Speaker 1 ([00:02](https://www.rev.com/transcript-editor/Edit?token=7E4JtMjhFrXcSWpjRgXvcplyPsSnGQNKnOIK1TnYNTu0YPtk6SnSQLbCdM1dryJdd6cD-Jgvyo42gWpevEsXUMIbp9U&loadFrom=DocumentDeeplink&ts=2.84)):

Hi everyone. And welcome to this episode of ask AEP doula. My name is Suzanne O'Brien. Today's episode is titled. What if we have this all wrong? What if we have our understanding of death all wrong? And I'm gonna share with you right now that I think we do. Hi, my name's Susan O'Brien, I'm a former hospice end of life, caregiver in nursing, and also oncology. I have a background in oncology and I have been with so many people at the end of life. I am now the founder of the international doula givers Institute. And I'm gonna start off by saying, I believe in every cell of my being that we have our relationship with death all wrong at this very moment. And I'm gonna share with you why today. Now this came up, obviously this is what I do every single day. This is my work.

Speaker 1 ([00:58](https://www.rev.com/transcript-editor/Edit?token=ME-MivS1lzQDCSEbjRUItOmqGXK4GEwjqQjHp_2042HKOI-MOdMl_UPpQWgR6SddtABIdzAgA7HqJ5E5ZFl_05HFYyc&loadFrom=DocumentDeeplink&ts=58.55)):

This is my life's purpose. Last week, there was somebody very close to me who had somebody who they loved very much, um, die suddenly. And the pain that I saw this individual go through, and I absolutely understand it. It is always going to be difficult and painful to say goodbye to somebody in their physical form that we love. But because of our relationship today with, and the misunderstanding and the misguided belief system around death, it's making death a thousand times harder for people when they have somebody that they love have their end of life. And I was watching this individual, and of course it was a circumstance where this person was young in age, and it was a sudden end of life, which comes with a whole, a bunch of layering to grief. And to that again, that experience. But I was watching this person, you know, over a time period, over days and the pain that they were carrying and the, it looked like the feeling of being lost and also of helplessness of, you know, and sorrow.

Speaker 1 ([02:13](https://www.rev.com/transcript-editor/Edit?token=zKwBQQoLjnip3vU_9LgBgVMuT0NrbKNokeG6Ufue0iyiT_QEY5FdBZdPNUIQTKUZo_ku3z3akD9XBKgLIaliNTcOk6o&loadFrom=DocumentDeeplink&ts=133.889)):

So, so much of what we hear is, you know, about the person that had their end of life, you know, that, that poor person, they, they died, you know, he died and, and how sad and how tragic that he died. And yes, I understand that it's so hard to say goodbye to that physical form, but it's a hundred percent guarantee that end of life is a part of our journey. And I'm here to share with you the beautiful experiences that I have been privileged and honored to have with those at the end of life will hopefully leave you today in this podcast thinking anything, but how death is the enemy, how fearful, how tragic that death showed up, which is what we

Speaker 2 ([02:58](https://www.rev.com/transcript-editor/Edit?token=dTBPu0Cd7XzbAp1UlGA4Uqdl_rSZQVr6VoHTYzMSmficEZra22PyH_CuXXRZFllTLTYZQa_PVS2sjA0_C9Eni-2Upd8&loadFrom=DocumentDeeplink&ts=178.77)):

Think of now, right? So we don't wanna rush it. We know that it's hard, but what if we have this all wrong? What if our belief system, and I'm gonna share with you how we got to this space of what our, what our relationship, our dysfunctional relationship with end of life is at this very moment and why that happened. But what if, what if we have this entirely wrong, that death is actually a graduation, that's actually a transition to something so much more beautiful and loving. And I'm gonna share with you first hand accounts from what patients, what my patients who are dying, share with me about where they're going to next. So before we get started, I just wanna start with a little bit of history, because I think from the very beginning of my nursing career, especially working with those at the end of life, it always baffled me on how we at this time in our journey are denying death.

Speaker 2 ([04:03](https://www.rev.com/transcript-editor/Edit?token=gXoQ8EsCAdrk_pr_f_poCGqgc_H4YaFNwwhQD1sxcMja3QoXaC9arxK3Nvlb5w3HqNkBwpGU6x6EBXlPbzAU8hAKfig&loadFrom=DocumentDeeplink&ts=243.43)):

As a part of the experience are doing everything to run in the opposite direction and telling people to do that too, telling our family members, you need to fight, fight, fight, or we use the char, you know, the verbiage that he lost his battle with cancer. How awful is that? Because if it's a battle against an end of life, that a hundred percent, we're all gonna have, well, then we're all gonna lose that battle at one point. So the way that we're looking at this is not correct, but it's also leading to a lot of, um, additional when I say a lot, I mean, a thousand times more pain and suffering when we are at that place in our journey and also pain and suffering for those left behind, for those that are saying goodbye to somebody they love when we have this dysfunctional relationship, when we have this blocked and false belief system attached to end of life, that it's tragic, that it's so sorry that they died.

Speaker 2 ([05:00](https://www.rev.com/transcript-editor/Edit?token=tn4uwT9MoD_wB5EWUutHR4-o1qA69uh0k0VpbYEFJETrYzSwwZZUUPdIAs-cDUvhWymymSD9lAjKyLPiSmdt7umByOg&loadFrom=DocumentDeeplink&ts=300.18)):

That it's awful, that it's over that of course, the grief of our experience after saying goodbye to that person in their physical form is going to be convoluted. It's gonna be so heavy. It's going to be without relief or without clarity around it. So let's bring some clarity to the space. Now, as a young nurse, when people were running in the opposite directions from end of life, I said to myself, what, what happened here? Now? I know that we're not talking openly about end of life for the most part in society. And that has a huge factor of it. And I think, again, I'm very, um, privileged to have lived in a family that was working in medical systems. My father is a doctor. My mom is in mainstream medical. So it was a very young age. I always heard about people being sick and people dying and compassion and all of that.

Speaker 2 ([05:53](https://www.rev.com/transcript-editor/Edit?token=mB_uHsYUTjiWJVnlCCepGtNVQsci1edPuDCpSJoyenNW98wKuF-FmUc51MZ8a_-0a0GLc66PS3oGUzbOccWKusWgggo&loadFrom=DocumentDeeplink&ts=353.45)):

So that was ingrained in me. And that really did me a huge service, but I know that that's not for most people that they don't have that opportunity. And right now, when we have end of life, it is a shock. Even if somebody is 97 years old, many times the families would say, doctor fix it. What do you mean? She has an end of life? Like it wasn't even an option. And so for me as that young nurse, I thought, well, wait a minute, we've been dying for thousands of years as the human race we've been around for thousands of years, we didn't know how to do this. We've been doing this. So what happened that it got completely turned around where it's optional, where we should run away from it. And here's what we have over the last a hundred years, medical advances. And that's a good thing, right?

Speaker 2 ([06:41](https://www.rev.com/transcript-editor/Edit?token=TU3ZQ6nVPh0DKl_XzuiLL0JSfqgoXcL8Pn7BQJwzg2KiSkygE5MPng2pJArkgIRiyaccORRW4XIpjafqAfwdKNw5a00&loadFrom=DocumentDeeplink&ts=401.2)):

Medical advances have been so strong that, and our, we have never, before seen an aging population, like the one we have now because of the medical advances we have. And that's a good thing, right? We have medications, we have, you know, different ways to have people, uh, treated for illnesses that before used to lead to an end of life earlier and over the last a hundred years, life expectancy went from 46 to 80, 46 to 80, almost double at the same time that, you know, we've seen this, we have removed our aging and our end of life, especially from our experience. We have our elderly in nursing homes, or they live in other states. And many times you get a phone call that, oh, you know your grandma, she had her end of life or whatnot. We don't see that process. We really don't even see the aging process.

Speaker 2 ([07:34](https://www.rev.com/transcript-editor/Edit?token=qCeAGnZ4F5XxuudXkey-cBfQ-QPYMl2L8pHDGSBYsM7XLNHuZPZttfKeMHjCZO0oGnaZvaBsx5NiiRqxrGOfyFVECjM&loadFrom=DocumentDeeplink&ts=454.77)):

And we don't see the end of life process anymore. So it's almost like it isn't happening. So you don't see it. You don't know what that's like, and you get a phone call that somebody had their end of life and it's very disjointed and disconnected, but here's the thing. A hundred years ago, people had their end of lives at an early age. They were cared for at home. They had their home funerals and wakes at home. And I wanna share with that because here's a fun fact for you is that the living room is named such because when people would come to pay respect to have that home, that wake of, of the viewing is that the person would be put in, what's called the parlor. So that's where the body would be laid out for viewing and people who were coming to pay their respects were seated in what's called the living room. There you go. Fun facts, right? Why these things get their names. But this is extremely important because a hundred years ago, death was a natural part of the end of life's journey. It also was a natural part, grandparents, grandmother, usually it was the grandmother used to hand down the skills of how to care for somebody at the end of life. Even after they died, bathing the body, two grandchildren, it was something that was a natural occurrence. And we have over the last a hundred years removed death from being

Speaker 3 ([08:54](https://www.rev.com/transcript-editor/Edit?token=s5b-BIWL4fsm9JKNizVVPUs02Ru1JKaiPG2mOynC1ww8WPGcnTBvBUgNDtm_t2i4H2c_CqeRNelzcVX-0Fu4kXJnCNM&loadFrom=DocumentDeeplink&ts=534.91)):

Part of the natural life experience and with it, all of these different pathways, this fear developed around death. This language developed around death. We've taught doctors in the last a hundred years, how to fix it, how to keep people alive. And we also have told them that if their patient dies, they failed, they failed. So what have we just done? We've set doctors up for a hundred percent failure and also in medical school, which is a very intense process. As you know, there's no teaching about end of life. There's no teaching about how do you support someone at the end of life, not only them, but their families as well. And in my opinion, I think that that may be one of the most important parts of being a medical provider, if not the most important part of being a medical provider is that end of life care and support that comfort care, that guidance, that bearing witness, that presence that you share with somebody at that very sacred part of their journey, that can be one of the most difficult parts of their life. So we have really removed this and gone backwards completely. Now the belief systems that we've picked up along the way, which is, you know, we're a product of our environment and of how we're brought up and it's coming from all sides. So it's coming from the language we use in the medical profession. It's coming from, you know, most people have not seen the end of life process. We have developed a fear. It's the number one fear in the world. The number one fear in the world is death.

Speaker 3 ([10:38](https://www.rev.com/transcript-editor/Edit?token=2MspSVwBlMAvEvjztJRXuf3-dpPkoDO3oM1SomxLxdvOogcHIV6B3KVmbG6AswrMiAuFggWYAjs0ZsTNKaA_Hm-gLZA&loadFrom=DocumentDeeplink&ts=638.7)):

How can that be when it's something that each and every one of us will experience and does it have to be no, it doesn't. And when we deny that we will have an end of life one day, it denies us of living fully. There's so much beauty around befriending death, understanding the value of this day, understanding compassionate presence, understanding, finding your purpose and being your authentic self. Like there's so much about it. If you knew, if you lived with the awareness that one day, this journey would not be the way it is today, would you say to yourself, ah, I have to go to the gym today. I don't wanna go. Or would you say, wow, I get to go to the gym today. I have all the ability in my body to go actually work out. Um, it's just a whole different way and a perspective of living, which is so beautiful on so many levels. So I wanna share with you again, that a hundred years ago, death used to be a natural part of the life's journey and that we know how to do this, that there's, is there something to fear here? Absolutely. Nothing.

Speaker 3 ([11:49](https://www.rev.com/transcript-editor/Edit?token=IdQxFCa25rLOJDE-EnrA73CLsKbWvlG4hqeVh65GLJXzMFpvaYnEPAVzjZUWoc8axtOfXJ8va7yN9YMZ-dcyuAaufzA&loadFrom=DocumentDeeplink&ts=709.84)):

It is. What if we looked at it as a, and I'm told this, and I'm gonna share with you a story today that is really powerful, but what about if we looked at death and of course we're always gonna have that element of saying goodbye to that physical person is always gonna have, you know, heaviness and sadness, but what if it was wow, they did it. What if it was congratulations, you did it. You were able to have your transition. You were in that beautiful space. You, you got there, which I'm told that the life's journey, the one we're in now. And I think we could all agree on this is the really, really difficult part is the real challenge. You know, I've learned so much about end of life. I've learned everything about life from those at the end of life, they say that this, the school of life, the experiencing duality, the, you know, the energy of the human part of us, and then the being part of us and getting to, again, the integration of that and getting to that higher loving self, not thinking with the ego, not acting with the ego, not fighting each other, not going against the current is the whole point of life is to find your sole part of you.

Speaker 3 ([13:08](https://www.rev.com/transcript-editor/Edit?token=V2fR-79Pt1DtH3ukReXy-vSWZwegWkGotw1rtjsk2XMmCNeZLTHR092iHDx28tojzazUPGusdD5_gPZnJC1ZA7ankLo&loadFrom=DocumentDeeplink&ts=788.39)):

That true part of you that has the wisdom and has the connectedness, and has the ability to be at peace, no matter what the outside circumstances are and understanding that we always continue on. So what I wanted to say is what if we changed our relationship with how we look at death, to be that of a celebration that, of a rejoicing, that, of a understanding that life continues on and that we will see that person again. And they are at a place that is what I am told. So full of unconditional love. If they had ailments here, they don't have them anymore, that they are at that peaceful place that they actually graduated. And there are places in the world that celebrate it like this. In fact, I am told that down in Louisiana, that they have these beautiful, in fact, I know this to be true.

Speaker 3 ([14:05](https://www.rev.com/transcript-editor/Edit?token=PE3H7-UULsN8-NzAsXwnE7_Y6yMWh1bkqULSZvRy5_rTBcMmMpvH3qTTupQt3OhBJU3toyAhQ4_wn9U6Raf2Sy_YCko&loadFrom=DocumentDeeplink&ts=845.67)):

They have these beautiful celebratory parades and rejoicing and music and dancing when somebody dies. I remember when my sister was in college and I was still in high school. She had a friend who was the son of art Blakey, and he was a jazz position. And we lived in New York city at the time. And I remember that they were having huge celebrations for him. And they had asked if they could stay in the apartment. Absolutely. Um, while come down from wherever they were. And what I was told is that it was a three day affair and it was of what we're talking about, singing and music and rejoicing and dancing and celebration. How fabulous is that

Speaker 4 ([14:51](https://www.rev.com/transcript-editor/Edit?token=vXo6RjjyTCYYEWMGZUoDNP924mnCRy9XTzfYAOSDAiNZRn5vLSYgAgblZyrekzTuqLs2KY-IEGqnyPhNJsmi6I0t_SM&loadFrom=DocumentDeeplink&ts=891.86)):

The celebration of that life, the knowing that you are in a better place than that, you will be seen again, because if we understand about, and I'm gonna talk a minute about what my patients share at the end of life, but if you opened your heart for a minute and opened your mind for a minute, and if you can understand that there is a lot of validation now in science, that life continues on that we are energy and that we are so much more than what I call these temporary housing than just this physical form. And when I work with those at the end of life, and I've seen this from so many people, there's one part in their journey. So we're four bodies of energy, physical, mental, emotional, and spiritual. And as the physical part of the person, the self part, the physical part is diminishing organically at the end of life.

Speaker 4 ([15:50](https://www.rev.com/transcript-editor/Edit?token=gp2hj3K3QGolNTEWg0CllcInKtVx55_Nmf-yBPJIqR72HoT4KQPstrJC8jZv6Nn59SvqtqTSfDrWyC-Gp8Bog668AEU&loadFrom=DocumentDeeplink&ts=950.04)):

The spiritual part is growing and there's one foot in that part of the journey where they have one foot in this world and one foot in the next. And I personally believe that they go back and forth before they fully leave. And the reason I say that is because they've woken up from these naps, with all of this new information, with excitement, with peace, with clarity, with just almost indescribable energy in science, the quantum, the new quantum theory of reality is that everything is energy and it makes sense, right? It makes perfect sense. You know, we only are living as human beings for the most part, with, with validating what we can touch, what we can see, what we can hear, what we can taste with our senses. But if I dropped this pen right now, if I took my pen and dropped it and it found the floor and I'd just go pick it up.

Speaker 4 ([16:44](https://www.rev.com/transcript-editor/Edit?token=fopMCxyZtx0f6Y8JOyikHWHiCbiHJqazWdVNZodV_eGMjNdfF8JT6OV14D2UIWVzbYOdyjuOBtwNwHahB8pJVq7sKHE&loadFrom=DocumentDeeplink&ts=1004.96)):

I wouldn't even question it because of the gravity, the nonphysical energy of gravity, because we use it every day while there's so much of that going on and energy by definition in fifth grade, science energy by definition cannot change, cannot be destroyed. It can only change form. So it could be a solid aqui or gas. So validating what I'm seeing at the end of life, where these beautiful awarenesses come into place before people actually have their end of life has taught me everything about, again, that there's so much more to this journey than most of us are aware of. And it's time to bring back that truth. Now, I wanna share with you a story about a patient I had, and this was when I was an oncology nurse and I had a patient, um, who came in. She was in her early forties. She had gallbladder cancer. She had fractured her hip from the chemotherapy that had brittle her bones. And I was working the Friday, Saturday, Sunday shift, 12 hour days, usually 15, but who's counting. Okay. <laugh>

Speaker 5 ([17:49](https://www.rev.com/transcript-editor/Edit?token=wsNyS7n2yHB12mpVU66Uph3OSObXQhne_2AJubyOP9JXGACoEowqGgpDmgeNEms8-E9LDuqcGsZF4HYTaCm0a7eK4ow&loadFrom=DocumentDeeplink&ts=1069.06)):

So she came in on Friday and she came in with her sister. And of course they were, you know, very upset in shock, fearful all of that. And I really just fell in love with them. This is a young woman, you know, there was just, you fall in love with your patients all the time. And I remember, you know, wanting to really, you know, help them to reduce their fear and whatever else I could do to make this a better experience, what they were going through. And at the end on. So I had her Friday, Saturday, and Sunday, and on the end of Saturday's shift, I remember moving her from her bedside Kubo to her bed, which was just a turn and pivot. And she was out of breath. She was short of breath, and that was something with this totally new finding.

Speaker 5 ([18:33](https://www.rev.com/transcript-editor/Edit?token=BqOVz-3aYLJ-rHtzGyoTfJJ8tHBexalTJlYbT1wqUO_O0Vg45VSnMW0W1Crx78CW_s9E2wcVyVNsrGX_34S9lKBgpuE&loadFrom=DocumentDeeplink&ts=1113.31)):

And I remember sitting her on the bed and just having her become, you know, stay still for a minute. Do you want some oxygen? She said, no, but we both took in, in that moment that something was happening here. That was really big that we weren't quite sure what that was, but this was an atypical finding, well, let me just go to on Sunday, they had turned out that she found that she had had a blood clot. She blew a blood clot to her lung, pulmonary Bolly. That is not a good thing. And we'll call her Mary area. And I remember that day, Sunday being fragmented on the, you know, the scheduled, hospital's a little fragmented it's Sunday, the doctors come in, it's a little different. Um, and I remember when that doctor came in to do round, she said, what is happening? What is happening here?

Speaker 5 ([19:18](https://www.rev.com/transcript-editor/Edit?token=Im6lniDnH4avQ13XiJMTxdHb97_afd5iwPwq5f9rjNGlz3XMuxMOES44u3Hjjd5nVgW44okm3aXVYyBl2mEP4qMMZQY&loadFrom=DocumentDeeplink&ts=1158.69)):

And I, you know, we said she has a pulmonary ly and the doctor was, you know, obviously really upset. And I remember walking in the room with the doctor because I had that habit as a nurse to go in D rounds with the doctor. So I could hear exactly what the doctor saying to the patient. So I could make sure that the patient fully understood that and all of that. So I remember walking through the door of that hospital room to Mary, with the doctor. And as we walked through that door, Mary said to the doctor, I just wanna thank you for everything you've done for me. And I remember turning and looking at the doctor's face and tears were streaming down her face. And in essence, looking back on it, Mary was telling us that she was gonna die before any of us called it.

Speaker 5 ([20:01](https://www.rev.com/transcript-editor/Edit?token=lRXQVue2BBNxbgwhZc2BBM-eaYSK69m7Y4fKkSZer4fa4vSBwQk1otXrODoClPRwTWGI8txssQgwf6bdcjl9ECqTJpg&loadFrom=DocumentDeeplink&ts=1201.05)):

Well, I remember then going out into the nurse's station and the doctor was like, we have to do something. We have to do something, you know, what can we do? And there's nothing you can do at this point because her blood counts from the chemotherapy were all low. She had no cloting factors. The only thing you could think of doing was putting IV, uh, blood thinners and to try and break up that clot. She would've bled out. It doesn't, it's not, it's just, it wasn't gonna work. There was nothing that we could do. So there was a lot that happened in that window period from that afternoon to, um, that nighttime one was that she had one son that was 12 years old that, you know, I had to ask her, does she want her son to come to the hospital? And it was a, I remember it was a really big thing. Her sister could not believe I was even suggesting

Speaker 6 ([20:46](https://www.rev.com/transcript-editor/Edit?token=1OGG0C9_u1wb9_oKczzBwvs5H_vCdl_45HasnLcIiAPqG-SN01PQBKXHTLqPxepPpgJxGoBnHe5IgWdnwnCOLQbppKY&loadFrom=DocumentDeeplink&ts=1246.92)):

This, how dare me suggest this, but let's go into a grounded heart center right now. If you were a 12 year old child who was told that your mother went into the hospital, cuz she broke her hip. And the next thing you were told is that she had died. What would that be like? What would that be like? So this was the last opportunity and I'm not gonna tell anyone what they should ever do, but I'm also going to make sure that I support you in choices. And she thought about it and she did want her son to come and he did come and it was very emotional and very intense, but really beautiful at the same time, they got to have their time together. So this is what I wanna share with you about the end of this story at about 11 o'clock that night, they told me that Mary woke up from a nap and said, get my sister.

Speaker 6 ([21:40](https://www.rev.com/transcript-editor/Edit?token=Lo0au59SXBmpntJHeB92gaA6g-KmuQ0Nn6kpzx1Df45d8omvNR1HQAuV6CzhThPoP-4dZdkfxEswRpLFul7341sbjlA&loadFrom=DocumentDeeplink&ts=1300.09)):

I'm transitioning with all of the excitement that you would've told an eight year old child you're going to Disney world. And I don't even know at that time in my journey that I even knew the world transition. She's like, get my sister I'm transitioning. So the nurse went out to the, uh, lounge where the sister was and said, you know, your sister wants to see you brought in her sister to the room. And she goes, I'm transitioning again with all the excitement of telling an eight year old child, you're going to Disney world. So I wanna ask you this. What did Mary see? And what did she know that gave her not only so much peace, but excitement into the next phase of her journey.

Speaker 6 ([22:21](https://www.rev.com/transcript-editor/Edit?token=WhftojMAcoj_II5jBRSllBZWlPdgn8tHYRy3ygK64e29wLjfqUNhAg6mQdy2Ini5Rtl1EhgWVpNL3UcIMHg-PWNmYyM&loadFrom=DocumentDeeplink&ts=1341.48)):

Now I will share with you that when you are honored and privileged to be a part of a end of life like that and, and have the ability to be the recipient of people sharing what's happening next, and even that energy that you feel in the room, you will never ever be afraid of end of life. Again, it will change your whole entire life. So I am here on a platform with dually givers and with my background to share everything that I know in this space, in the hopes to help empower, to help people who are suffering from grief and also to inspire you about the much bigger picture of this life's journey, powerful stuff. So again, what if we somehow in the last a hundred years picked up these false belief systems and have this entirely wrong. It's time to get it right. My name is Susan O'Brien. This was asked AAD, doula, please leave any of your comments below. I will answer them. And please again, leave a review. I'd love to hear what you think about the podcast. Thank you so very much. We are in this together and let's make it a beautiful world for every person in it. I love you guys have a great day.