**Live Well To Die Well:**

**How to Live a Meaningful Life and Achieve a Good Death**

**By Chris Palmer**

[www.ChrisPalmerOnline.com](http://www.ChrisPalmerOnline.com); [christopher.n.palmer@gmail.com](mailto:christopher.n.palmer@gmail.com)

**For Reflection Park**

**Sunday, February 4, 2024**

A year or two back, my wife Gail and I were having dinner with some friends, a couple about our age, and I asked them what their plans were as they got older and approached the end of their lives and the man replied, “We don’t like to talk about that; it’s too depressing.”

It’s easy to scoff at that attitude, but I can identify with it. All my life, I’ve been scared and fearful of death and dying. Put your hand up if you feel apprehensive about death and dying.

I’m frightened for two reasons. First, the suffering of the dying process: I’m thinking here of the possibility of severe pain, difficulty breathing, anxiety, nausea, dementia, and regrets. Dying can be rough. Isaac Asimov said, “Life is pleasant. Death is peaceful. It’s the transition that’s troublesome.”

The second reason I’m frightened is because of death itself: the way I see it, I’ll no longer exist, and all my projects and relationships will end. If you’re religious, you may feel differently about death, but most of us, secular or religious, find death scary.

A whole academic discipline called Terror Management Theory has sprung up in the last fifty years to grapple with the fear of death and dying and how it has shaped our behavior and beliefs.

As I confronted my fear of death and dying, I realized, especially after talking with hospice nurses at Montgomery Hospice, where I volunteer, that achieving a good death is more likely if a person lives well, and that’s what I want to talk about today: living well to die well.

But what does living well mean? And what does to die well mean?

Let’s start with dying well. Here’s a paper that Basil brought to my attention. [Hold it up] This paper shows that everyone has their own unique notion of what constitutes a good death, influenced by age, culture, religion, and life circumstances. However, there are core elements of a good death common to most people, including control of pain and symptoms, clear decision-making, feeling of closure, being seen and perceived as a person, preparation for death, and being still able to give something to others.

For most people, a good death is gentle, peaceful, free of pain and suffering, and full of grace and dignity. To die well means we die with few regrets and little trauma for those who love us and witness our last days.

Loved ones surround the dying person, who has a chance to say goodbye and thank you and hear from those present how much the dying person’s life meant to them. The room is full of loving exchanges, tenderness, gratitude, perhaps joyful reconciliations, and shared memories of a well-lived life.

My parents and three brothers all died with none of these elements, and that is a cause of great sadness for me.

So we’ve briefly discussed what dying well means, but what about living well? What does living well mean?

A person lives well if they pursue a life of meaning and purpose. People living well overcome setbacks and failures, stay focused on their goals, and have warm, trusting relationships with others. Living well has little to do with wealth, fame, or possessions and much more to do with focusing on what matters.

How do we achieve living well? Three things:

**First**, we need a vision that describes our values and what matters to us. (Proverbs: “Where there is no vision, the people perish.”)

**Second**, we need goals routed in that vision.

**And third**, we need to act on those goals to achieve them.

Vision, Goals, Action: these are like the three legs of a stool. We need all three.

**QUESTIONS AND COMMENTS**

A vision is best captured in a personal mission statement. A personal mission statement describes what matters to you, your values, the kind of person you want to be, the identity you want to have, and what you’d like to accomplish. Here is mine [Hold it up]. It is wise to write one, even in the last few years of your life. My PMS is my constitution, my true north. Basil and Mona will send it to you this evening so you can glance at it if you want to.

Here is one way to create a personal mission statement. Imagine you’re entering a big building. As you open the door and look inside, you see 100-200 people with their backs to you. You strain to see what they are looking at. And then you spot it. They’re looking at a casket, and you suddenly realize you’re witnessing a funeral. As you try to fathom what’s happening, you see a person you know well and who loves you standing up to give a eulogy. You realize, with great fascination, that you are witnessing your own funeral.

What do you want to hear said about you? As you think about this, assume you’ve led an honorable and successful life. What are the assessments you would like the eulogist to make about you? What character traits and behaviors would you like the person to praise and be grateful for? What have you accomplished? Were you compassionate, kind, and generous? What kind of friend or family member were you? Were you a person of integrity?

Your answers will give you a first draft of your personal mission statement. This statement is never final because you continually improve it. It’s always a work in progress, like each of us.

Having a vision for your life and articulating it in a personal mission statement will help you live a purposeful life full of meaning, thus increasing your chances of having a good dying experience.

We should be ambitious and craft a personal mission statement that excites and inspires us. In doing so, we are shaping ourselves into a generous, wise, purposeful, and creative person more likely to make life choices that will help us die well.

If we live intentionally, with gratitude, and focus on what matters most, our lives will likely be more fulfilling, and our dying will likely be more peaceful.

**QUESTIONS AND COMMENTS**

Having a personal mission statement is the first leg of the stool. The second leg is our goals routed in that vision. Our goals give our lives meaning and purpose.

One way to organize life goals is to group them according to the four fundamental dimensions of our nature—physical, social/emotional, mental, and spiritual.

*Physical* includes exercise, diet, and sleep. Moving our body daily, eating lots of fruits and vegetables, and getting sound sleep are all critical.

*Social/emotional* includes love, friendship, and community. One goal to consider in this area is writing a “gratitude” letter. This is a heartfelt letter to someone you love, thanking them for their love and caring. You tell them what they mean to you and what you appreciate about them. I’ve sent gratitude letters to many family members and friends.

*Mental* includes learning, studying, and reading. One goal to consider in this area is writing a memoir. It doesn’t have to be lengthy. It would be part of your legacy, a gift to future generations who want to know about your successes, setbacks, and struggles. I’ve written three memoirs.

*Spiritual* includes finding a purpose and meaning in our lives and being in touch with something greater than ourselves. By spiritual, I’m not referring to religious faith, although it will include religion for some. Therapists will tell you they see stunning revitalization in people when a newfound purpose comes along. One goal to consider in this area is to keep a gratitude journal, a thoughtful chronicling of the things we are grateful for.

Setting challenging goals for ourselves in those four dimensions is vital because it helps us find purpose and meaning in life. These goals should advance the values and vision in our personal mission statement. This will help us live well, and thus, we’re more likely to die well.

**QUESTIONS AND COMMENTS**

So, vision is the first leg of the stool, goals are the second leg, and the third leg is taking action to achieve those goals by being highly productive, action-oriented, and skilled at time management.

If we do those three things (vision, goals, action), we are more likely to have fulfilling relationships. On our deathbeds, we are more likely to hear our loved ones say to us, “I love you,” “I will miss you,” “I will not forget you,” and “Thank you.” Hearing these things helps to ease the fear of death.

I deeply regret never telling my mother and father as they were dying that I loved them. It wasn’t a phrase we used in our family. When my twin brother Jon died two years ago, it was only when I gave his eulogy that I said to him, I love you, but of course, it was too late.

If a person lives well, they are more likely to:

* Declutter and death clean their home
* Write an ethical will or legacy letter
* Complete an advance directive and a dementia coda
* Select a healthcare agent
* Talk with their loved ones about what they want at the end of life
* Take advantage of palliative and hospice care
* Decide what type of medical care they want, and
* Decide what kind of memorial service they would like.

They are also more likely to have pondered medical aid in dying, voluntarily stopping eating or drinking, palliative sedation, refusing life-sustaining treatments, and other exit strategies as they approach death,

**QUESTIONS AND COMMENTS**

A person who lives well and intentionally is also more likely to plan to dispose of their body responsibly and in line with their values. In other words, whether to have a conventional funeral with embalming or cremation with all their associated pollution and waste or look at greener alternatives like green burial, or water cremation (also known as alkaline hydrolysis), or human composting (also known as natural organic reduction).

My wife Gail and I have chosen a green funeral at Reflection Park because this option reflects our appreciation and reverence for the natural world. Environmentally, green burial is the gold standard. It has a much smaller carbon footprint than conventional burials, embalming, and flame cremation.

**QUESTIONS AND COMMENTS (LAST CHANCE)**

To sum up, we must live a good life if we want a good death. To lead a good life, we should devote ourselves to building relationships, helping others, and working on meaningful projects and causes. This requires planning, preparation, and intentionality. You can’t leave it to chance and live haphazardly as so many people do. A good life is the foundation for a good death. People tend to die the way they live.

As a wildlife filmmaker for 35 years, I made several films about wolves and came to admire these beautiful animals deeply. So let me end with the *Wolf Credo* by Del Goetz:

Respect the elders

Teach the young

Cooperate with the pack

Play when you can

Hunt when you must

Rest in-between

Share your affections

Voice your feelings

Leave your mark

Thank you.

HANDOUTS

1. This presentation (my prepared remarks)
2. My personal mission statement
3. 50 Ways to Improve Your Life

Other handouts on death and dying can be found on my website, [www.ChrisPalmerOnline.com](http://www.ChrisPalmerOnline.com), including:

1. Letters to my family describing how I want to die (labeled Appendix I) (known as a dying will)
2. Legacy letters (also known as ethical wills) to my family (labeled Appendix II)
3. A letter to my family describing some ideas for my burial and memorial service (known as a death will)
4. Funeral Planning
5. Advance Care Planning (advance directives and living wills)
6. Hospice Care
7. Legacy Letters and Ethical Wills (how to create them)
8. Green Burial
9. Decluttering and Death Cleaning
10. “The Conversation”
11. How to Age Well
12. How to Write a Memoir

***Author bio*:**

Chris Palmer is an author, speaker, wildlife filmmaker, conservationist, educator, professor, and advocate for reform in aging, death, and dying. He serves on the Board of Montgomery Hospice and Prince George’s Hospice and as Vice President of the Board of the Funeral Consumers Alliance of Maryland and Environs. Chris also serves on the Advisory Council for the Maryland Office of Cemetery Oversight and on the Board of the Bethesda Metro Area Village (BMAV). Within BMAV, he founded and leads the aging, dying, and death group. He is a trained hospice volunteer and was formerly a Board member of the Green Burial Association of Maryland. He frequently gives presentations and workshops to community groups on aging, death, and dying issues. He has written ten books. The latest, to be published by Rowman & Littlefield this fall, is *Achieving a Good Death: A Practical Guide to the End of Life*—proceeds from all his books fund scholarships for American University students.

***Definitions:***

**Death cleaning:** Decluttering and organizing one’s possessions late in life to reduce the burden on loved ones after death.

**Ethical will and Legacy Letter:** A document that outlines a person’s values, beliefs, and life lessons to be passed down to future generations.

**Advance directive:** A legal document allowing individuals to outline their medical care preferences if they cannot make decisions for themselves.

**Dementia coda:** A legal document focusing on end-of-life care and decisions if you have dementia.

**Health care agent:** An appointed individual authorized to make medical decisions on behalf of a patient unable to do so themselves.

**Palliative care:** Specialized medical care focused on relieving the symptoms and stress of a serious illness and improving the quality of life for the patient and the family.

**Medical Aid in Dying**: A practice where a terminally ill patient, meeting specific criteria, can legally request and receive a physician-prescribed medication to end their life peacefully.

**Voluntarily Stopping Eating and Drinking (VSED)**: A conscious decision by a terminally ill or suffering individual to refuse food and fluids to hasten death, usually under medical supervision in a hospice.

**Palliative Sedation**: The use of sedative medications to relieve extreme suffering by inducing a state of unconsciousness in a terminally ill patient nearing the end of life.

**Other Exit Strategies**: Various legal and ethical methods considered by terminally ill patients to hasten death, including refusal of life-sustaining treatments, and comfort-focused care, tailored to the individual’s circumstances and beliefs.

Live Well so as to Die Well talk February 4 2024