Book Review
Death, American Style: A Cultural History of Dying in America

(Rowman & Littlefield, 2013)
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Elder Law attorneys are often called upon to assist clients with the myriad issues arising from a loved one’s death. Helping clients deal with the stress, shock, and grief of a family member’s death is an aspect of practice that law schools typically do not address. Historical and cultural context can be helpful when Elder Law attorneys assist clients as they cope with a loved one’s death. Death, American Style: A Cultural History of Dying in America is an absorbing and exhaustively researched book by Lawrence R. Samuel that provides such context. Drawing from a broad range of sources, including literature, film, popular culture, journalism, policy initiatives, and medicine, the book explores how Americans’ attitudes toward death have evolved from the end of World War I to the present. Samuel’s findings not only are inherently fascinating to anyone interested in American culture and in Americans’ attitudes about death and dying but also are of value to Elder Law attorneys who guide older clients as they reflect on their lives and legacies, counsel families about end-of-life issues and hospice, and assist family members as they deal with the death of a loved one.

**The 1920s and 1930s**

Samuel observes that the 1920s and 1930s represent a turning point in the cultural history of death in the United States, when the millions of people who died in World War I and the 1918 flu epidemic caused Americans to think about death as they never had before. Books about life after death became a literary genre. Interest in spirituality increased, along with interest in séances. Dreams and hypnotism were believed to offer insights about death and life after death.

During this period, to sustain a patient’s hope, doctors were disinclined to tell a patient that he or she was dying. But doctors would often reveal the information to the patient’s spouse, bestowing upon him or her an agonizing burden. Many patients who did know they were dying kept it a secret. These practices made it difficult to achieve closure with family, friends, and colleagues.

At the same time, as a result of the influences of science and modernity, death was soon becoming, in Samuel’s word, “unacceptable.” Scientists made great medical discoveries during this time, such as insulin and penicillin, and envisioned what would later be called cloning. Scientists wondered why humans die and whether dying was necessary. These questions captured the popular imagination.

By the 1930s, professionals had taken over tasks surrounding death that, in the past, had been handled by family. For example, most deaths now took place in hospitals rather than at home. Undertakers assumed responsibility for the body instead of family members. This disconnection with dying and death, Samuel argues, increased the difficulties Americans...
faced when a loved one died. As death became unfamiliar, Americans began to see death as unnatural.

The 1940s

In the 1940s, World War II impacted Americans’ views about death. The War Department regularly issued widely publicized “death lists.” Newspapers also reported on the heroic deaths of soldiers.

Samuel contends that, perhaps because of its magnitude, death became euphemized. Over the objections of some religious leaders, beautifying bodies for funerals became more common. Undertakers were by now called morticians, no longer invoking the image of the body being lowered into the ground. Graveyards became cemeteries. Coffins became caskets. Caskets not only became more attractive but were being made of metals, as though, Samuel suggests, to give the appearance that the body would not decay.

During this period, doctors began to realize that death does not always happen at a precise moment, such as when the heart and lungs stop. Instead, different body parts appeared to die at different times. Boston medical examiner William Brickley reported his findings regarding a man who was executed by electrocution. Half an hour after he was declared dead, the man’s arm jerked when it was hit with a rubber hammer. Dr. Brickley also reported the case of a woman whose heart started to beat again after being declared dead from a brain tumor. Doctors and lawyers contemplated whether someone was dead or alive if there was no brain activity but the heart continued to beat.

A movement to allow what was called “mercy killing” took place in New York in 1947. More than 1,000 doctors, members of the Committee of 1776 Physicians for Legalization of Voluntary Euthanasia, signed a petition supporting the right of a person suffering from a painful disease to end his or her life.

The 1950s and 1960s

In the 1950s and 1960s, science was dedicated to extending life even further. Millions of dollars were allocated to research to eliminate diseases. Progress was made in organ transplants. The first heart transplant occurred in 1967, and liver and pancreas transplants were becoming more common. By 1968, about 1,200 people around the world had received a kidney transplant. Because some organs had to be harvested after brain death but while the heart continued to beat, the progress in organ transplants invigorated the debate over the definition of death. This debate was further complicated by the development of resuscitation techniques. Doctors and policymakers also had to consider how to allocate scarce organs.

Longevity increased substantially due to advances in medical science. An American baby born at the turn of the century had a 40 percent chance of reaching age 60. By the early 1950s, the figure had nearly doubled to 70 percent.

One doctor, writing in Better Homes and Gardens in 1958, contemplated whether medical science would someday allow people to live to 150 years of age and beyond. Cryobiology, or cryonics — which involves freezing the body and storing it until medical science discovers a cure for the cause of death — emerged as a field of study.

Due to increased longevity, the right to die and death with dignity movements gained momentum. In 1957, The Atlantic published an essay by a widow about her husband’s pro-
longed and uncomfortable death in a hospital while medical staff attempted the latest interventions to keep him alive. In 1966, Simone de Beauvoir's *A Very Easy Death*, a memoir of her mother's prolonged death from cancer, was published.

Samuel observes that a new, more realistic approach to thinking about death was also reflected in the medical profession. In the 1960s, doctors started to break from standard practice by advising terminally ill patients that they were dying. A Harvard study concluded that dying patients should be told the truth about their conditions despite the contrary prevailing view within the profession.

The 1970s

Samuel writes that death, along with other taboos, came “out of the closet” in the 1970s. He observes that British historian Arnold Toynbee once described death as un-American: a violation of the right to life, liberty, and the pursuit of happiness.

In the 1970s, death was discussed and written about as never before. For example, universities started offering courses on death and dying. Wayne State University, in Detroit, opened the Center for Psychological Studies of Dying, Death, and Lethal Behavior.

Death was likewise depicted more frequently, and violently, in film and television. Critics contemplated why popular culture reflected this new interest in death. Some critics concluded that, in an increasingly individualistic society, confronting one's own mortality took on special significance. Some believed it was related to the new environmentalism, as well as awareness of overpopulation, as people came to believe that society was destroying the planet. Others cited the struggle to obtain closure on the Vietnam War.

The individualism of the period, combined with increased openness about death and continued improvements in medical science, resulted in important developments regarding death with dignity. In 1972, the U.S. Senate convened the Special Committee on Aging to study the issue. In 1973, the American Medical Association (AMA) passed a death with dignity resolution, allowing the terminally ill to be removed from life-sustaining treatment if they signed a statement expressing such a desire. Large numbers of Americans started to sign living wills.

A few years after the AMA passed its death with dignity resolution, Karen Ann Quinlan's case was front-page news across the United States. In 1976, 1 year after the lower court declined her parents' request that their daughter be removed from a respirator, California became the first state to recognize living wills. Seven other states passed similar legislation within a year.

The 1980s and Early 1990s

Samuel argues that, in the 1980s and early 1990s, many developments were driven by the proactive attitude toward death adopted by aging baby boomers. One of several new areas of death studies explored whether people could choose, consciously or unconsciously, a particular time to die. In addition to anecdotal accounts of people who died shortly after deciding that their time had come, the journal Omega published a study showing that people are more likely to die shortly before or after a birthday.

Karen Ann Quinlan's case played a large role in the 1981 Uniform Determination of Death Act. Distinguishing between brain death and cardiovascular/respiratory death, the
Act defined death as either irreversible cessation of circulatory and respiratory functions or irreversible cessation of all brain function, including brain stem function. The Act was passed in 39 states by 1987. By the early 1990s, Dr. Jack Kevorkian made assisted suicide a popular subject in the media.

Samuel argues that Americans’ phobia of death was reflected in health care spending priorities. The two biggest killers, heart disease and cancer, received the largest share of federal funding while quality-of-life issues such as arthritis and mental health received relatively little. In criticizing our emphasis on researching disease while paying inadequate attention to quality of life, Samuel quotes George Will who, in commenting on the popular 1994 book How We Die, wrote that “[a]n obsession with longevity distracts us from our duty to live well.”

The Late 1990s to the Present

In the final period of the 20th century, Samuel notes, death as a sacred event caught on. Tuesdays with Morrie was a bestseller in 1997 and became the basis of a television movie. The book records a former student’s weekly visits with a favorite college professor whom he had not seen for some 20 years. The meetings took place over the last 3 months of the professor’s life as he died of amyotrophic lateral sclerosis (ALS). The professor’s graceful acceptance of his death and his insights, including those on the primacy of love and relationships, was inspirational for many readers.

In the 1990s, music therapy to comfort the dying became popular, and the notion of the funeral as a celebration of life gained acceptance.

In the past, the death industry kept a low profile. But with so many baby boomers, morticians began direct mail marketing campaigns. In 1999, HBO debuted Six Feet Under, a comedy series about the industry. A popular and quirky book about the topic, Mary Roach’s Stiff: The Curious Lives of Human Cadavers, followed 3 years later.

The events of 9/11, which Samuel describes as a collective near-death experience, made Americans feel more vulnerable. He observes that the events remain difficult to comprehend and continue to resonate.

The Internet also impacts death in the United States. Samuel notes that people are now able to go public about their impending death in a way they could not before. Carnegie Mellon Professor Randy Pausch’s “Last Lecture” has received millions of hits on YouTube. Websites such as GriefNet.org help people deal with the death of loved ones. Other sites allow family to broadcast funeral services, and to create personalized websites dedicated to a deceased loved one.

Samuel argues that, although death is one of just two certainties in life — the other being taxes — Americans are remarkably unprepared to deal with it. Despite some improvement in attitudes, death is still viewed as un-American in our culture, which is obsessed with youth, beauty, and achievement. Samuel urges us to view death not as a stranger or adversary but as a natural part of life.

One of Samuel’s recurrent themes is that doctors are often committed to preserving life at any cost and view a patient’s death as a failure. He criticizes the medical profession for being inadequately trained in the area of death and in helping patients deal with death and grief.

The same can be said of the legal profession. Elder Law attorneys regularly counsel cli-
ents and their families about the disposition of their assets upon death, health care advance directives, long-term care and hospice, and a host of other issues related to death. Yet law school provides little or no training about death and how to help others deal with death and grief. *Death, American Style* is not only a fascinating read but also a valuable resource for attorneys seeking the cultural and historical background necessary for a deeper and more nuanced understanding of these issues.