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## Public attitudes

Until about 100 years ago, people had by and large come to terms with death. They usually died in their homes, among their relatives. In villages, in the 18th or early 19th centuries, passers-by might join the priest bearing the last sacrament on his visit to the dying man or woman. Doctors even stressed the [public health](#) hazards this might cause. Numerous pictures attest to the fact that children were not excluded from deathbeds, as they were to be during the 20th century.

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The general acceptance of death was to be subverted by the advances of modern medicine and by the rapid spread of rationalist thought. This led, during a period of only a few

decades, to a striking change of attitudes. In the advanced industrial countries, a large number of people now die in hospitals. The improvement in [life expectancy](#) and the advances of modern surgery and medicine have been achieved at a certain price. A mechanistic approach has developed, in which the protraction of dying has become a major by-product of [modern technology](#). The [philosophy of modern medicine](#) has been diverted from attention to the sick and has begun to reify the sickness. Instead of perceiving death as something natural, modern physicians have come to see it as bad or alien, a defeat of all their therapeutic endeavours, at times almost as a personal defeat. Sickness is treated with all possible weapons, often without sufficient thought for the sick person—at times even without thought as to whether there is still a “person” at all. The capacity to “care” for biological preparations, with no other human attribute than physical form, is part of the [context](#) in which the reevaluation of death described earlier has taken place.

Parallel developments have taken place at the level of the psyche of the dying person and of the person’s relatives. [Elisabeth Kübler-Ross](#), an American psychiatrist, has outlined the stages (denial, anger, bargaining, preparatory grief, and acceptance) through which people, informed of their own approaching death, are said to pass. Her writings are based on a wide but essentially American experience, and their universality has not been tested, particularly in other cultural [contexts](#). They may well prove somewhat [ethnocentric](#).

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The [development](#) of the death industry (satirized in [Evelyn Waugh's \*Loved One\*](#) and explored in [Jessica Mitford's \*American Way of Death\*](#)) is also a by-product of the technological revolution and of modern attitudes to death. Undertakers have become “morticians” and coffins “caskets.” Embalming has enjoyed a new vogue. Drive-in cemeteries have appeared, for those seeking to [reconcile](#) devotion to the dead with other pressing engagements. Cryogenic storage of the corpse has been offered as a means to preserve the deceased in a form amendable to any future therapies that [science](#) may devise. Commercial concerns have entered the scene: nonpayment of maintenance charges may result in threats of thawing and putrefaction. In a [contentious environment](#), the law has even invaded the [intensive care unit](#), influencing the decisions of physicians concerning the [withdrawal](#) of treatment or the determination of death. A wit has remarked that in the modern era, the only sure sign that a man is dead is that he is no longer capable of litigation.

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