeeze it out into a mold. In order to let them teach me, I must hold both truths together, at the same time, with as much conviction as I would hold each truth separately. They must be allowed to vibrate in my grip.

I wonder if this might be one way to befriend my own death. If I can see death and life both being here with me now and welcome all of the uncertainty that seeps through that admission, there is a chance that each might make the other very different from how it at first appears.

*Live like I will live forever—Live like  
I will die tomorrow.*

If I suppose for a moment that holding both sides of that paradox together really is good for me in some way, what would that look like? What if I was convinced that these two truths, when held together, could carry me to something more en-

compassing, something more resilient or more fitting? How would my life be different?

Tina spent her life “nearing the shore.” I cannot know what she meant in this, and I suspect Tina did not know either. In some way, it seems she was allowing her death to rest close at her side, and that she was holding the truth of living and the truth of dying in her soul fearlessly. To some degree, this must be true, since it was so much easier for her to speak the words of herself than it was for others even to hear them, let alone speak this of themselves. My suspicion is that she was, in fact, more comfortable with her dying than with her living, and that if she did have fear, it was less about death and more about her life here on Earth.

And as for Jim, from what I could glimpse of his soul, in the presence of his illness, death and life were both welcome guests. Some grace had found him and allowed him to hold the two without fear. Together they formed a harmonic chord, two notes that, when put together, were better than the sum of their parts. Many who met Jim felt touched by a unique presence of spirit.

I wonder if it is possible to befriend my own death when I have only had to face it in the abstract. I think the fear that makes me turn away from dying is usually a fear of what I will lose in life, rather than what might come after. I fear losing the chance to watch nieces and nephews grow into their personhood, missing the opportunity to forgive others and myself for our shortcomings, that I will not have achieved something important and notable, that I will not be able to love more deeply or to dance more beautifully or to be noticed. Maybe

what I fear is being unfinished or incomplete. Maybe this is what makes me hold the mystery of both living and dying like a prickly branch, and holds me back from being instructed and enriched by it. In order to hold both the truth of living and the truth of dying as dear companions, I would have to move beyond this control, entitlement, and ownership of self to some other possibility.

And as I let these thoughts simmer, I am convinced that it is not possible to wrestle this paradox head-on. I cannot *will* myself to *achieve* this transfiguration of fear. Such a deep acceptance as this is not something I can achieve through task and toil. Rather, an acceptance like this must come through grace, which comes through a silent attention, inviting openness, listening through mind, heart, and body.

I now recognize this as my perfect notion of “prayer”: a prayerful existence in everyday life, a prayerful contemplation. In this kind of prayer I can discover a heartfelt posture of surrender. In spiritual terms, surrender is not a giving up, or even an ending. Surrender is, rather, a giving over, an entrusting. It is the end of being the one in control, the end of being attached to my identity, and the end of judging myself. It is the act of declaring that what I think of as *me* is not only *me* but much more than *me*. It is freedom, connection to all of humanity, and connection to the divine.

After her husband’s funeral, Elaine summoned me to her home. Chemotherapy for her own lung cancer was scheduled to resume and she wanted to know whether it would be “OK” not to have any further treatment or investigation. She asked

whether this would be like committing suicide, whether she was giving up, whether it was wrong and she should continue to fight the battle. And although I am certain I could not find the right words at the time, I wanted her to be able to consider *giving over* rather than *giving up*. Rather than looking at a decision to end treatment as defeat or failure, why not look at this as a full-on embrace of the life that remains and the yet-unknown possibilities that might unfold? If she could give both her remaining life and her impending death over to the great mystery, entrust the unattained hopes and unmet expectations and terror of suffering, maybe she could have both death and life in every day that remained. Although I suspect no words like this were ever spoken to her, there was no doubt that some grace found Elaine and her life took on more resolve and richness while befriending her death and refusing treatment.

I wonder if every battle for a cure should be accompanied with a campaign for surrender. Where would that take us?

The Franciscan Richard Rohr says:

*The ability to stand back and calmly observe my inner dramas, without rushing to judgment, is foundational for spiritual seeing. It is the primary form of “dying to the self” that Jesus lived personally and the Buddha taught experientially. The growing consensus is that, whatever you call it, such calm, egoless seeing is invariably characteristic of people at the highest levels of*

*doing and loving in all cultures and religions. They are the ones we call sages or wise women or holy men. They see like the mystics see.*<sup>3</sup>

Am I ready to die—am I ready to live?

Some days I think I am succeeding at lovingly holding those both. I wonder how any readiness to die will hold up, or how fleeting it might be in the face of a serious threat. I cannot know. And really, it's not the point. The point is that in befriending death now, life is more awake in every day. To live every day like it is my last, yet living like I will live forever, has some very practical implications. I must speak the truest truth I can in every human interaction, say what needs to be said right now, forgive what needs to be forgiven, thank who needs to be thanked, and hug who needs to be hugged. Today. I must also recognize loss, disappointment, and failure as the small “practice deaths” that they are, where my control and ego and effort are best surrendered and I await some other mysterious possibility. Plus, I must eat properly, drink in moderation, exercise, and save enough money to support my circle to 100. The list stretches on.

I am watching for signs that this journey might change my approach to patients. I think it has already, because for many the death bed is the first time these questions have been permitted to seep into conscious grey matter for further inspection. And at times I have felt as though my patient and I can join in our dying together, which is a comfort for them, and instructive for me.

## Notes

1. Leviticus, Chapter 25.
2. O'Donohue, J. (2008). *To Bless This Space Between Us: A Book of Blessings*. New York: Random House Inc., p. 72.
3. Rohr, R. (2009). *The Naked Now: Learning to See as the Mystics See*. New York: The Crossroad Publishing Company, pp. 32–33.

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