Talking End-of-Life Care

Spreading the word in your community.

BY EDWARD J. DEFORT

In the January issue, we featured the stories of three of the 25 presenters at the 2023 End Well Symposium in Los Angeles ("The Ultimate Goal," page 22). This month, we feature four others.

Back in 2017, End Well started with a simple idea – to make end of life a human issue rather than a medical one. Now, six years later, End Well has become the most widely known and respected organization at the intersection of popular culture and healthcare, with a focus on end of life, grief, loss, caregiving and associated health and welfare challenges.

The nonprofit is dedicated to the belief that all people should experience end of life in a way that matches their values and goals, and it has helped shift the conversation toward living fully until the very end. End Well brings together a community that unites design, technology, health, policy and activist initiatives to transform how the world thinks about caregiving, grief, illness and the end-of-life experience, with the ultimate goal of creating a future where ending well becomes a measure of living well.

"From the start, End Well has focused on shifting culture way upstream so that people can have the information, the knowledge they need about options for treatment and for care before they're in a crisis," said Shoshana Ungerleider, founder and board president.

Setting the stage for the event, End Well conducted research for the past two years and built connections with Hollywood's top storytellers to offer the expertise needed to bring more nuanced, diverse and surprising stories about all things end of life to television.

Each scheduled speaker had about 10 minutes to share their story at the symposium, for which NFDA was a community partner. Four more presentations follow.

Claire Bidwell Smith **Missed Opportunities**

Claire Bidwell Smith is a grief therapist and best-selling author, and she began her End Well presentation by stating, "I wasn't there the night my mother died. That is a sentence that has defined my life for 27 years. And it didn't have to be this way."

The night Bidwell Smith's mother died, she was a college freshman attending a small liberal arts school in Vermont. Her mother had been sick for five years. In fact, both of her parents were diagnosed with cancer at the same time, when she was in eighth grade.

"I'm an only child and this experience rocked my whole little family," she said. "We tried not to talk about it much, though. We tried to pretend like everything was just going to be okay. I used a lot of distractions to keep up that ruse."

Her mother had been in and out of the hospital ever since her parents had dropped her off at her dorm a few months earlier. "My dad said they were trying some potentially life-saving, last-alternative treatments and to just carry on with school for now," she related.

But one afternoon when he called her, there was something different in his voice. "He sounded tired, resigned," she said. "She's not going to make it," he told her.

"They had talked about it and thought I should just stay at school for now," she recalled. However, her father said that she was 18 now and the choice would be up to her. "I hung up the phone, threw a few things in a bag and set out to drive the seven hours to where my mother lay, dying, in a hospital," she said. It was midwinter and Bidwell Smith left late in the afternoon. The roads were icy. Scared and stressed, she stopped to see a friend halfway along the route.

"On the phone, my dad said, 'Why don't you stay the night and continue on in the morning?' " But when the phone rang at 3 a.m., it was her father telling her that her mother was gone.

"That moment – 3:00 in the morning – became a dividing line in my life," said Bidwell Smith. "It was the moment when there was no going back to who I was before. And who I was becoming was someone who was going to carry a very complicated grief forward with me."

Bidwell Smith described her grief as infused with guilt and pain, anger and confusion about how her mother had reached the end of her life without quite realizing it was coming. "My mother died in 1997, and since then, there have been many studies outlining the disparity between what Americans believe they want at the end of life and the care they actually receive," she said. "For instance, we know that 80% of older patients living with incurable cancer wish to avoid hospitalizations and high-intensity treatments at the end of life. We know that missed opportunities at the end of life are far more common, and opportunities for end-of-life discussion are rarely realized."

Bidwell Smith cited a 2022 *JAMA (Journal of the American Medical Association)* study that found that more than 41% of patients living with incurable cancer believed they had more than five years to live, but only 10% of their oncologists agreed with those estimates. Nearly 60% of patients with terminal cancer believed their cancer could go away and never return.

In addition, based on a Stanford survey of doctors in 2014, physicians are overwhelmingly likely to choose nonaggressive care at the end of their own lives. Moreover, up to one-third of oncologists wouldn't accept the chemotherapy they themselves prescribe. And based on the same Stanford survey, 80% of physicians are likely to choose do-not-resuscitate orders for themselves.

These are all things most people know, and they've been talked about frequently in the last decade. What hasn't been talked about is the disparity between what people want at the end of life and what they receive – a gap that can result in prolonged and complicated grief for the families mourning these patients.

"After my mom died, I dropped out of school for a while," shared Bidwell Smith. "And although I eventually went back to college, I returned with a crippling anxiety and a complicated grief. At the time, we didn't have as many of the amazing grief resources we do today. Whenever I talked about my struggles with my mother's death, people just told me I would be fine. I was an adult now. Just carry on."

By the time she graduated, her father's cancer had returned. After undergoing various alternative treatments, her father said no to further treatments. He wanted to go home and live out the rest of his life with as much dignity and presence as possible.

"I cared for him at home with the help of a hospice team in the last few weeks of his life," said Bidwell Smith. "We were able to have the conversations we really needed to have. We were able to say goodbye. My father died at 7 p.m. on a Tuesday in August in his bedroom, six years after my mother. I was holding his hand. It was the last great gift he ever gave me."

Because of these experiences, Bidwell Smith became a grief therapist. "I became a grief therapist because after my father died, I went on to work in hospice, and what I saw there were so many of these missed opportunities around end-of-life care and conversations," she said. "It's well known that hospice is available to individuals with less than six months to live, but research shows that the median length of stay in hospice is only 18 days. Many of the debilitating symptoms of pain, nausea and depression decrease substantially once hospice begins, leading us to wonder how many patients are suffering needlessly for potentially months at the end of their lives?

"But again, what the studies aren't showing is the impact this needless suffering and lack of awareness around end of life is having on the families mourning these patients," she added. "Day in and day out as a grief therapist, I listen to stories of distressing encounters within the medical system. They tell me over and over how they would have done things differently if they had known how little time their person had. They sit in anguish over missed opportunities to help their loved ones close out their lives with agency and dignity [and] the missed opportunities to say goodbye."

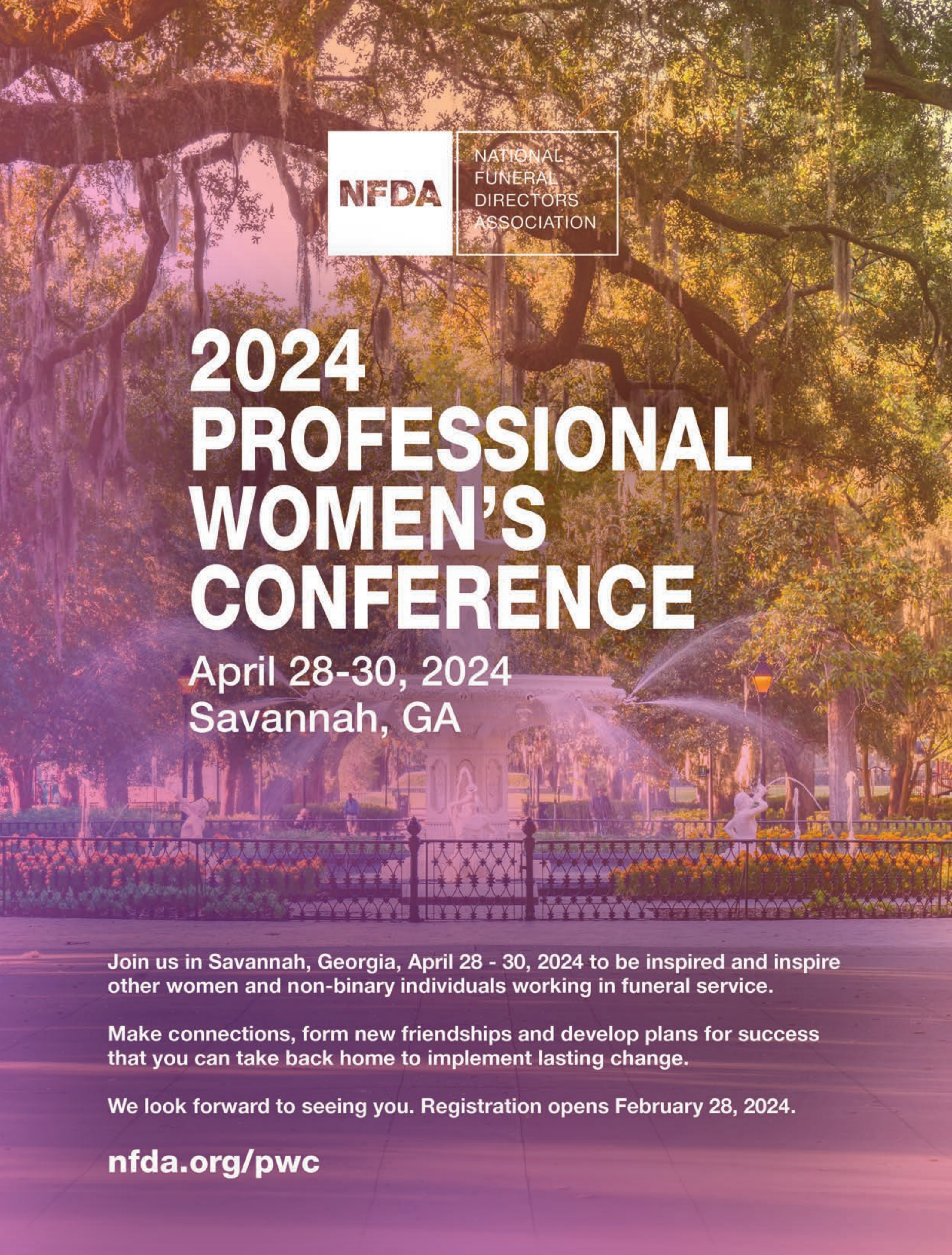
> **"Here's my plea. Let us confront our discomfort with mortality [and] prioritize open, honest end-of-life conversations. Our current systems leav[e] far too many grieving souls in their wake."**

Bidwell Smith noted that a year ago, "prolonged grief disorder" was added to the *Diagnostic and Statistical Manual of Mental Disorders.* Some of the symptoms include identity disruption, a marked disbelief that their loved one is gone, a feeling that life is meaningless, and acute emotions characterized by anger, guilt, denial and blame.

"Every single client I meet with who experienced these missed opportunities around end of life – every single client who didn't get to say goodbye, who didn't understand how close their person was to death or that their person didn't understand how close they were to death – every single one of these clients meets the symptom criteria for prolonged grief disorder," she said.

One known risk factor of prolonged grief disorder is the experience of losing a loved one in a hospital. "People experiencing prolonged grief disorder described feeling stuck in time or frozen in their grief," she said.

"When we lose a loved one, we are being robbed of the kind of grief we deserve," Bidwell Smith added. "I believe the ability to grieve is inherent to all of us. I believe that grief can be beautiful, can be a way to honor the people we love, can be a way to examine what really matters to us and can enable us to live more meaningful lives. But that kind of grief is not



available to those of us who must first sort through the anguish and the guilt and the blame that comes with losing a loved one under the circumstances of missed opportunities."

Bidwell Smith described the immensity of the chasm between what is generally believed about end-of-life care and what families are facing. "We're at a crossroads," she said. "Our collective consciousness needs a transformative shift. The issue isn't just with medical providers but within the very foundation of the healthcare system. There is an implicit bias that favors action over conversation, procedures over emotional understanding. It isn't just medical professionals but how society perceives the role of healthcare. Isn't it ironic that doctors – the very ones trained in sustaining life – so often grapple with facing its inevitable end? Death isn't a failure, nor is it the opposite of life but a part of it."

Bidwell Smith calls on medical schools to not only focus on teaching pharmacology and procedures but to also place equal emphasis on communication, empathy and open, honest conversations about end of life. "It's time for society to advocate for a system that respects our wishes at the end of life," she said, "one that provides the comfort and care and dignity we all deserve. Each of us has the power to be an agent of change – within our families, our communities and beyond."

"Here's my plea," she continued. "Let us confront our discomfort with mortality. Let us prioritize open, honest end-of-life conversations. Our current systems are leaving far too many grieving souls in their wake." Bidwell Smith then offered several ways to make a difference:

- Embrace self-awareness by delving into literature courses and seminars on death and dying.
- Understand your personal beliefs about mortality, which she called the first step toward meaningful conversations. Whether during a dinner party or community gathering, initiate dialogue around end of life.
- Advocate for better medical training by lobbying for curricula that focus as much on emotional understanding as on procedures.
- Personal preparedness: Draft a will or an advance healthcare directive and share it with those you love. Set an example for others to follow.
- Community engagement: Host a meeting or start a workshop. Volunteer at a hospice. Engage with the community about these issues.

Hal Hershfield **Better Deaths**

Psychologist and researcher Hal Hershfield began his presentation at the End Well Symposium by sharing the story of an 11-year-old boy, Ryan, whose father, Arnie, was diagnosed with ALS (amyotrophic lateral sclerosis). The father and son had a very close relationship and were able to talk about all sorts of things, including the reality the father was facing.

Even though they were spending much time together, Ryan noticed that his dad had started to spend hours each day writing, which continued even as Arnie's health deteriorated. Every morning, Ryan would go in and check on his dad before he went to football practice or before school. On one of those mornings, about three years after the initial diagnosis, Ryan found that his dad had died.

Currently chief of police of a northern California community, Ryan faces difficult situations regularly. "[But] he told me that this was one of the most awful moments he faced," said Hershfield. "What's interesting, though, is that finding his father no longer alive, that's not the most dominant or most vivid memory of that morning."

Instead, his memories and recollections go far beyond the negativity and the trauma that's normally associated with those sorts of moments, and it's because of some of the actions that Arnie took and because of the communication Arnie had around the end of life.

"Because of Arnie's approach to death and dying, Ryan's experience with grief and his acceptance of mortality, even to this day, are far more positive than what we might have otherwise expected," he added.

Hershfield noted that only about 1 in 5 Americans has a well-documented end-of-life plan. According to research, these well-documented plans are associated with better death experiences, both for patients and for their caretakers.

"It's not a surprise that medical teams, palliative care doctors, medical researchers have all tried to figure out ways we can get more people to plan for the end," said Hershfield. "I'm a psychologist, but I teach at UCLA's Business School. My research focuses on decision making. I focus on the ways that we can make people do more of the things they say they want to do and less of the things they don't want to do."

For example, if you want people to get flu shots, it turns out that the language you use matters. "If you get a text message that says, 'There's a flu shot reserved for you,' that leads to a 10% increase in the likelihood of getting the vaccine," said Hershfield. It was through that same lens of behavioral science that Hershfield and his students decided to try to deal with the issue of end-of-life planning.

They collaborated with doctors from UCLA Health and decided to employ a number of different messages to try to encourage people to plan for the end and increase interest in advance directives.

"We would say things like, 'We implore you to have a say in your healthcare at the end' or 'We want you to start a tradition of care and write a plan for the first time in your family,' " explained Hershfield. "Or we went on the negative side and said, 'Don't be a burden to your family members. Make a plan.' "

Unfortunately, none of their attempts really worked.

Why do people have such a hard time planning for the end and thinking about death and dying? Psychologists, among others, have offered answers. One Hershfield said he liked is, "The reason we shy away from thinking about death has to do with the way we think about ourselves over time," he said.

"Put another way, if we are a single, solitary self throughout our lifetimes, then life ends when death arrives," he said. "But there's another way of thinking about self and identity. Rather than being a single, solitary self, we might instead be a collection of separate, distinct selves. What I mean is there's a nighttime self and a morning self, there's the pre-kids self and your parenting self and the empty-nest self. And there's the middle-aged self and the closer-to-the-end-of-life self."

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Hershfield's research has found that in some ways, people think of their future selves as if they're different people altogether. "We've found that in the brain, the neural activity that comes about when we think of our future selves looks a lot like the brain activity that comes about when we think of other people," he said.

"What matters for decision making isn't necessarily this idea that our future selves and these other selves are different people. What matters are the relationships and connections that exist between the people we were, the people we are today and the people we will become."

In his work, Hershfield has found that if people can strengthen the connection between these selves – between present and future selves – through things like conversations or letter-writing exercises, "we can get people to do more of the things that they say that they want to do, like take better care of their health or save more money," he said.

Unsurprisingly, it turns out that planning for the end of life may be very different than deciding whether to get off the couch and go to the gym. These are the types of things that behavioral scientists typically study. "It may be the case that there are no easy solutions to end-of-life decision making because it's not a very easy problem to solve," Hershfield said.

Referencing his story about Ryan and Arnie, Hershfield said it's almost as if Arnie had some awareness at this point. "The morning he died and his son found him, Ryan went to tell his mother, and a few minutes after that,

she came back with an envelope for Ryan," he said. "In it was a letter from Arnie to Ryan. It was only about a paragraph, but it represented an effort to be there during what would obviously be a very difficult time."

What Ryan didn't know is that there would be lots of letters to come. It turns out Arnie wasn't necessarily afraid of dying, but he was afraid of not being there in the future when his family would need him the most. So he wrote dozens of these letters to mark big, significant occasions, so that he could be present.

There was a letter for Ryan on the morning of the funeral and there were letters for him on his high school graduation, on his college graduation and on the birth of his first child. "There's even a letter waiting for him for when he has his first grandkid," shared Hershfield.

"Ryan now has started a company called Ever Present, and he's actually used interrogation techniques he's learned from being on the police force for years to help people come up with deeper and richer messages they can leave posthumously for their loved ones in the form of videos."

Hershfield supposed that when Arnie was writing the letters, he was doing it, in part, to make it easier for him to grapple with his own mortality. "I think he was also making it easier for his … family to grapple with his mortality," he said.

But Hershfield argued that Arnie was doing something else as well. "Just as we know that we can foster stronger connections between our present and future selves within one's lifetime, I think what Arnie was doing was fostering a stronger connection between the person he was when he was alive and the person he'd be remembered for after he died," he said.

Philosopher Derek Parfit speaks to some of these issues, shared Hershfield. "He has this quote where he says death creates a strong divide between present and future experiences, but it can't break other relations.

"What I think he means is that certain aspects of ourselves cease to exist when death arrives – our bodies, our own memories, our preferences. But there are other aspects of ourselves that persist, and they do so through our closest relationships.

"Whether it's the lessons we've imparted on others, or the memories that we've given them, or the stories they tell about us, I think it's clear that we can live on long after we're gone," he added. "I can't help but wonder whether there's some lessons to be learned from this to get patients to engage more with the end of life."

Doctors at Stanford Healthcare have introduced a new form of advance directive that takes the form of a letter. It's not exactly the same as what Arnie did, but it represents a similar strategy. Essentially, people write down what matters most to them and how they want to be remembered.

"I think there's a bigger question to be asked here, though, which is if we want people to engage more and think more deeply about the end of life, could we make death a little less scary and make planning a little bit more likely?" Hershfield said. "If we could ask people to think about the ways that they may exist, the ways that their selves may last long after life itself."

Dr. Tony Back Can I Reach Them?

When Dr. Tony Back was a sophomore in college, he received a phone call that his mother was near death. It was finals week, and he skipped his exams and flew home to be at her bedside. "My thinking mind was going, 'Was I reaching her? Was I doing the right thing? Was I enough?'" he shared. "It turned out that question became a theme for me, so that many years later as an oncologist, it stuck with me. Could I reach them?"

Back remembered a patient experience that really got to him. "He died leaving me with a sense of never knowing if I had been able to make contact with him, and it really haunted me," he said.

Back found himself at a point in his oncology career where that sense of whether he was reaching people was starting to feel like a weight around his neck.

"I had been through all these different trainings, courses, books, people, and I had visited almost every expert in the world, and I was considered kind of an expert myself, and yet I still felt inadequate in the face of what mortality really felt like and looked like," he said.

Then he heard about psilocybin-assisted therapy and how it could reset the way people approach their mortality by enabling an experience that would give them a different outlook. Psilocybin is the psychedelic compound found in some species of mushrooms, and the U.S. Food and Drug Administration has classified its assistive role in psychotherapy for depression.

"I knew that if a patient asked me [if] they [should] do this, I would never be able to look them in the eye and recommend it unless I could say that I had done it myself," said Back. And so he did.

Back described his experience with psilocybin as very physical and very somatic. "I had to shake off all the conditioning that was pent up in my body about what it meant to be a good doctor and what being unemotional and objective had left me with," he said. "I just had to shake all that off to reach something else.

"When I reached that other thing, it was something I didn't expect at all," he continued. "It was like energy; it was like infinite and ancient and eternal."

Back began his journey asking what he should be doing to reach other people better, and what he learned was that what he wasn't reaching was something within him.

Then came COVID. "I live in Seattle, right across the lake from the first nursing home where it showed up, and it was overwhelming," said Back. "It was a level of suffering and uncertainty that I had really never seen before in my career, even as an oncologist."

He remembers feelings of helplessness but also a feeling of resolve since he was running on instinct at the time. "It was a survival instinct; nobody had time to feel," said Back. "We just did everything we could. And yet there was so much that was happening that we couldn't really deal with. There was so much caring we couldn't do because we were insulated from it.

"There was so much uncertainty in what the right thing to do was," he added. "There was so much injustice we couldn't fix, and it was unprecedented."

But emotionally for Back, it was territory he knew quite well. "So, I thought, what if I scaled up my own experience with psilocybin?" he said. "I wrote the study about psilocybin-assisted therapy for doctors, nurses and advanced practice providers who had depression and burnout from their frontline work."

When Back

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opened the study website, there were 30 spots available and 3,000 hits, and he realized that what was happening with him was not an anomaly.

Back continues to analyze the study data but talked about a range of experiences he saw. “Some clinicians had experiences that were more in what I would call the psychological arena,” he said. “One of them said to me in her first prep session, ‘I feel more disposable than a used COVID swab.’ And she said it like that. I mean, it was bitter.

“In her trip, she went through that, down to the helplessness and the rage and the grief, and somehow found her way to a place where she could reconnect with what had brought her into the profession in the first place,” Back continued.

There were other clinicians who had experiences Back wasn’t altogether prepared for. One said, “Unlike my regular processing that was in my head, this was like energy flowing through my hands and arms and chest – powerful waves of energy that would end in very clear messages like ‘We are one, we are guardians of light and love.’ ”

Back said the clinician learned how important it was for him to understand that he, at best, helps identify what is distracting someone from what is in them and helps connect them with what they already are.

Back discussed another participant, who related, “I experienced multiple deaths. I became my patient; I had that physical death. I watched myself leave that body and float up, and then I could feel this other energy that felt like source. And I saw the absurdity of the universe and the infiniteness of it, like there is a pool of source energy. We are that source energy, but once we disconnect, it’s isolating.”

> Dr. Tony Back began his journey by asking what he should be doing to reach other people better, and what he learned was that what he wasn’t reaching was something within him.

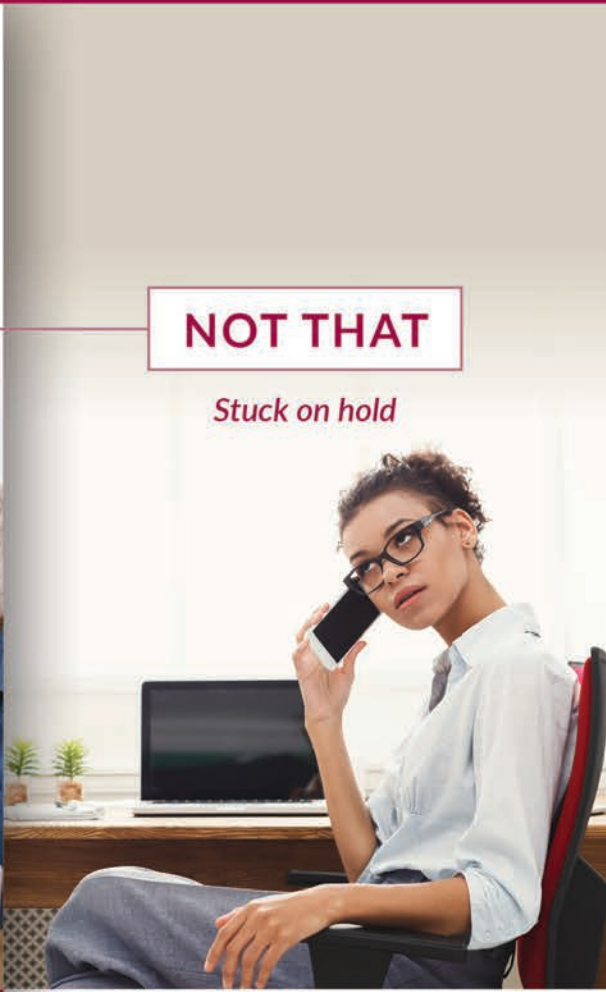
As a doctor and oncologist trained to see the body as a machine, Back said this has been a real shift in worldview for him.

“Technology, it turns out, does not heal us,” he said. “I am not anti-technology. I am grateful for every day that I had with my mother that was made possible by that medical technology. But what I have learned now is that there is a kind of healing that comes from a source bigger than the technology humans can build and the culture of the individual ‘me.’

“Psychedelics might not be the only way, and they might not be for everybody, but what they are reminding us of is that coming to terms with our own mortality is a kind of work of the soul,” said Back.

“Work about how we relate to the part of us that is deeper than our individual selves – work that happens through our bodies, through our connections with each other and through connections to source or nature or the eternal or whatever you call it.”

If there were patients who could have those experiences, patients lifted up and supported by doctors and nurses and doulas and therapists who could hold those experiences because they themselves had had them, Back said, “It would be a different way for us to be with our mortality.”



Katrina Spade
Redesigning End-Of-Life Spaces

On the roster of speakers for the 2023 End Well Symposium, Katrina Spade was probably the name most familiar to those in funeral service. After all, Spade, CEO of Recompose, has been the focus of a number of articles in both the funeral service space and in consumer media for her concept of human composting.

Spade grew up in the woods of rural New Hampshire. After years of thinking that design would only be a hobby, she began considering it as a possible career. “Of all the things I learned when I finally went to architecture school, perhaps the most enduring lesson is this – design is everywhere,” she said. “Design isn’t just the realm of architects; it’s in everything we do. Whether we like it or not, almost every decision we make is a design decision in some way.”

She demonstrated that even if you hate fashion and wear only the most basic clothes – that is a design choice. The same can be said about graphic design. “If you don’t care about fonts so much, you will use Comic Sans,” said Spade. “It is a design choice. Not caring about something doesn’t make it go away, and even unintentionality is a decision we make.”

Why does this matter? “Because every design decision we make – the good, the bad, the ugly, the unintentional – makes people feel a certain way,” said Spade, who offered the example of sound and lighting in hospitals. “Imagine being sick in a hospital bed and then imagine being assaulted by [all the] high-pitched beeps,” she said. “Imagine the lighting overhead is harsh and fluorescent. Did someone along the way say, ‘Let’s make bad sound and bad lighting part of the patient experience’? Hopefully not.

“But now your hospital stay, and potentially even the end of your life, is deeply impacted by these choices,” said Spade. She recalled listening to a sound designer at an End Well Symposium several years ago who spoke of making the sounds at a hospital harmonious, so those lying in hospital beds would hear gentle, melodious tones under soft lighting.

> “Recompose sees our work offering human composting as part of a broad movement to redesign the end-of-life experience. And at the heart of this movement is the undying belief that design matters deeply.”

“There is so much potential to redesign our end-of-life spaces,” said Spade, and that’s exactly what she did with Recompose. “Recompose sees our work offering human composting as part of a broad movement to redesign the end-of-life experience,” she said. “And at the heart of this movement is the undying belief that design matters deeply.”

About 10 years ago, she said, she became obsessed with the idea of composting human beings. She was in grad school for architecture and contemplating her own mortality, and she noticed that all the design decisions that had gone into the conventional funeral industry over time had managed to create something that she called both uninspiring and polluting.

"I dove into the design challenge to create an alternative to cremation and burial," Spade said. "I started by studying the practice of natural burial and deemed it to be a practically perfect solution.

"Natural burial is practiced all over the world and has been for millennia," she added. "It's where a body is placed directly into the ground with either a shroud or pine box and allowed to return to nature."

Spade shared that in the United States, natural burial is having a slow but profound resurgence. "But here's the thing," she said. "Natural burial requires plenty of land, and so I see it as a perfect solution for our rural locations."

Then Spade pondered the question of what the option might be for the dead in cities that would connect them to nature and not harm the planet? It was around that time that Spade received a call from a friend to tell her about a practice called livestock mortality composting.

"And boom, that was it – my design inspiration had landed and I was off," she said. "Composting is an awesome process and I hope many of you out there are aware already, and if you aren't yet, [you might] someday join the cult of composting."

Some say composting is one of the earliest forms of biomimicry. "Biomimicry is using nature as inspiration for our design," she said. "Composting mimics the process on the forest floor as dead organic material, such as sticks, leaves and [deceased animals], decompose naturally.

"All that dead organic material is decomposing to form the basis of all of life on earth, which is soil," added Spade. "Composting is managed by humans; it's a system and it is tended to. We humans create the perfect environment for nature to do its job, and then naturally occurring microbes and naturally occurring bacteria do all the rest. It's pretty magical."

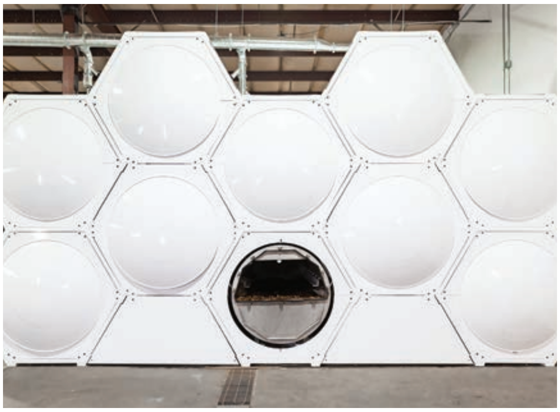
Recompose composting vessels are built in a space Spade calls the greenhouse. Inside of each, a body is transforming from human to soil. "My team and I spent years designing these vessels and considered every aspect. Their purpose is to join biology and ritual, function and meaning. I sometimes call them spas for the dead."

Spade explained to attendees that Recompose lays a carefully calibrated mixture of wood chips, alfalfa and straw into the vessel, likening it to sticks and leaves on the forest floor. The body is placed on top of that mixture and covered with more of the same material. "The body is cocooned inside the vessel and inside that plant material," she said. "We have a basic fan system that pulls air through each vessel."

Air, she noted, is critical to the process. "We have two temperature probes that are telling our team how warm the material is getting inside the vessel," Spade explained. "That's all due to the microbial activity happening inside. And then about once a week, we rotate each vessel slowly, ensuring, like any good composting process, that everything is mixed well and that air and microbes reach everywhere.

"Time is a really interesting concept when it comes to natural processes," she added. "When you're taking a hike and you find that fallen log in the woods, you probably know it will decompose. But you'd be hard-pressed to say that it will decompose on this exact date. Human composting is similar."

At Recompose, Spade knows it takes between 30 and 40 days for a body to transform into soil, and it takes another few weeks for that soil to cure. "We try to embrace the fact that nature isn't precise and doesn't have a deadline," she said. "At Recompose, we work with our clients to help them understand this very special aspect of time. We want them to



PHOTOS: SABEL ROISON

Specially designed Recompose composting vessels (above), into which are placed the body of the deceased and a carefully calibrated mixture of wood chips, alfalfa and straw.

know that composting their loved one is very different than, say, cremation, which takes just a matter of hours to complete."

Spade shared the story of a family Recompose served. Wayne was an avid gardener, and when he died, his body was brought to Recompose. Several months later, his sister came to pick up his soil. "Because we're using so much plant material to compost each body, we're creating a cubic yard of soil per person," she said. "That's enough to fill the bed of a pickup truck."

When Wayne's sister came to the Recompose facility, she met with the staff who had tended to her brother's transformation. Together, they filled her trailer. When she drove to the neighborhood where Wayne had lived for much of his life, his friends and neighbors came with five-gallon buckets and all took some of Wayne's soil home to their gardens.

"I like to think of them all gardening together, friends and neighbors, with Wayne," said Spade.

"To me, the process of transforming our dead into nutrient-rich compost is reverent at its core," she added. "What could be more respectful to the people we love than to leave them the gift of new life after they've died? What could be more respectful to the people we love than to send their bodies off to become soil to nourish nature in the city and to rejoin the natural ecosystem."

Spade, who believes that this new form of deathcare offered at Recompose is creating opportunity for new forms of ritual to emerge as well, described a laying-in ceremony. The event joins the ritual and the practical, and religious and cultural traditions are often woven throughout.

During the laying-in, the person's body is wrapped in a linen shroud and placed on the cradle. Friends and family place wood chips, alfalfa and straw on and around the body. Sometimes they place flowers, sometimes "moss from my favorite hiking spot," and in one case, purple onions and red bell peppers from their person's garden.

> "To me, the process of transforming our dead into nutrient-rich compost is reverent at its core. What could be more respectful to the people we love than to leave them the gift of new life after they've died?"

At the end of the laying-in, the body is placed into the threshold vessel, which is the doorway from the gathering space to the greenhouse where the active composting occurs.

"Passing your person's body into the threshold vessel marks their transition from live family member to ancestor and begins their physical transformation from human to soil," explained Spade. "It's been incredible for my team and me to see the family and friends of our clients create new rituals to honor their dead, and it has underscored the fact that design is everywhere. Every single action – laying moss, singing a hymn, placing your hands on that person's body one last time – these moments matter deeply.

"When our team designed the threshold vessel, we knew that every single design aspect could matter as well," she added. "Obsessing over its design became a gift we could give to the people who would someday experience it."

There is a poem cut into the top of the threshold vessel, which Spade likes to think of as a message for the dead to read on their way through the vessel. Written by a Recompose staff member, it says, "Let us not live in fear of decomposing but in awe and gratitude of our future recomposing."

Edward Defort is editor of NFDA Publications.

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