

Dying in a technological society

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THE CARE OF the terminally ill in the United States has changed as the business of dying has shifted from the moral to the technical order. The moral order has been used to describe those bonds between men based in sentiment, morality, or conscience, that describe what is right. The technical order rests on the usefulness of things, based in necessity or expediency, and not founded in conceptions of the right.¹ The change of death from a moral to a technical matter has come about for many reasons based in social evolution and technical advance, and the effects on the dying have been profound.

One reason for the change has been the success of modern medicine in combatting death. For most, in the United States, premature death is no longer imminent. The death of infants is unusual, the death of children rare, and the death of young adults so improbable that it must be removed from the realistic possibilities of young life. Further, the nature of death has also changed. The degenerative diseases and can-

cer have become predominant. Lingering sickness in the aged is a less common event because medicine is able to combat the complications of chronic disease that so often in the past kept the sick person from functioning. Accompanying these changes brought about by technical advances, there has been a change in the place where death occurs. Death has moved from the home into institutions—hospitals, medical centers, chronic care facilities and nursing homes.

From the Moral to the Technical

There are other reasons for the shift of death in the United States from the moral to the technical order. One is the widespread acceptance of technical success itself. Because life expectancy has increased, the dying are old now. But, life expectancy is not an individual term, it is a statistical term. For individuals, what has changed is their death expectancy; they do not expect to die. They may use fantasies of early death or fears of death for personal or psychological reasons, but the reality belief is that death need not occur in the foreseeable future, that death is a reversible event. That belief in the reversibility of death, rooted in the common American experience of modern medicine, begins to move death out of the moral order. Death is a technical matter, a failure of technology in rescuing the body from a threat to its functioning and integ-

¹Robert Redfield, *The Primitive World and Its Transformations* (Ithaca: Cornell University Press, 1953), pp. 20ff.

ity. For the moment, it does not matter that the death of a person cannot be removed from the moral order by the very nature of personhood; what matters is the mythology of the society. The widespread mythology that things essentially moral can be made technical is reinforced by the effect of technology in altering other events besides death; for example, birth, birth defects or abortion.

The fact that technology can be seen so often as altering fate nurtures an illusion that is basic to the mythology of American society—that fate can be defeated.

From the Family to the Hospital

Another reason why death has moved away from the moral order lies in the changes in family structure that have occurred over the past decades in the United States. The family remains the basic unit of moral and personal life, but with the passing of functionally meaningful extended families have come changes directly related to the care of the dying. The old, both the repository of knowledge about what is right and the major recipients of moral obligation, have left the family group. For many reasons, not the least their desire for continued independence in the years when previously material dependency would have been their lot, the aged frequently live alone. In retirement they may live far from their roots or their children, associating largely with others of their own age. An age-graded way of life has emerged that depends again on technical success and public responsibility (such as old age benefits) to solve problems for the aged that previously would have been the primary concern of the family. There is the belief, reinforced by the advantages of the change in family structure and geographic mobility, that essentially moral problems—obligations to parents, for example—have become part of the technical order amenable to administrative or technical solutions.

On the other hand, in his search for continued independence and comfortable retirement, the old person has allowed his family to separate, allowed the young to achieve their independence. In previous times and in other cultures, the mantle passed to the next generation only with the

death of the old. Here it is voluntary. But, a problem is created for the dying patient. The old person who is going to die is already out of the family. To die amidst his family he must return to them—reenter the structure in order to leave it. Reenter it in denial of all the reasons he gave himself and his children for separation, reasons equally important to them in their pursuit of privacy and individual striving and in their inherent denial of aging, death and fate.

Thus, by reason of technological success and changes in family structure that are rooted in the basic mythology of America, death has moved from the moral order to the technical and from the family to the hospital.

The Context of Dying

It is interesting to examine some of the consequences and corollaries of the shift. In individual terms, moving the place of death from the home to the hospital, from familiar to strange surroundings, means changing the context of dying. The picture of the old person, independent and swinging free—promulgated as much by the old as by others—while part fact, is also a partial fiction dictated by the old person's love for, and nurturance of, the independence of the young. Becoming a burden is the great fear not only for what it may mean personally, but for the threat it poses to the fragile economic and personal structure of today's nuclear family. But part fiction or

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