DEATH, SOCIETY, AND HUMAN EXPERIENCE

Robert Kastenbaum and Christopher M. Moreman

TWELFTH EDITION

COMPANION @ WEBSITE

ROUTLEDGE

Death, Society, and Human Experience

Providing an overview of the myriad ways that we are touched by death and dying, both as an individual and as a member of society, this book will help readers understand our relationship with death. Kastenbaum and Moreman examine the various ways that individual and societal attitudes influence both how and when we die and how we live and deal with the knowledge of death and loss. This landmark text draws on contributions from the social and behavioral sciences as well as the humanities, including history, religion, philosophy, literature, and the arts, to provide thorough coverage of understanding death and the dying process. *Death, Society, and Human Experience* was originally written by Robert Kastenbaum, a renowned scholar who developed one of the world's first death education courses. Christopher Moreman, who has worked in the field of death studies for almost two decades, specializing in afterlife beliefs and experiences, and the ways that these might affect how we live our lives, has updated this edition.

Robert Kastenbaum (1932–2013) was Professor of Communications at Arizona State University. His other books include *The Psychology of Death* (1972, 1990, 2000); *Dorian, Graying: Is Youth the Only Thing Worth Having?* (1995); and *On Our Way: The Final Passage through Life and Death* (2004).

Christopher M. Moreman is Professor of Philosophy and Religious Studies at California State University East Bay, and has written and edited important books on topics related to death and dying. He is the editor of *The Routledge Companion to Death and Dying* (2018), the author of *Beyond the Threshold: Afterlife Beliefs and Experiences in World Religions* (2008), and the editor of the three-volume *The Spiritualist Movement* (2013).

NEW TO THIS EDITION

- Physician-assisted dying has been legalized in a number of states, with more likely to follow.
- Green, natural burial has increased in popularity, as has the choice of cremation over burial in many parts of the country.
- Social media has introduced new options for mourning and memorialization, and poses new questions about grief, attachment, and legacy.
- LGBT issues outside of HIV/AIDS-related death has begun to receive more attention from researchers, though still more work is needed.
- Expanded discussion of multi-cultural perspectives on death, dying, and the afterlife are added.
- Perspectives on assisted-dying, palliative care, and a good death are all nuanced by reference to a range of religious perspectives.
- Cloning as it relates both to organ donation and the potential for personal bodily immortality no longer appears relegated to science fiction.
- Expanded questions offered "For Further Thought" at the end of each chapter.

Robert Kastenbaum died at his home, under hospice care, on July 24, 2013. His obituary, which details not only his great influence on the study of death and dying, but also his personal interests outside of this as well, can be read here: www.legacy.com/obituaries/azcentral/obituary.aspx?pid=166138491. It is with great humility that I (Chris) assume responsibility for updating Robert's long-lived textbook, the first of its kind ever written when the first edition appeared in 1977. Throughout the text, I have made an effort to keep Robert's voice alive as he often references his own personal experience and expertise. When the first person is used, I (Chris) have made sure to mention whether it is Robert or Chris doing the talking. In some cases where I'm in total agreement with some sentiment, or if I've also shared the same kind of experience as Robert did, then I use the first person plural, we. I hope that this convention will not only allow Robert to keep expressing his view, but will also allow for an ongoing conversation to develop as I enter into the text as well. I hope that you, the readers, will also engage in this conversation with us and, especially, with your instructor and with your peers, your friends, and your family.

TWELFTH EDITION

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Robert Kastenbaum and
Christopher M. Moreman

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Contents

Is death our greatest fear, as many observers have concluded? Perhaps they should have added, "That's why it can be such a thrill to dance at the edge of existence."

CHAPTER

1

As We Think About Death

Union General John Sedgwick was killed during the battle of Spotsylvania on May 8, 1864, while watching Confederate troops. His last words were, "They couldn't hit an elephant at this dist . . . ."

—quoted by John Richard Stephens (2006, p. 161)

One man was stretchered away after he was hit in the back by a bull with its horn and another man who had tripped had a lucky escape when the animal simply tripped over him . . . "You're not even thinking. You're just sprinting. The elation at the end of it. You're just ecstatic," said a 23-year-old accountant from Adelaide, Australia, Jim Atkinson

—CNN (2004)

"His brow was perfectly calm. No scowl disfigured his happy face, which signifies he died an easy death, no sins of this world to harrow his soul as it gently passed away to distant and far happier realms."

—U.S. Civil War Confederate soldier, quoted by Drew Gilpin Faust (2008, p. 21)

In the land of the Uttarakurus grows the magic Jambu tree, whose fruit has the property of conferring immunity from illness and old age, and, by means of this fruit, they lengthen their lives to a thousand years or even, in some accounts, to eleven thousand years . . . among other things, their realm includes landscapes of precious stones and trees from whose branches grow beautiful maidens.

—Gerald J. Gruman (2003, p. 33)

*

LIFE IS SUPPOSED to go on. Yes, there is death, but not here, not now, and surely not for us. We wake to a familiar world each day. We splash water on the same face we rinsed yesterday. We talk with people whose faces are familiar. We see so much of what we have seen many times before. It is so comforting . . . this ongoingness of daily life. Why disturb this pattern? Why think of death? Why make each other anxious? And why do anything that would increase our risk? Here are a few quick, if perhaps not entirely satisfying answers:

- General Sedgwick led an eventful life, but is remembered now for his inadvertently famous last words. Did he deny his immediate danger to set a bold example for his troops, to cover up his own fear, or perhaps just because he would not think of taking advice from a junior officer? Denial of vulnerability can be a fatal gesture.
- Who can resist the opportunity to be scared out of their wits on a diabolical rollercoaster or gored and trampled by a bull? Each year so many people crowd into the northern Spanish town of Pamplona that they become almost as much a menace to each other as the six bulls who rush down cobblestone streets. (Fifteen have died and hundreds have been injured since the first bull run in 1911.) The "ecstasy" of outrunning death is hard to understand for those who organize themselves around the avoidance of mortal anxiety. Our friend "Anonymous" tries out the biggest and baddest rollercoasters, and does it over and over again. It's the thrill of terror and the joy of survival (see *edge theory*, this chapter).
- In mid-nineteenth-century United States, people thought often and intensely about death. No family was secure from the threat of virulent epidemics and lethal infections, especially during or after childbirth. Fortunately, they knew how they were supposed to think about death. Guidebooks for Christian living and dying were relied on by many families. The Civil War brought death on an unprecedented scale and in horrifying forms. The loss of young lives was devastating to families on both sides of the conflict. What made these losses all the more unbearable was the fact that sons, brothers, husbands, and fathers had died far from home, bereft of comfort and spiritual ministry, and possibly in a despairing state of mind. The Confederate soldier quoted by Faust at the beginning of this chapter was providing a welcome service when he described his cousin's death in such positive terms in a condolence letter. It was best if his relatives could be made to believe that their young man had ended his life at peace with himself and God. How people died reflected on how they had lived and hinted at what would be their estate in the afterlife (see also the *good death* in Chapter 15).
- Through the centuries, most people died before what we now would consider to be midlife. Many did not even survive childhood. Perhaps this is one reason why the folklore of ancient times is filled with stories about fortunate people who lived so long that they hardly needed to think about death. The Uttarakurus were supposed to live in the far north of India, but similar tales flourished in Greek, Persian, Teutonic, Hindu, and Japanese lore, among others. One of the oldest Hebrew legends speaks of the River of Immortality, which some scholars believe provided the background for Christ being identified with the Fountain of Life. The idea that in a faraway place there were refreshing waters that could extend life and perhaps also renew youth was still credible enough to gain funding for Ponce de Leon's expedition to Florida (although skeptics suggest it was gold lust all the way). Fear of dying could be attributed to the prevailing short life expectancy. If only we could *do* something about death, we wouldn't have to be thinking about it so often!

Some families today cherish fading photographs of relatives who died years ago of pneumonia, tuberculosis, cholera, typhoid, scarlet fever, infantile paralysis, and other widespread diseases. One hoped to survive the diseases that threatened children and young adults. One hoped for the chance to realize personal dreams for a good life. Perspectives have changed about what to do when life isn't good. There are now increasing demands for release from

Sanitation workers are just doing their job, but anthropologist (and fellow employee) Robin Nagel observes many people anxiously associate the disposal of trash with their own mortality in a throw-away society that has difficulty in facing the realities of impermanence and death.

life when the quality of that life has been reduced by painful or incapacitating illness. Death, once the problem, is being regarded as the answer by a growing number of people.

In this chapter we begin our exploration of thoughts, knowledge, attitudes, and feelings about death. We will consider many world societies, although our focus is on the United States. It is not enough, though, to attend only to the way other people think about death; therefore, this chapter also provides the opportunity to take stock of our own dealings with mortality. First, we gather around the campfire and spare a few thoughts for our ancestors.

A HISTORY OF DEATH

We have already touched a little on the history of death. In fact, one might grumble that all of history is just death warmed over. The people who did those things, or had those things done to them—their lives, no matter how lively, have been absorbed into yesteryear. Grumbles aside, the history of death is so interwoven with life that scholars have hesitated to take it on. Try to encompass life and death in the big picture, leaving nothing out and placing everything in balanced perspective. Good luck with that! Therefore, in this book we offer historical perspectives in many specific areas, e.g., hospice care, euthanasia, terrorism, and afterlife beliefs. One scholar stands out, however, for his effort to identify basic themes in attitudes toward death over an extended period. Phillipe Aries had already made substantial contributions to the history of family life (1987) and the social construction of childhood (1962). Aries' influential work (1981) energized the study of death from a historical perspective. He attempted to reconstruct the history of European death attitudes, focusing on approximately a thousand years after the introduction of Christianity up to the present time. He drew most of his observations from burial practices and rituals surrounding the end of life. Aries' book is a treasure of information regarding how our ancestors lived with death.

What does Aries extract from this daunting mass of observations? Four psychological themes and their variations: *awareness of the individual; the defense of society against untamed nature; the belief in an afterlife;* and *belief in the existence of evil*. These themes have unfolded through the centuries.

Death was primarily a community event in the earliest human societies. The community or tribe could be seriously weakened by the loss of its members, and the survivors feared even more for their

lives. Nature was dangerous, so the death of the individual was relatively "tame." How the community would keep itself strong and viable was the challenge.

Ritualization was a way of protecting fragile human society from the uncontrollable perils of nature and malevolent gods. Death and the dead had to be dealt with constantly. Much of the danger resided in potential harm from the dead, who might return with a vengeance. The dead as well as death were tamed by requiring them to return only under specified occasions and conditions. Mostly, the early Christian dead were assigned the role of peaceful sleepers. Speak not ill of them.

About a thousand years into the Christian era, a darker shadow fell over prevailing attitudes: the death of the self became the most intense concern. People became more aware of themselves as individuals. This was associated with a heightened sense of vulnerability. It was their very own life, their very own soul that was at stake. And there was a lot more to life. The quality of life was improving, so people were reluctant to surrender the pleasures of earthly life unless postmortem bliss was assured. *The hour of death became the most important hour of life*. The Ave Maria became a fervent prayer for a good death. Death was no longer simply a natural part of life: it was make-or-break with individual destiny. This transformation became evidence in burial practices: the body and face were now covered and concealed, taken out of nature.

Next came what might be called twisted death. Rationalism and science were contributing to an increasingly progressive and sophisticated worldview; however, at the same time, death became more entwined with both violence and sexuality. In other words, death had become strange, alien, and sometimes perverted.

Furthermore, a specific dark fear becomes "viral" throughout the world: being buried alive. Horror is on the loose as people recoil but are fascinated at the image of life and death so closely mingled, perhaps with forbidden sexuality as a terrifying temptation. Sex and death would remain strange bedfellows as a cross-cultural theme still having its say.

Attitude change did not stop at this point. Next into prominence came the death of the other. This took place within the context of widespread technological advances and the growing importance of family life and privacy. People lived more as members of a tight-knit family than as cogs in the larger society. Death had become more personal—individual grief breaking through communal ritual. "What the survivors mourned was no longer the fact of dying but the physical separation from the deceased" (Aries, 1981, p. 610). Death now was neither tame nor wild. It could be viewed as a beautiful adventure. This social reconstruction of death was made possible by the dismissal of purgatory, Hell, and an eternity of suffering. Death was revisioned as a guilt-free trip. One could therefore contemplate the mysteries and wondrous transformations rather than tremble at the threshold of damnation. Best of all, death meant reunion with loved ones. Heaven had been improved with an extreme makeover that promised reunion with loved ones, a projection of the earthly good life into a forever space.

Next? *The invisible death* made its impact in the nineteenth century and continues its dominance today. It does not revoke the death of the other, but takes us to a different place in the mind. "Death became dirty, and then it became medicalized" (p. 612). Why? Because "success" had become everything. The opposite of absolute success was absolute failure, and that was the new role assigned to death. This meant that it was a kindness to protect people from knowledge of their imminent death: enter denial! Avoidance, misrepresentation, and denial had an effect that could hardly have been more unthinkable in earlier eras. It was spiritual deprivation—deprived of the opportunity for that transformative deathbed moment. Distracted from their own final passage and shorn of interpersonal support and communal ritual, people now died neither in grace nor in peril of damnation. If death were no longer an evil, it was no longer a sacred passage either. It was just, well, failure of the machine.

Aries offers many examples in support of his conclusions. His book is little short of a revelation for those who have never attended to the connection between our social constructions and how we live and die. Nevertheless, Aries' conclusions have not escaped challenge. It is possible to read history in more than one way. Perhaps he emphasized one source of data too much while ignoring others.

In any event, he does not delve into the history of death attitudes and practices in Africa, Asia, and the Pacific Islands. A fair assessment is that Aries has made a remarkable contribution for one scholar as he pioneered a vast and neglected realm of human experience.

For a brief, intensive immersion in the history of death, a top recommendation is Barbara W. Tuchman's (1978) authoritative and richly illustrated *A Distant Mirror: The Calamitous 14th Century.* Here we find death raw, up close, and personal, and in command of town and country, crown and church. Another informative read is John R. Hall's (2009) *Apocalypse.* He traces the history of doom-saying from antiquity to the twenty-first century. If you have ever wondered about the end of the world, here is the opportunity to catch up with what others have been imagining through the centuries. Many entries on specific historical developments are offered in the encyclopedias listed at the end of this chapter. Our books, *Beyond the Threshold: Afterlife Beliefs and Experiences in World Religions* (Moreman, 2017), which offers an overview of afterlife beliefs from a wide range of major religious traditions and also explores the purported evidence for an afterlife from individual experiences, and *On Our Way: The Final Passage Through Life and Death* (Kastenbaum, 2004), are both excellent resources to consult.

Philosophers were most active in pondering death when abstract thought burst through with unprecedented enthusiasm during the Golden Age of Greek antiquity. Socrates himself suggested that all philosophy was ultimately geared towards death. What is the world made of? What is really real, and what is illusion? How do we know anything, and how do we know that we know it? What is the good? And what are we to make of this limited run on Earth? For a reliable overview of the current state of philosophical discourses surrounding death, see Stephen Luper's *Cambridge Companion to Life and Death* (2014), and also Luper's own text on *The Philosophy of Death* (2009). As a challenging sample of early philosophical thought, here is what one maverick passed along:

> *So death, the most terrifying of ills, is nothing to us, since so long as we exist, death is not with us, but when death comes, then we do not exist. It does not then concern either the living or the dead, since for the former it is not and the latter are no more. (Epicurus, third century B.C.)*

Neither the living nor the dead should be concerned about death. Instead, we should cultivate a pleasurable life of learning and friendship. Epicurus illustrated this approach by creating a garden community that welcomed people of all backgrounds who wanted to live here and now in a peaceful and friendly manner. It is said that, remarkably, this community endured for 500 years. Is that a philosophy we should live by—are we entitled too, or are we condemned to worry about our mortal endings?

NOT THINKING ABOUT DEATH: A FAILED EXPERIMENT

As a society, we have tried not thinking about death. Most of us completed our school days without being exposed to substantial readings and discussions about dying, death, grief, and suicide. Who would have taught us, anyway? Our teachers were products of the same never-say-die society. Death did surface sporadically as an event remote from our own experiences. For example, X many gunmen murdered each other in a famous shoot-out. Some king or other died and somebody else grabbed the throne on a date we might need to remember for the exam. Occasionally, interesting people died or people died in interesting ways; otherwise, death had little to do with us.

Students who persevered to a graduate degree received only further lessons in death avoidance. Nurses, physicians, psychologists, social workers, and others who would be relied on to provide human services were not helped to understand their own death-related feelings, let alone anybody else's. During these long years, even clergy often felt unprepared to cope with the death-related situations they would face. Few of their instructors had themselves mastered the art of ministering to the dying.

The media also cooperated. Nobody died. Nobody had cancer. Lucky "Nobody"! Instead, people would "pass away" after a "long illness." Deaths associated with crime and violence received lavish attention,

then as now, but silence had settled over the deaths of everyday people. When a movie script called for a deathbed scene, Hollywood would offer a sentimental and sanitized version. A typical example occurs in *Till the Clouds Go By* (1946), a film that purported to be the biography of songwriter Jerome Kern. A dying man tries to communicate to a friend his realization that this will be the last time they see each other, but the visitor obeys the Hollywood dictum of avoidance and pretense. As a result, the friends never actually connect, never offer significant words of parting to each other. A physician then enters the room and nods gravely to the friend, who immediately departs. Another mortal lesson from Hollywood: The moment of death belongs to the doctor, not to the dying person and the bereaved. Audiences today see this scene as shallow and deceptive. One student spoke for many others in complaining, "It was as phony as can be—what a terrible way to end a relationship!" A new question has arisen, though: Does the fascination with grisly corpses and mangled body parts on television programs such as *CSI* literally depersonalize death? In "Dead," an episode of Viceland's documentary series, *Balls Deep*, Thomas Morton remarks on how much easier the autopsy becomes the more parts of the body are removed and the less the remaining masses of flesh resemble a person. Is immersion in gory details just another maneuver to avoid emotional confrontation with the death of a person?

Not thinking about death was a failure. People continued to die, and how they died became an increasing source of concern. Survivors continued to grieve, often feeling a lack of understanding and support from others. Suicide rates doubled, then tripled, among the young, and remained exceptionally high among older adults. Scattered voices warned us that in attempting to evade the reality of death, we were falsifying the totality of our lives. Who were we kidding? Neither an individual nor a society could face its challenges wisely without coming to terms with mortality.

It is still difficult to think about death, especially when our own lives and relationships are involved. Nevertheless, enforced silence and frantic evasion seem to be less pervasive. There is an increasing readiness to listen and communicate.

Listening and Communicating

More physicians are now listening and communicating. Patients and family members feel more empowered to express their concerns, needs, and wishes. Physicians feel more compelled to take these concerns, needs, and wishes into account.

Some people have a ready-made answer that dismisses open discussion of death: "There's nothing to think about. When your number's up, it's up." This idea goes back a long way. The Ancient Greeks spoke of the Three Fates—Clothos, Lachesis, and Atropos—minor divinities that spun, measured, and cut the string of each person's life. It is part of that general view of life known as *fatalism*. Outcomes are determined in advance. There's nothing we can do to affect the outcomes, so why bother? There is something to be said for respecting the limits of human knowledge and efficacy. But there is also something to be said for doing what we can to reduce suffering and risk within our limits. The person who is quick to introduce a fatalistic statement often is attempting to end the discussion before it really begins. It is what communication experts call a *silencer*.

Fatalistic attitudes in today's world are perhaps more dangerous than ever. As we will see, many deaths in the United States can be attributed to lifestyle. Our attitudes, choices, and actions contribute to many other deaths across the entire life span. Ironically, it is the belief that there is no use in thinking about death and taking life-protective measures that increase the probability of an avoidable death.

YOUR SELF-INVENTORY OF ATTITUDES, BELIEFS, AND FEELINGS

We have touched briefly on a few of the death-related questions and beliefs that are current in our society. Perhaps some of your own thoughts and feelings have come to mind. One of the most beneficial things you can do for yourself at this point is to take stock of your present experiences, attitudes, beliefs, and feelings. This will give you not only a personal data baseline but will also contribute further

to your appreciation of the ways in which other people view death.

Before reading further, please begin sampling your personal experiences with death by completing Self-Inventories 1–4. Try to notice what thoughts and feelings come to mind as you answer these questions. Which questions make you angry? Which questions would you prefer not to answer? Which questions seem foolish, or make you want to laugh? Observing your own responses is part of the self-monitoring process that has been found invaluable by many of the people who work systematically with death-related issues.

Each of the inventories takes a distinctive perspective. We begin with your knowledge base, sampling the information you have acquired regarding various facets of death. This is followed by exploring your attitudes and beliefs. We then move on to your personal experiences with death. Finally, we look at the feelings that are stirred in you by dying, death, and grief. Our total view of death comprises knowledge, attitudes, experiences, and feelings—and it is useful to identify each of these components accurately. For example, if I fail to distinguish between my personal feelings and my actual knowledge of a death-related topic, I thereby reduce my ability to make wise decisions and take effective actions.

Please complete the Self-Inventories now.

Inventory 1

Your Knowledge Base

Fill in the blanks or select alternative answers as accurately as you can. If you are not sure of the answer, offer your best guess.

1. Your friend wants to live as long as possible—and would change species to do it. Which of the following species has the longest verified life span?
   a. Bat _____
   b. Cat _____
   c. Lobster _____
   d. Queen termite _____
2. Most baby boomers:
   a. Do not believe in Heaven _____
   b. Believe in Heaven, but not in ghosts _____
   c. Believe in Heaven, but do not expect to go there _____
   d. Believe in Heaven, and expect to go there_____
3. How many deaths are there in the United States each year? _____
4. The leading cause of death for the population in general is _____
5. A person born in the United States a century ago had an average life expectancy (ALE) of about _____ years.
6. A person born in the United States today has an ALE of about _____ years.
7. In the nation of _____, ALE dropped from 69 in 1987 to only 41 in 2002. Why?
8. There is a new entry among the ten leading causes of death in the United States. This is _____
9. What is the leading cause of fatal accidental injuries in the United States? _____
10. A seriously ill person is in the hospital and not expected to recover. How much time is this person likely to spend alone each 24-hour day?

Continued

11. Homicide rates in the United States have been consistently highest in:
    New England _____
    Mountain states _____
    Southern states _____
    West north central states _____
12. Does your state recognize an advance directive for end-of-life medical care as a legal and enforceable document?
    Yes _____ No _____
13. A suicide attempt is most likely to result in death when made by a/an:
    a. Young woman
    b. Young man
    c. Elderly woman
    d. Elderly man
14. Cryonic suspension is a technique that is intended to preserve a body in a hypothermic (low-temperature) state until a cure is discovered for the fatal condition. How many people have actually been placed in cryonic suspension, and how many revived? _____
15. The earliest childhood memory reported by most adults is an experience of _____.
16. The number of states that have legalized physician-assisted death is _____.
17. Palliative care most often has relief from _____ as its top priority.
18. In the United States, cremation is now chosen by about one person in _____.
19. Near-death experience reports have several key elements in common. How many can you name? _____
20. Jack Kevorkian, M.D., "assisted" in the death of more than 100 people. How many of these people were terminally ill? _____
21. "Periodic mass extinctions" have totally eliminated many species and taken a tremendous toll of life. The three most recent mass die-offs are thought to have been caused by _____.
22. The Harvard Criteria offered an influential guide to the diagnosis of _____.
23. _____is the philosopher who turned down the opportunity to escape his unjust execution, and instead used the occasion to explain to his friends why death should not be feared.
24. PTSD has been receiving increased media attention lately. What is it? _____

Answers to self-inventory questions are found later in this chapter. Not going to peek, are you?

Inventory 2

My Attitudes and Beliefs

Select the answer that most accurately represents your belief.

---

1. I believe in some form of life after death:
    Yes, definitely _____
    Yes, but not quite sure _____
    No, but not quite sure _____
    No, definitely _____
2. I believe that you die when your number comes up. It's in the hands of fate.
    Yes, definitely _____
    Yes, but not quite sure _____

No, but not quite sure _____
No, definitely _____

3. I believe that taking one's own life is:

   Never justified _____
   Justified when terminally ill _____
   Justified whenever life no longer seems worth living _____

4. I believe that taking another person's life is:

   Never justified _____
   Justified in defense of your own life _____
   Justified when that person has committed a terrible crime _____

5. I believe that dying people should be:

   Told the truth about their condition _____
   Kept hopeful by sparing them the facts _____
   Depends upon the person and the circumstances _____

6. In thinking about my own old age, I would prefer:

   To die before I grow old _____
   To live as long as I can _____
   To discover what challenges and opportunities old age will bring _____

7. To me, the possibility of nuclear warfare or accidents that might destroy much of life on Earth has been of:

   No concern _____
   Little concern _____
   Some concern _____
   Major concern _____

8. To me, the possibility of environmental catastrophes that might destroy much of life on Earth has been of:

   No concern _____
   Little concern _____
   Some concern _____

9. Drivers and passengers should be required to wear seat belts.

   Yes, agree _____
   Tend to agree _____
   Tend to disagree _____
   No, disagree _____

10. The availability of handguns should be more tightly controlled to reduce accidental and impulsive shootings.

    Yes, agree _____
    Tend to agree _____
    Tend to disagree _____
    No, disagree _____

11. A person has been taken to the emergency room with internal bleeding that is likely to prove fatal. This person is 82 years of age and has an Alzheimer's disease-type dementia. What type of response would you recommend from the ER staff?

    Comfort only _____
    Limited attempt at rescue _____
    All-out attempt at rescue _____

12. You have been taken to the emergency room with internal bleeding that is likely to prove fatal. You are now 82 years of age and have an Alzheimer's disease-type dementia. What type of response would you hope you receive from the ER staff?

    Comfort only _____
    Limited attempt at rescue _____
    All-out attempt at rescue_____

13. Another round of chemotherapy has failed for a woman with advanced breast cancer. The doctor suggests a new round of experimental therapy. She replies, "I wish I were dead." What do you think should be done—and why?

    _____
    _____
    _____
    _____
    _____