
Balancing life and death: Hope and despair

WILLIAM BREITBART, M.D.

Department of Psychiatry and Behavioral Sciences, Memorial Sloan-Kettering Cancer Center, New York, New York 10021, USA

We are born. We live. We die. In between birth and death is a life that is filled with joy and sadness, laughter and tears, tragedy and triumph, suffering and healing. This life can be long or short in duration. The events in our lives can be given meaning or appear to be absent of meaning. The events in our lives can be given value and judged as “good” or “bad,” “just” or “unjust,” or they can be interpreted as random valueless events. One’s perspective on these aspects and events of human existence are often shaped by our religious beliefs (or lack of them), our experiences, and our instincts. Ultimately, however, the task of every human being is to find the means by which one can live a mortal life that is inevitably characterized by finiteness and the existential truths that have been described above. Simply put, the challenge of life is to learn how to balance hope and despair, to learn how to live with the inevitability of death and suffering.

That life and death are just two sides of the same coin has been known to philosophers and thinkers since ancient times. The poet John Donne reminded us that all that separates life from death (i.e., life, death) is a mere comma. My father, when he was dying of prostate cancer, talked to me frequently of his lack of fear of death. He did not fear death because of a belief in a life after death or his faith in a Creator or Heaven. Rather, he had no fear of death because of his experience during the Holocaust and in a concentration camp. My father said that during World War II, while he was in Auschwitz, he saw death all around him, everywhere, always. Before internment in the camp he was a partisan fighter in the forest. During battles his comrades would be killed to his left and to his right, instantly, in a random fashion. “I could have been

dead at any time; I should have been dead. There is no reason why I lived and they died.” What I remember most about this conversation with my father is that he punctuated his remarks by blowing in the air and saying, “The difference between life and death is just a breath!” Some of us die, others “expire.”

In earlier times, when we lacked the scientific knowledge to control so many of the diseases that no longer kill, we human beings lived in closer proximity to death and were more familiar with death as an aspect of life. We feared it less, understood it as a normal, natural part of life, like day and night, season’s changing, leaves falling. With progress come new problems. We now have the miracles of medical and scientific technological progress. We have eradicated so many diseases. We have managed to take AIDS from a uniformly deadly disease to one where people can now “live” with AIDS (as long as they have access to the miracle drugs). We are on the brink of new successes and advances using genetic technology, gene therapies, transplantation, embryonic stem cell research, even human cloning. Hope is on the rise, and despair and fear are waning. Reading about the new advances in medicine that could potentially extend the human life span to 200 years with the use of cloning for organ and joint transplantation and genetic therapies to cure cancers, diabetes, and neurodegenerative diseases, my 13-year-old son made the following remarks to me recently. “Dad, with all these new advances in medicine, in the future I could live to be 200 years old, or maybe never die! But I am worried about you. You may not live long enough to get the full benefits of all these advances!” My son was concerned that I might be too old to reap the benefits of the brave new world where human beings’ lives might be extended indefinitely. My son was desolate at the possibility that we might not travel together, in love, through infinity and beyond. This is not an impractical concern. In fact

Corresponding author: William Breitbart, M.D., Department of Psychiatry and Behavioral Sciences, Memorial Sloan-Kettering Cancer Center, 1242 Second Avenue, Box 421, New York, NY 10021, USA. E-mail: Breitbaw@mskcc.org

medical ethicists and philosophers in the United States recently held a conference on the necessity of death for the human experience. The topic of the debate was, “Is Death Necessary for Human Existence?” If there was no longer death, would not the nature of being human be altered in profound ways? Over two thousand years ago, Homer, in the *Odyssey*, had his main character Ulysses struggle with these same issues. When Ulysses was given the opportunity to remain with the goddess Calypso and be immortal, he turned down this chance for immortality, choosing instead to remain human, remain mortal. To remain true to his nature and true to his love and heart—his wife Penelope. How many of us today could choose “humanity” over godlike immortality?

We all can relate to the desperate desire to try to find some way to sustain life, to prevent suffering, for those who love each other to remain together and united forever. These are all natural human emotions and instincts. Yet, the advances of medicine cannot be brought to bear to provide a cure at this time. Perhaps in the future, and perhaps too

late for so many who suffer now. The challenge remains to find the balance between hope and despair. The challenge remains to understand and accept the fleetingly slight separation between life and death. The challenge remains to understand that those bound together in love will travel together through eternity even if they no longer travel in the same physical form. The challenge remains to understand that death is not to be feared because it is all around us and a part of our human nature. Death precedes us and follows us. Before we are born, after we die, we are in death. Without fear, what is left is grief, sadness, and loss. That is our common human bond.

So here we are, in 2005, at the brink of so many advances that hold such great promise, but are not yet well developed enough to “cure” debilitating diseases like diabetes, cancer, and Amyotrophic Lateral Sclerosis (ALS). The cures are just decades away. As my son feared, those of us who are in midlife, those of us who are ill right now, will likely run out of time and never benefit from these innovations. Born too soon? Perhaps.